Chapter 6: Narcissistic Personality Disorder – Has it Become an Epidemic?

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Introduction

Narcissism has been examined by mental health professionals for years, and yet something has occurred recently within our society that seems to have blurred narcissism traits with the clinical diagnosis of narcissistic personality disorder (NPD) and accepted societal behavior. Recently, a shift has occurred in shared cultural values toward narcissism and self-admiration and some of these traits have become social norms.

For example, reality television continues to grow in popularity, as persons with questionable talent become entitled celebrities overnight on shows such as The Real Housewives or Jersey Shore. Other high profile figures feel free to share their slanted grandiose opinions without prior experience or knowledge behind those opinions. YouTube, Facebook, Twitter, and blogs make it possible to become an instant celebrity through provocative behaviors. Gossip magazines and television programs also showcase these behaviors. People appear to have progressively become desensitized to the feelings of others, which demonstrates that narcissism has become a larger societal consideration.

According to authors Twenge and Campbell (2009), narcissism goes beyond the reported 1 in 16 Americans who have been impaired by the disorder. This information leads to the question of whether modern society is more accepting of persons with NPD, or does the trend in cultivating entitlement as it relates to expressing one’s opinions and behaviors more loudly simply mean that people are feeling more empowered? And as a result, are people becoming desensitized to the feelings of others? Furthermore, are mental health professionals seeing individuals with narcissistic traits more often than individuals who actually have been clinically impaired by NPD?

Everyone is narcissistic to a degree. Without a healthy amount of narcissism, a person might become too much of an empath. An empath resides at the other end of the narcissistic/empathic spectrum. While a narcissist normally has few conscious worries, an empath cares less about themselves and more about the feelings and emotions of others. To be able to live a stable life and maintain healthy relationships, a healthy development that is somewhere in the middle of the narcissistic/empathic spectrum should be attained through natural self-development.

This course will discuss NPD in detail and examine the characteristics of people with the disorder, as well as the treatment, including ways to support those affected by someone with the disorder.

The Back Story

In Greek mythology, Echo was a wood nymph who loved a mortal named Narcissus. He was a beautiful creature loved by many, but Narcissus loved no one. He enjoyed attention, praise, and envy. In Narcissus’ eyes, no one matched him and he considered no one worthy of him.

Echo’s passion for Narcissus was raveled only by her passion for talking and she had to have the last word. One day, she enabled the escape of the goddess Juno’s adulterous husband by engaging Juno in conversation. Upon learning of Echo’s treachery, Juno cursed Echo by removing her voice with the exception that she could only repeat what was said to her.

Echo frequently waited in the woods to see Narcissus, hoping for a chance to be noticed. One day as she lingered in the bushes he heard her footsteps and called out “Who’s here?” Echo replied “Here!” Narcissus called again “Come,” Echo repeated, “Come!” Narcissus called once more “Why do you shun me? Let us join one another.” Echo was overjoyed that Narcissus had asked her to join him. She longed to tell him who she was and of all the love she had for him but she could not speak. She ran toward him and threw herself on him. Narcissus became angry “Hands off! I would rather die than you should have me!” He threw Echo to the ground. Echo left the woods. Her heart was broken.

Narcissus continued to attract many admirers, all of whom he briefly entertained before scorning them. Eventually, the gods grew tired of his behavior and cursed him. They wanted him to know what it felt like to love and never be loved in return. Their curse dictated that there was only one whom he would love, someone who was not real, and could never love him back.

One day, Narcissus came upon a pool of water. As he gazed into it he caught a glimpse of what he thought was a beautiful water spirit. He
Impaired sense of self-identity as evidenced by one or more of the following:

- Difficulty establishing or maintaining closeness and intimacy;
- Difficulty understanding the mental states of others;
- Low self-directedness (e.g., unable to set and attain satisfying and rewarding personal goals; lacks direction, meaning, and purpose in life).

A new general definition of personality disorder based on severe or extreme deficits in core components of personality functioning and pathological traits, and prominent pathological personality types. Personality disorders are diagnosed when core impairments and pathological traits are severe and other criteria are met. The criteria are as follows:

- Personality disorders affect about 15 million adults in the United States. Approximately 10 percent to 13 percent of the U.S. population meets the diagnostic criteria for a personality disorder at some point in his or her life. Most people can live relatively normal lives with mild personality disorders; however, in times of extreme stress, symptoms can increase and become disruptive in everyday activities.
- Personality disorders are usually only diagnosed for people over the age of 18, although there is an exception if the individual shows symptoms for at least one year. Minors cannot be diagnosed with antisocial personality disorder.
- 35 percent of patients admitted to a methadone maintenance program have a personality disorder. (SAMHSA, 2009)
- The Diagnostic and Statistical Manual for Mental Health Disorders, Fifth Edition (DSM-5), created a significant amount of controversy, and the writers were often challenged by the larger clinical community that disagreed with some of their revisions in this 2013 version. As a result, the National Institutes of Health (NIH) has not endorsed the newer version and it appears that, over time, the International Classification of Disorders Revision 10 or 11 (ICD-10 or -11) may eventually be adopted as the clinical classification diagnosing guide throughout the United States. Therefore, both diagnostic guidelines are described in this course.

**Personality disorders**

Narcissistic personality disorder (NPD) is just one of several types of personality disorders. Personality disorders are conditions in which people have traits that cause them to feel and behave in socially distressing ways, limiting their ability to function in relationships and in other areas of their life, such as work or school.

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The story of Echo and Narcissus is used as a warning to those who love someone that cannot love them back and is often used as a basis for understanding the implications of Narcissistic Personality Disorder (NPD).

He cried in frustration. As he cried, Echo also cried. He did not move, he did not eat or drink, he only suffered. As he grieved, he became gaunt, gradually losing his beauty. The nymphs that loved him pleaded with him to come away from the pool. Echo also pleaded with him. He was transfixed; he wanted to stay there forever. Narcissus, like Echo, finally died from grief. His body disappeared and where his body once lay a flower grew in its place. The nymphs mourned his death and as they mourned, so did Echo. (Thomas Bulfinch, updated: 30th April 2008, retrieved 8/26/2013)

**DSM-5**

The DSM-5 work group recommended a major reconceptualization of personality psychopathology with core impairments in personality functioning, pathological personality traits, and prominent pathological personality types. Personality disorders are diagnosed when core impairments and pathological traits are severe and other criteria are met. The criteria are as follows:

- Five identified severity levels of personality functioning.
- Five personality disorder types, each defined by core personality disorder components and a subset of:
  - Six broad, higher order personality trait domains, with 4-10 lower order, more specific trait facets comprising each, for a total of 37 specific trait facets.
- A new general definition of personality disorder based on severe or extreme deficits in core components of personality functioning and elevated pathological traits.

Changes that affect a person’s health resulting from exposure to an unfamiliar environment, referred to as adaptive failure, is manifested in one or both of the following areas:

- Impaired sense of self-identity as evidenced by one or more of the following:
  - 1. Identity integration. Poorly integrated sense of self or identity (e.g., limited sense of personal unity and continuity; shifting self-states; beliefs that the “self” presented to the world is a false appearance).
  - 2. Integrity of self-concept. Impoverished and poorly differentiated sense of self or identity (e.g., difficulty identifying and describing self attributes; sense of inner emptiness; poorly defined interpersonal boundaries; definition of the self-changes with social context).
  - 3. Self-directedness. Low self-directedness (e.g., unable to set and attain satisfying and rewarding personal goals; lacks direction, meaning, and purpose in life).

  - Failure to develop effective interpersonal functioning as manifested by one or more of the following:
    - 1. Empathy. Impaired empathic and reflective capacity (e.g., finds it difficult to understand the mental states of others).
    - 2. Intimacy. Impaired capacity for close relationships (e.g., unable to establish or maintain closeness and intimacy; inability to function as an effective attachment figure; inability to establish and maintain relationships).
    - 3. Cooperativeness. Failure to develop the capacity for pro-social behavior (e.g., failure to develop the capacity for socially typical moral behavior; absence of altruism, the sense of unselfish concern).
    - 4. Complexity and integration of representations of others. Poorly integrated representations of others (e.g., forms separate and poorly related images of significant others).

  (American Psychiatric Association (APA), 2010)

Adaptive failure:

- Is associated with extreme levels of one or more personality traits.
- Is relatively stable across time and consistent across situations with an onset that can be traced back to adolescence.
- Is not solely explained as a manifestation or consequence of another mental disorder.
- Is not solely due to the direct physiological effects of a substance (e.g., drug abuse, medication) or a general medical condition (e.g., severe head trauma).

According to the DSM-5 the “current” approach describes personality disorder as an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.” The newer DSM-5, as opposed to the DSM-IV, reflects the decision of the APA’s board of trustees to preserve continuity with current clinical practice, while introducing a new approach that aims to address numerous

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shortcomings of the current approach to personality disorders. According to the APA, "...the typical patient meeting criteria for a specific personality disorder frequently also meets criteria for other personality disorders. Similarly, other specified or unspecified personality disorder is often the correct (but mostly uninformative) diagnosis, in the sense that patients do not tend to present with patterns of symptoms that correspond with one and only one personality disorder.”

DSM-5 general criteria for personality disorders include:
- Moderate or greater impairment in personality (self/interpersonal) functioning.
- One or more pathological personality traits.
- The impairments in personality functioning and the individual’s personality trait expression are relatively inflexible and pervasive across a broad range of personal and social situations.
- The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time, with onsets that can be traced back to at least adolescence or early adulthood.
- The impairments in personality functioning and the individual’s personality trait expression are not better explained by another mental disorder.
- The impairments in personality functioning and the individual’s personality trait expression are not solely attributable to the physiological effects of a substance or another medical condition (e.g., severe head trauma).
- The impairments in personality functioning and the individual’s personality trait expression are not better understood as normal for an individual’s developmental stage or sociocultural environment.

Personality disorders include: schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, narcissistic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder, personality change due to another medical condition, and other specified personality disorder. These disorders are clustered into A, B or C descriptive similarities. (DSM-5, 2013)

**Cluster A** personality disorders are those that include symptoms of social isolation, and/or odd, eccentric behavior. These disorders include:
- Paranoid personality disorder.
- Schizoid personality disorder.
- Schizotypal personality disorder.

**Cluster B** personality disorders are those that include symptoms of dramatic or erratic behaviors (counter-social behaviors). These disorders include:
- Antisocial personality disorder.
- Borderline personality disorder (BPD).
- Histrionic personality disorder.
- Narcissistic personality disorder (NPD).

**Cluster C** personality disorders are dominated by difficulties with anxiety and inhibited behavior. These disorders include:
- Avoidant personality disorder.
- Dependent personality disorder.
- Obsessive compulsive personality disorder (OCD).

Belonging to the Cluster B category, the DSM-5 reports that NPD is also associated with anorexia nervosa and substance use disorders (especially related to cocaine). Histrionic, borderline, antisocial, and paranoid personality disorders may be also associated with the condition.

What separates NPD from histrionic, antisocial, and borderline personality disorders—in which the interactive styles are coquettish, callous, and needy, respectively—is the grandiosity characteristic of NPD. The relative stability of self-image also distinguishes NPD from BPD. An excessive pride in achievements, a relative lack of emotional display, and disdain for others’ sensitivities distinguishes NPD from histrionic personality disorder, as well. Antisocial people and those with NPD share a tendency to be tough-minded, glib, superficial, exploitative, and lack empathy. Yet, individuals with NPD do not necessarily have impulsive, aggressive, or deceitful characteristics, and usually they do not have a history of conduct disorder in childhood or criminal behavior in adulthood. Individuals with OCD and NPD are perfectionists and believe that others cannot do things as well as they can. However, the disorders differ when those with OCD display self-criticism, while those with NPD may believe they have achieved perfection. Likewise, withdrawal and suspiciousness distinguish persons with paranoid and schizotypal personality disorder from those with NPD. If paranoia does exist with people with NPD, it usually originates from fears of having flaws or imperfections revealed.

Diagnosis of a personality disorder, therefore, would not usually be appropriate before the age of 16 years, although the presence of conduct disorder during childhood or adolescence can indicate a predisposition toward the syndrome. (The ICD-10 Classification of Mental and Behavioral Disorders World Health Organization, Geneva, 1992)

**F60.8 Narcissistic Personality Disorder (NPD)**

The ICD-10 does not specifically define the characteristics of this personality disorder. Instead, it is classified in the category “Other Specific Personality Disorders.”

ICD-10 states that NPD is “a personality disorder that fits none of the specific rubrics F60.0-F60.7.” This personality disorder does not meet the diagnostic criteria for any of the following:
- F60.0 Paranoid personality disorder.
- F60.1 Schizoid personality disorder.
- F60.2 Dissociative (antisocial) personality disorder.
- F60.3 Emotionally unstable (borderline) personality disorder.
- F60.4 Histrionic personality disorder.
- F60.5 Anankastic (obsessive-compulsive) personality disorder.
- F60.6 Anxious (avoidant) personality disorder.
- F60.7 Dependent personality disorder.

Cluster B category of personality disorders includes antisocial personality disorder, histrionic personality disorder, narcissistic personality disorder, borderline personality disorder.
Personality disorder, as previously defined, tends to appear in late childhood or adolescence and continues into adulthood. It is therefore unlikely that the diagnosis of personality disorder would be appropriate before the age of 16 or 17 years. General diagnostic guidelines applying to all personality disorders are presented below; supplementary descriptions are provided with each of the subtypes.

**Diagnostic guidelines**

Conditions not directly attributable to gross brain damage or disease, or to another psychiatric disorder, meeting the following criteria:

a. Markedly dysharmonious attitudes and behavior, involving usually several areas of functioning, e.g., affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others.

b. The abnormal behavior pattern is enduring, long-standing, and not limited to episodes of mental illness.

c. The abnormal behavior pattern is pervasive and clearly maladaptive to a broad range of personal and social situations.

d. The above manifestations always appear during childhood or adolescence and continue into adulthood.

e. The disorder leads to considerable personal distress but this may only become apparent late in its course.

f. The disorder is usually, but not invariably, associated with significant problems in occupational and social performance.

For various cultures, it may be necessary to develop specific sets of criteria with regard to social norms, rules, and obligations. For diagnosing most of the subtypes, clear evidence is usually required of the presence of at least three of the traits or behaviors given in the clinical description. (Long, 1995-2011, ICD-10)

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**Narcissistic Personality Disorder (NPD)**

According to the DSM-5, the prevalence estimates for NPD range from 0 percent to 6.2 percent based on community samples. Of those diagnosed with NPD, 50 percent to 75 percent are men. While individuals with the disorder may have special difficulties adjusting to the onset of physical and occupational limitations that are inherent through aging, adolescents, on the other hand, may display narcissistic traits but will not necessarily have NPD when they grow older.

Narcissists can cause havoc and destruction to the lives of those around them. However, according to many clinicians, narcissism is also a completely natural human trait present in everyone and is a necessity to survive.

NPD is a mental disorder in which people have an inflated sense of their own importance and a deep need for admiration. According to the DSM-5, the essential feature of the disorder is a pervasive pattern of grandiosity. Those diagnosed can be lacking in empathy, meaning they do not recognize others’ desires, feelings, and experiences. Those with NPD may also assume that others are totally concerned about their welfare. When they do discuss personal concerns, they may be discussed in inappropriate and lengthy detail, while failing to inquire how the other person is doing, disregarding the other person’s needs and feelings.

Narcissism is a less extreme version of NPD. Narcissism involves cockiness, manipulativeness, selfishness, power motives, and vanity. Narcissism is also defined as extreme selfishness and having a grandiose view of the self (talents, looks, intelligence, etc.) with a constant need for adoration and admiration. During adolescence, people are taught they must love themselves before they can love another. Most people are subject to self-reflection at certain times because it gives them a better understanding of who they are, as well as helps them understand others.

When others learn to become comfortable with themselves, they become comfortable around other people. This would be the difference between healthy narcissism and so-called malignant narcissism. Many people argue that the word malignant is deceiving as it portrays that the person him/herself is being maladjusted, but narcissists are actually secure or grandiose at both levels. Some believe that narcissists have high self-esteem on the surface, but in reality, they are insecure. Others believe that narcissists are actually secure or grandiose at both levels. Some believe that narcissists are insecure because they tend to be defensive when their self-esteem is threatened (e.g., being ridiculed), but narcissists can be aggressive. Sometimes dangerous lifestyles may more generally reflect sensation-seeking or impulsivity (e.g., risky sex, bold financial decisions). (Psychology Today, Retrieved 8/26/2013)

Personality disorders and substance use disorders commonly occur together. Although the high prevalence rates of comorbid Axis II disorders and substance use disorders are documented in research literature, little is known about the exact nature of their relationship either in etiology or outcomes. The limited research on treatment for clients with comorbid personality disorders indicates that some current treatment modalities are as effective for these consumers as those with sole substance use disorders.

**Diagnostic criteria**

The DSM-5 (2013) states that a person with NPD exhibits a “pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following”:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).

2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.

3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).

4. Requires excessive admiration.
5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment of automatic compliance with his or her expectations).
6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
7. Lacks empathy—is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviors or attitudes.

Often envious of others, people with NPD can also believe that others are envious of them and begrudge someone else’s successes and possessions, feeling they are more deserving. At the same time, they can very harshly devalue others’ contributions, especially when others have been recognized or praised for accomplishments. They can also perseverate on overdue admiration and privilege. They compare themselves favorably with privilege or famous people.

Those with NPD believe they are superior to others and have little regard for others’ feelings. But behind this mask of ultra-confidence lies a fragile self-esteem, vulnerable to the slightest criticism. (Mayo Clinic, retrieved 8/26/2013) Persons with the disorder are extremely sensitive to injury from criticism or defeat. Whether or not it is externally or internally exhibited, any degree of criticism can leave the narcissistic individual feeling degraded, empty, hollow, or humiliated. Their defense is often displayed through rage, disdain, or defiant counterattack. It is not uncommon for narcissists to socially withdraw or mask an appearance of humility to protect their grandiosity. Relationships with people with NPD often suffer due to their insensitivity, need for admiration, and entitlement.

Someone with NPD can achieve many things, due to ambition and confidence associated with a hypomanic mood and periods of grandiosity. By contrast, when performance is disrupted due to an inability to tolerate criticism or defeat, work functioning can be low, for fear of potential defeat. Those with NPD can become ironically self-critical when faced with defeat or criticism and experience social withdrawal, depressed mood, and dysthymia or major depressive disorder.

As with all personality disorders, the person must be at least 18 years old before being diagnosed with NPD and it typically decreases in intensity with age, with many people experiencing few of the most extreme symptoms by the time they are in their 40s or 50s. Clinicians speak of two major types of NPD, overt or covert, exhibited by different presentations.

Overt NPD
Overt narcissists express their disorder more openly. They may be very successful and have a high achieving career or public persona. They gain attention by being very charming or inflicting intimidation or demands. They need the spotlight and feel their audience is in awe of their intellect, power, magnetic personality, or prowess. An overt narcissist may be very animated when the conversation is directed to him or her but show little interest or enthusiasm when the conversation is directed toward others. An indication of an overt narcissist is someone who enjoys showing off in front of large groups of people, possibly showcasing sexual behavior, and acting in a provocative manner.

Covert NPD
Covert narcissists are indirect in their methods to gain the constant attention they seek. They may be quite reserved and even aloof. A covert narcissistic person gains his attention by secondary means such as that of a helper, humanitarian, or misunderstood artist. He or she gains status and admiration within by this involvement rather than displaying an obvious quest for the spotlight. If the covert narcissist is a doctor or minister, the grandiose payoff is made by feeling as if he or she is a chosen one to lead others. The good deed has little to do with caring for other people, but everything to do with pride and self- elevated importance. (Payton and Day, 2002)

Myths related to narcissistic personalities

(Sparkster, retrieved 8/26/2013)

- **Myth 1. Narcissists are people who are in love with themselves.** Technically, narcissists are actually in love with the false self, the innocent, angelic, good-as-gold persona that they project to fool those around them. In fact, the narcissist does not actually love either one’s real self or a false self, but is compulsively obsessed with the false self-projection he or she has worked many years to achieve—this gives the illusion that he or she is in love with the self. The person that everyone knows is nothing more than a fabrication, layers of twisted secrecy constructed to protect the disturbed abuser that lives beneath the facade.

- **Myth 2. Narcissists are just people with high levels of self-esteem.** Healthy and functional people can have high levels of self-esteem without being narcissistic, at least not to the point of a personality disorder. Unlike a healthy person, a narcissist’s self-esteem must be constantly regulated, and the narcissist has no empathy. Therefore, in relationships, narcissists are only concerned with what their partner can do for them, but never the other way around. The narcissist does not genuinely care about a partner’s feelings, though will pretend to. A narcissist can show high levels of self-entitlement and the acted out empathy is all just a part of a facade.

- **Myth 3. Narcissists are vain and big-headed.** Although a high level of narcissism can result in people becoming more obsessed with their own physical appearance and self-image, a true malignancy of narcissism goes much deeper, resulting in an unreasonable balance of self-entitlement, dysfunctional relationships, and what can only be described as backward logic, which is persistent over a long period of time.

- **Myth 4. All narcissists are the same.** There are many types of narcissists, though they all suffer with one common trait—a complete lack of empathy. There are overt narcissists, covert narcissists, cerebral narcissists, the inverted narcissist, the classic narcissist, the somatic narcissist, and more. All narcissists lack empathy and are unable, or unwilling, to relate to the emotions of others all of the time, but they can act as though they do. (retrieved 8/28/2013)

Authors, Twenge and Campbell have also discussed the myths surrounding narcissism. In some respects they are in contrast to Sparkster’s myths pertaining to narcissism.

- **Myth 1. Narcissism is “really high” self-esteem.** Narcissism and self-esteem differ. While narcissists may think they are smarter, better looking, and more important than others, they do not think they are more caring or compassionate. People with self-esteem view themselves positively, but also see themselves as loving and moral.

- **Myth 2. Narcissists are insecure and have low self-esteem.** Psychologists sometimes call this the mask model because it suggests that narcissism is a mask for low self-worth. According to the authors, there is little evidence that extroverted” narcissists have low self-esteem. The Implicit Association Test (IAT) was adapted by researchers to uncover how narcissists actually feel about themselves, and the results indicated that narcissists have very similar views of themselves on the inside and the outside. In other words, they are secure and positive that they are winners, but also believe that caring about others is not that important.
Diagnosing NPD

Personality disorders such as NPD are typically diagnosed by a trained mental health professional, such as a psychologist or psychiatrist. Family physicians and general practitioners are generally not trained or well-equipped to make this type of psychological diagnosis. So, while a patient can initially consult a family physician about this problem, they should refer the patient to a mental health professional for diagnosis and treatment. There are no blood or genetic tests used to diagnose personality disorder. When psychologists assess NPD, they more often use the Narcissistic Personality Inventory (NPI), developed in the 1980s by Robert Raskin and Howard Terry at the Institute of Personality Assessment and Research at the University of California at Berkeley. The form that is more often used pairs 40 narcissistic statements with non-narcissistic statements. Respondents are not told the test measures narcissism. The following list of questions provides a sampling of the inventory.

Choose A or B with each of the following pairs. Only mark one answer for each attitude pair.

___ 1. A. I prefer to blend in with the crowd. OR
   B. I like to be the center of attention.
___ 2. A. The thought of ruling the world frightens the hell out of me. OR
   B. If I ruled the world it would be a much better place.
___ 3. A. I can live my life any way I want to. OR
   B. People can’t always live their lives in terms of what they want.
___ 4. A. I don’t particularly like to show off my body. OR
   B. I like to show off my body.
___ 5. A. I will never be satisfied until I get all that I deserve. OR
   B. I will take my satisfactions as they come.
___ 6. A. I am no better or no worse than most people. OR
   B. I think I am a special person.

Symptoms

NPD is characterized by dramatic, emotional behavior, which is in the same category as antisocial and borderline personality disorders. NPD symptoms may include:
- Believing that one is better than others.
- Fantasizing about power, success, and attractiveness.
- Exaggerating one’s achievements or talents.
- Expecting constant praise and admiration.
- Believing that one is special and acting accordingly.
- Failing to recognize other people’s emotions and feelings.
- Expecting others to go along with one’s ideas and plans.
- Taking advantage of others.
- Expressing disdain for those one feels are inferior.
- Being jealous of others.
- Believing that others are jealous.
- Trouble keeping healthy relationships.
- Setting unrealistic goals.
- Being easily hurt and rejected.
- Having a fragile self-esteem.
- Appearing as tough-minded or unemotional.

Although some features of NPD may seem like having confidence or strong self-esteem, it is not the same. This disorder goes beyond the border of healthy confidence and self-esteem. People with NPD often put themselves onto a pedestal. In contrast, people who have healthy confidence and self-esteem do not value themselves more than they value others.

When one has NPD, one may come across as conceited, boastful, or pretentious, and monopolize conversations. They may belittle or look down on people they perceive as inferior and may have a sense of entitlement. When they do not receive the special treatment to which they feel entitled, they may become very impatient or angry. They may insist on having the best of everything—the best car, athletic club, medical care, or social circles, for example.

Underneath all this behavior often lies a fragile self-esteem. Narcissists have trouble handling anything that may be perceived as criticism. The person may have a sense of secret shame and humiliation. To make oneself feel better, one may react with rage or contempt and efforts to belittle the other person to make one appear better. (Mayo Clinic staff, retrieved 8/28/2013)

A brief self-assessment

Heitler provides a brief self-assessment to share with clients when appropriate. (Heitler, 2012) While narcissists can be very enjoyable to talk with and to do things with, they can also be somewhat provocative in how they communicate; especially when their partners or friends hit bumps in the road. Narcissists change topics, become defensive, or get angry when their partner or friend needs to discuss difficulties. Consequently, it can be challenging for people to sustain a relationship with narcissists. The bottom line is that healthy people in healthy relationships are able to sustain both selfishness and altruism.
When differences arise, socially effective people are better able to compromise because they routinely hear and take into consideration both their own and other people’s concerns. The ability to find these win-win solutions is a major reason why emotional health is associated with being able to live mostly in a good mood.

Additionally, narcissists can be very generous. They may, for instance, give away large sums of money to charity. Generous giving makes the giver feel good and also feels like the right thing to do. At the same time, when there is a situation in which someone with narcissistic tendencies wants something, and that desire is in conflict with what someone else wants, the selfish side takes over.

Heitler introduces these questions:

- Are you someone that your guy friends, girl friends, or spouse like a lot, and yet often also finds demoralizing to be with when serious issues come up?
- Do people tell you that you seem to take up all the space in the room, or that “it’s all about you?”

The Brief Self-Assessment

Expanding on this core definition of narcissistic functioning as unilateral listening, here are six signs of narcissism. Score each dimension from 0 to 10. Zero is not at all. Ten is all the time. First assess yourself. Then circle back to score someone in your life that is difficult to deal with. The goal: See your and others’ patterns clearly.

Sign #1: Unilateral listening.

For example: “What I want is all that matters. When we make decisions together, what you want, your concerns, your feelings…these are mere whispers, inconveniences, and irrelevancies. When we discuss issues, my opinions are right. Yours are wrong or else of minimal importance. If you expect to have input, you are undermining me.”

Instead of listening to be responsive, narcissistic listening listens to dismiss, negate, ignore, minimize, denigrate, or otherwise render irrelevant, other people’s concerns.

Score: 0 1 2 3 4 5 6 7 8 9 10

Sign #2 It’s all about me.

“I know more, I know better, I’m more interesting. When we talk, it’s mostly about me. In conversations, I take up most of the air time.”

“When I want something, I need to have it. Never mind how you feel about it; it’s all about me. I’m big and important and you are merely here, mostly to do things for me, like a third arm.”

Narcissistic people are sometimes, and even often, generous. The difficulty with trusting a narcissist to take actions that are sympathetic to your interests comes at the times when what they want is contrary to what someone else wants. Odds are, at these times they will act in a manner that is selfish, that is, responsive only to their own concerns.

Score: 0 1 2 3 4 5 6 7 8 9 10

Sign #3: The rules don’t apply to me.

“I can have affairs, cut into a line where others are waiting, cheat on my taxes, and ignore rules that get in the way of doing what I want. Rules are for other people to follow.”

Narcissists experience themselves as above others, so the rules don’t apply to them.

Score: 0 1 2 3 4 5 6 7 8 9 10

Sign #4: Your concerns are really criticisms of me, and I hate being criticized.

“If you insist on my listening and taking your concerns seriously I’m likely to get mad. Criticism hurts. I can criticize others, and often do, but if you criticize me you’re hurting my feelings so I’ll hurt you back.”

Narcissists paradoxically manifest an inflated idea of their own importance, yet are quick to feel deflated by negative feedback.

Score: 0 1 2 3 4 5 6 7 8 9 10

Sign #5: When things go wrong between us, it’s always your fault.

“You made me mad. You didn’t listen to me. You criticized me. You’re trying to control me. Your view is wrong. So you need to apologize, not me.”

“It’s never my fault if things didn’t go well. I’m not responsible for the problem. Someone else is. I’m not responsible either for my anger. If I’m mad, that’s your fault.”

Narcissists may seem generally quite socially agile. At the same time, they also can be quick to anger, and when they do, will promptly blame their anger on others. Narcissistic people see themselves as special, and can also be thin-skinned. Any feedback can feel threatening. The immediate response will be to issue blame.

Narcissists tend to be hypersensitive about control. Any request, therefore, to a narcissist is at risk for triggering irritation. Asking a narcissist to do something your way rather than theirs is particularly likely to sound to them like you are telling them what to do. Their anger in response is your fault.

Causes

Researchers today do not know what causes NPD. As with other mental disorders, the cause is likely complex. Although the cause of NPD is not known, some researchers think that extreme parenting behaviors, such as neglect or excessive indulgent praise, may be partially responsible. The cause may be linked to a dysfunctional childhood, such as excessive pampering, extremely high expectations, abuse, or neglect. It is also possible that genetics or psychobiology, the connection between the brain and behavior and thinking, plays a role in the development of NPD. The literature is mixed with regard to causal factors.

Risk factors

NPD is rare and affects more men than women. It often begins in early adulthood. Although some adolescents may seem to have traits of narcissism, this may simply be typical of the age and does not mean they will develop the disorder.

Risk factors for NPD may include:

- Parental disdain for fears and needs expressed during childhood.
- Lack of affection and praise during childhood.
- Neglect and emotional abuse in childhood.

There are many theories about the possible causes of NPD. Most professionals subscribe to a biopsychosocial model of causes meaning, the causes of are likely due to biological and genetic factors, social factors such as how a person interacts in their early development with their family and friends and other children, and psychological factors the individual’s personality and temperament, shaped by their environment and learned coping skills to deal with stress. This suggests that no single factor is responsible, but, it is the complex and likely intertwined nature of all three factors that are important. If a person has this personality disorder, research suggests that there is a slightly increased risk for this disorder to be passed down to their children.
Various research studies have examined specific aspects of NPD. Some of these research studies are described below.

Title: *Gray Matter Abnormalities in Patients with Narcissistic Personality Disorder*. Top of Form Lars Schulze, Isabel Dziobek, Aline Vater, Hauke R. Heekeren, Malek Bajbouj, Babette Renneberg, Isabella Heuser, Stefan Roepke

Abstract

**Background:** Despite the relevance of narcissistic personality disorder (NPD) in clinical settings, there is currently no empirical data available regarding the neurobiological correlates of NPD. In the present study, we performed a voxel-based morphometric analysis to provide initial insight into local abnormalities of gray matter (GM) volume.

**Methods:** Structural brain images were obtained from patients with NPD (*n* = 17) and a sample of healthy controls (*n* = 17) matched regarding age, gender, handedness, and intelligence. Groups were compared with regard to global brain tissue volumes and local abnormalities of GM volume. Regions-of-interest analyses were calculated for the anterior insula.

**Results:** Relative to the control group, NPD patients had smaller GM volume in the left anterior insula. Independent of group, GM volume in the left anterior insula was positively related to self-reported emotional empathy. Complementary whole-brain analyses yielded smaller GM volume in frontoparalimbic brain regions comprising the rostral and median cingulate cortex as well as dorsolateral and medial parts of the prefrontal cortex.

**Conclusion:** Here we provide the first empirical evidence for structural abnormalities in frontoparalimbic brain regions of patients with NPD. The results are discussed in the context of NPD patients’ restricted ability for emotional empathy. (*Journal of Psychiatric Research, 2013*)

Title: *Comorbidity of DSM-IV Personality Disorders in Unipolar and Bipolar Affective Disorders: A Comparative Study*. Schiavone P, Dorz S, Conforti D, Scarso C, Borgherini G. Affective Disorders Unit, Casa di Cura Parco dei Tigli, Padova, Italy.

The aim of this study was to compare the prevalence of Personality Disorders assessed by Structured Clinical Interview for Axis-II in 155 in-patients diagnosed with Unipolar Disorder vs inpatients with Bipolar Disorder (39). The most frequent Axis II diagnoses among Unipolar inpatients were Borderline (31.6 percent), Dependent (25.2 percent), and Obsessive-Compulsive (14.2 percent) Personality Disorders. Among Bipolar inpatients, the most prevalent personality disorders were Borderline (41 percent), Narcissistic (20.5 percent), Dependent (12.8 percent), and Histrionic disorders (10.3 percent). Using chi squared analysis, few differences in distribution emerged between the two groups: Unipolar patients had more recurrent Obsessive-Compulsive Personality Disorder than Bipolar patients (chi(12)=6.24, p=0.005). Comorbid Narcissistic Personality Disorder was significantly more frequent in the Bipolar than in the Unipolar group (chi(12)=6.34, p=0.01). Considering the three clusters (DSM-IV classification), there was a significant difference between the groups, Cluster C (fearful, avoidant) diagnoses being more frequent in the Unipolar than in the Bipolar group (48.4 percent vs 20.5 percent, respectively). Cluster B (dramatic, emotionally erratic) diagnoses were found more frequently in patients with Bipolar Disorders (71.8 percent vs 45.2 percent in Unipolar patients, chi(2)=10.1, p<0.006). The differences in the distribution and prevalence of Personality Disorders between the two patient groups are discussed. PMID: 15460367 [PubMed - indexed for MEDLINE]


We report the negative emotional state as pessimistic mood of a case with narcissistic personality disorder during the period of narcissistic decompensation. In addition, we identified the clinical differences between pessimistic mood and depressive disorder. A 28-year-old unmarried woman experienced herself, her life and the external object as futile and disappointing after repeated failure to satisfy her grandiose fantasies about the search for ideal love. The patient then gave up her formerly gratifying activities, and fell into a prolonged state of negative emotions and passivity dominated by pessimistic mood characterized by an overwhelming sense of futility. The patient did not respond to medical treatment with antidepressants firstly. However after a 2-year course of intensive psychotherapy, the patient was able to restore her zest to find a new boyfriend with a more rational and realistic attitude. Clinically, decompensated narcissistic patients do not exhibit the typical attitude of worthlessness or guilty feelings, and are devoid of certain specific depressive emotions (e.g., sadness, sorrow, etc.). In contrast, decompensated narcissistic patients with pessimistic mood exhibit a dominant sense of futility and other negative emotions presented as outrage and disappointment. The purpose of this case report was to emphasize the importance to recognize clinical features of pessimistic mood for the differential diagnosis and management of the decompensated narcissistic patient. (Publication Types: Case Reports PMID: 15239200 [PubMed - indexed for MEDLINE]


The current study seeks to expand our understanding of the increasingly well documented relationship between mental disorder and violence, specifically by examining the relationship between Axis II disorders and community institutional violence among a cohort of 261 incarcerated women. Drawing from an initial screening of 802 female inmates in maximum security, we sampled to identify 200 nonpsychotic women who met criteria for one of the four Cluster B personality disorders, and 50 nonpsychotic women who did not meet criteria for these disorders. Each inmate was interviewed with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Information regarding instant offense and institutional behavior was obtained from prison files and a self-report inventory. The analyses indicated a high degree of comorbidity between the various Cluster B diagnoses and a significant association with various types of violent crime and nonviolent criminality. Significant relationships were found between Antisocial Personality Disorder and institutional violence, and Narcissistic Personality Disorder.

*Psychology.EliteCME.com*
Disorder and incarceration for a violent crime. Cluster A diagnosis was unexpectedly found to be associated with both incarceration for a violent crime and incarceration for prostitution. (PMID: 12539904 [PubMed - indexed for MEDLINE])

Title: Differentiating Narcissistic and Antisocial Personality Disorders, Gunderson JG, Rommingsam E. McLean Hospital, Belmont, MA. J Personal Disord. 2001 Apr;15(2):103-9.

The conceptual, clinical, and empirical overlap between the constructs of narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD) is reviewed and their descriptive discriminability is investigated. Twenty-four patients with NPD and 16 patients with ASPD were compared on 33 characteristics for pathological narcissism assessed with the semi-structured Diagnostic Interview for Narcissism. The results confirm a sufficiently broad array of similarities that the question of whether these categories should be kept separate (as they are in DSM-IV) is underscored. The results also indicate important areas of difference. The NPD sample was best discriminated from the ASPD sample by their grandiosity, that is, the tendency to exaggerate their talents, and to regard themselves as more unique and superior. (PMID: 11345846 [PubMed - indexed for MEDLINE])


This paper presents a view of the etiology of narcissistic personality disorder which, while not new, is at variance with the commonly held position that this disorder is the outcome of the insufficient gratification of the normal narcissistic needs of infancy and childhood. The contrary thesis is presented: that narcissistic personality disorder is the outcome of narcissistic over-gratification during childhood. A fixation to this over-gratification interferes with the normal maturation and integration of the superego, leading to difficulties in self-esteem regulation and to a tendency to massive externalization. Clinical material is presented to support this view. (Publication Types: Case Reports (PMID: 9990828 [PubMed - indexed for MEDLINE])


A clinical chart-review study of the Cluster B personality disorders (PDs) was conducted to evaluate the specificity of DSM-IV criteria for the Antisocial Personality Disorder (ANPD), Borderline Personality Disorder (BPD), and Narcissistic Personality Disorder (NPD). Eight-six outpatients meeting DSM-IV criteria for a PD were identified through a retrospective chart-review procedure. Records of these 86 patients were independently rated on all of the ANPD, BPD, and NPD symptom criterion for the DSM-IV. High inter-rater reliabilities were obtained for the presence or absence of a PD and symptom criteria for ANPD, BPD, and NPD (all kappa > or = 0.80). The sample consisted of ANPD (n = 20), BPD (n = 25), NPD (n = 15), and other personality disorders (OPD; Cluster A and C; n = 26). Five ANPD criteria reliably differentiated ANPD patients from BPD and NPD patients (1, 2, 3, 6, 7), and two criteria did not differentiate this group from either intra-cluster category (4, 5). BPD criteria also differentiated BPD patients from ANPD and NPD patients; however, the specific criteria that effectively differentiated categories were dependent on the group comparisons. BDP criteria (1, 2, 3, 6, 7) differentiated BPD and ANPD patients. BPD and NPD patients could be discriminated on other BPD criteria (2, 3, 5, 6, 7, 8). NPD criteria showed a similar ability to differentiate patients. NPD criteria differentiated NPD and BPD patients on DSM-IV criteria of 1, 3, 4, 5, 7, and 9. NPD and ANPD patients could be differentiated on other NPD criteria (1, 2, 3, 4, 5, 9). The results of this study provide general support for the use of specific criteria for these three disorders in the differential comparison of related and unrelated PDs. The utility of items that describe essential features are discussed. (PMID: 9777280 [PubMed - indexed for MEDLINE])


The occurrence of pathological narcissism in bipolar patients, and the diagnostic relation between narcissistic personality disorder (NPD) and bipolar disorder (BD), were investigated. The Diagnostic Interview for Narcissism (DIN) was administered to bipolar patients when manic and when euthymic. The scores were compared to those of an NPD sample and a control group of general psychiatric patients. Euthymic bi-polars do not exhibit a higher level of pathological narcissism or a higher prevalence of NPD than psychiatric patients in general. However, when manic, bipolar patients do appear similar to the narcissistic group, sharing 12 out of 14 of the identifying criteria for NPD. The results support the inclusion of mania in the differential diagnosis of NPD. (PMID: 9661104 [PubMed - indexed for MEDLINE])


This paper presents available information on the comorbidity of narcissistic personality disorder (NPD) and pathological narcissism with major mental illness. A review of empirical studies reporting on the prevalence of NPD in Axis I disorders, and of theoretical and clinical literature on narcissistic pathology in major mental illness, forms the basis for an analysis of this interface. The results show that prevalence rates of NPD in Axis I disorders rarely exceed those found in the general psychiatric or personality disorder populations (i.e., less than 22 percent). NPD was found at high rates in individuals with a substance use disorder (12-38 percent) or bipolar disorder (4-47 percent); it was present at very low rates or absent in persons with obsessive-compulsive disorder. Higher prevalence rates were reported in the studies that used the Millon Clinical Multiaxial Inventory I or II than in those that employed the Structured interview for DSM-III Personality Disorders or the Structured Interview for DSM-III-R Personality Disorders—Revised. There is no evidence implicating a significant relationship between NPD and any specific Axis I disorder. A comparison of theoretical and clinical studies with empirical ones reveals major differences in the views regarding the presence and significance of NPD in Axis I disorders. However, the results highlight trends of interacting comorbidity between NPD and substance use disorders, bipolar disorder, depression, and anorexia nervosa. (PMID: 9384963 [PubMed - indexed for MEDLINE])


Objective: This study investigated types of change that occur over time in the psychopathology of narcissistic patients. Method: Baseline scores on the Diagnostic Interview for Narcissism of 20 patients, clinically diagnosed as having narcissistic personality disorder, were contrasted with their scores 3 years later by means of t tests and chi-square statistics. The authors then compared these changes in narcissism with the patients’ accounts of their life events during the interval between the two assessments.

Results: A significant decrease in the overall level of pathological narcissism was found, particularly in the areas of interpersonal relations and reactivity. At follow-up, 60 percent of the subjects had reached the cutoff score on the diagnostic interview that indicated significant improvement, and 40 percent remained unchanged, with a high level of pathological narcissism. A high baseline level of narcissism in interpersonal relations was associated with absence of change at follow-up. Examination of life events in the interval
between assessments suggests that changes in pathological narcissism are related to three kinds of experiences: achievements, new durable relationships, and disillusionments.

**Conclusions:** The instability of narcissistic psychopathology found in this study raises questions about the construct validity of narcissistic personality disorder as a diagnostic category and about the core construct of pathological narcissism. (PMID: 7840360 [PubMed - indexed for MEDLINE])


Sexual narcissism, an egocentric pattern of sexual behavior, has recently been described in the literature and has been discovered to be associated with cluster B personality disorders. Although the research seems to have validated sexual narcissism as a characteristic of borderline and histrionic personality disorders, it is yet to be tested with narcissistic personalities. In an effort to further explore this relationship as well as the validity of sexual narcissism, this study systematically compared a sample (ages 24-33) of males with narcissistic personality disorder with an adequately matched sample of males without personality disorders.

**Results:** As compared to the control group, narcissistic men were found to have significantly lower self-esteem, more negative attitudes toward sex, greater egocentric patterns of sexual behavior, more conservative or traditional gender role orientation, and greater sexual preoccupation. Despite these findings, there were no significant differences between the groups on sexual depression and the narcissistic men evidenced significantly higher sexual esteem. Implications for these findings are discussed. (PMID: 8169963 [PubMed - indexed for MEDLINE])

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**Narcissists at work**

Persons with NPD can be visionaries and gifted workplace contributors. Conversely, their personality disorder can also create bullying in the workplace, when indifference, self-absorption, control, punitive actions, and fierce temper emerge. Leadership coach and writer, Richard McKnight, has written of Steve Jobs, who was a brilliant innovator and possibly had narcissistic traits.

“When I began reading Walter Isaacson’s biography of Steve Jobs, I wasn’t sure I could get past the first chapter. The late Mr. Jobs comes off as forbidding, to say the least. I wasn’t sure I could read 600 pages about a man who is repeatedly described by his official biographer as “cruel,” indifferent to his children, and a “control freak.” According to Isaacson, Jobs was a profane man who would publicly castigate your ideas one day and claim credit for them the next, and would resort to crying if no other method worked in getting his way.”

“Jobs was more than just a notoriously difficult person, of course, which is what makes his story fascinating, so I read every word. Many writers covering his death have compared him — as his biographer does — to Thomas Edison and Henry Ford. Isaacson calls him “the greatest business executive of our era.” I come away agreeing.”

“To me, however, as a leadership educator and coach, Jobs’ business accomplishments sit uncomfortably alongside his methods. I’m left with a vexing question: If Steve Jobs was a great business leader, how are we to reconcile his exceptionally abrasive personal style and self-centered, even brutal, approach with the popular formulation of the leader as a nurturer of talent and leadership as the act of getting out of the way so others can rise to greatness? Was he not a leader or do I have to revise my definition of leadership?”

“Job’s case is, as the saying goes, the exception that proves the rule: His bullying style was a tolerated idiocynsychrasy requiring elaborate “work-arounds,” not an asset. Jobs surrounded himself with people who were not only what he called “A-players,” but also people who, vitally, could tolerate his exceptionally high standards, badgering and idea stealing.”

“Don’t be confused by Steve Jobs’s repellant style. His biographer wasn’t. Near the end of the book, Isaacson writes, ‘The nasty edge to his personality was not necessary. It hindered him more than it helped him.’” (McKnight, Philadelphia Business Journal, January 6, 2012)

**People with NPD may fare better in job interviews**

Narcissistic individuals can likely be bullies at work simply because their personalities exhibit a pattern of grandiosity, need for admiration, and, most importantly, lack of empathy. Among the qualities people usually find endearing and attractive, narcissism is not high on the list.

A brash, arrogant, self-promoting personality is off-putting. However, not so when it comes to job interviews, according to a new study that found narcissists scored better on simulated job interviews than non-narcissists.

Conducted by researchers at the University of Nebraska-Lincoln, the study determined that in the condensed version of a job interview, narcissists’ compulsion to speak at length about their accomplishments implied confidence and expertise, not obnoxiousness, by seasoned job recruiters. Conducted in two parts, the Nebraska study first examined the performances of 72 participants, a mix of narcissists and non-narcissists, in a videotaped job interview setting. Naturally, it is good to list accomplishments when trying to impress a potential employer, but the experiment found that narcissists went beyond this. Also, when the interviewers challenged the interviewees on their accomplishments, the non-narcissists tended to temper their boasts, but the narcissists dug in and attempted to talk about them even more loudly.

In the second experiment, 222 recruiters evaluated video applications from narcissistic and non-narcissistic job seekers with similar qualifications. Recruiters consistently gave higher ratings to the narcissistic applicants, whom researchers noted, were more inclined to speak at length about themselves, as well as to both smile and compliment others more than non-narcissists.

University Nebraska-Lincoln assistant professor of management Peter Harms, a co-author of the study, said in a university press release that his team’s findings show that “what is getting narcissists the win is the delivery.” Harms also points out that the study highlights the challenges faced by HR teams as they recruit new employees. “These results show just how hard it is to effectively interview, and how fallible we can be when making interview judgments,” he noted in the release. “We don’t necessarily want to hire narcissists, but might end up doing so because they come off as being self-confident and capable.”

Companies that staff up with narcissists may be in for a rude awakening, according to a study published last year in the journal Psychological Science by scientists from the University of Amsterdam. The Dutch team found that while workers with large egos inspire confidence, and that their fellow employees believe they will make good leaders, narcissists are often so consumed with their supposed greatness that their job performance is poor.

A study by researchers from the Universities of Michigan and Virginia released in 2012, found elevated levels of the stress hormone cortisol in narcissistic men. Elevated cortisol can lead to high blood pressure and heart disease. (University of Nebraska, Last Updated: 04/03/2012)

**NPD at work**

Narcissistic managers play a major role in bullying at work. Narcissistic individuals lack empathy, which cannot be measured.
In her best-selling and well researched novel, *The Paris Wife*, author Paula McLain described an exchange between Ernest Hemmingway and his first wife, Hadley, after she confronts him about his affair with a woman who would become the second Mrs. Hemmingway.

“It was well past midnight when Ernest came home drunk. “I don’t want you here” I said, ‘Go home to your lover if that’s what you want.”

“She’s headed to Bologna,” he said, “and how would you know what I want?”

I sat up quickly and slapped him as hard as I could, and then did again. He barely flinched. “Play the victim if you want, but no one’s a victim here. You should have kept your mouth shut. Now it’s all shot to hell.”

“Are you telling me you would have been perfectly happy to just go on this way, in love with her, saying nothing about it?”

“Something like that,” he said.”

Persons with NPD do not need to be famous or rich. They often begin their relationships using charm and considerable charisma. An example of this would be:

Beth didn’t know what hit her when she met a handsome man who wandered into her dental office as a recent transplant from another city. To her love struck eyes, her soon-to-be husband seemed more like a prince charming than the callous, deceitful spendthrift he later proved to be. Looking back, she explains, there were signs of trouble from the start, but they were far from obvious at the time.

Narcissists are also deceiving, leaving many people completely oblivious of their true destructive nature. Friends and family of narcissists who have stayed close to them throughout their lives remain fooled by the angelic facade they present and believe that such seemingly good, honest, and caring people deserve their respect, despite the mistakes they may have made in their lives. The narcissist knows otherwise. If their friends and family were to discover the actual amount of damage they caused, anyone who would attempt to confront them would feel their wrath. It would be shocking and potentially devastating.

Covert narcissists leave a secret trail of damage behind them and the trail can remain invisible to close family and friends. Family and friends will most likely be the only real friends the narcissist has left by the age of 40.
Overt narcissists are less cautious about revealing their secrets and will be openly provocative in their narcissistic behavior. The narcissist generally uses shock tactics and large volumes of alcohol as an excuse for being out of control, as they claim that they did not know what they were doing. After one-night stands and on irregular occasions, they may continue to have affairs in secret with as few people knowing about it as possible.

Narcissists commonly damage relationships, marriages, and families with their lies, cheating, and deceit while using distortion campaigns to destroy their victims’ reputation without the victim even being aware. Anyone that has remained in a relationship with a narcissist for a long time is also sure to have had their reputation, friendships, relationships, and identity destroyed by cleverly plotted distortion campaigns. The narcissist can continue to get away with their behavior doing whatever they want, and using and manipulating anyone around them as they successfully playing the victim.

People who have been victimized by narcissists may feel emotionally and mentally devastated, may be feeling anxious, depressed, tense, and perhaps even suicidal if they have been victimized long enough. Given the extreme circumstances, this is completely normal and understandable. Victims often feel alone, cut off from the world, and isolated during their experience.

The longer they are subject to narcissistic abuse, the more adversely a victim’s health is affected. Victims often suffer with depression, anxiety, mental anguish, stress-related illnesses, weight loss, insomnia, irrational fears, post-traumatic stress (nightmares and flashbacks), and more. In extreme cases, the symptoms can be much worse and people who are being, or have been, abused severely may be at high risk of committing suicide or having a heart attack or stroke. Unfortunately, unless the victim can escape the narcissist, the abuse will continue. The narcissist, in turn, has no empathy and cannot understand the damage he or she has inflicted.

Narcissists fabricate and develop stories over time that can be used to divert the blame to other people for damages caused in the past, and who would never suspect them of their lies or false accusations. (Sparkster, retrieved 8/26/2013)

Craig Malkin, author and psychologist, has discussed early warning signs that clients are with narcissists. He states, “Early in my training, I had the pleasure of working with one of the foremost authorities on narcissism in our field, and in part because of that experience, I went on to work with quite a few clients who’d been diagnosed with narcissistic personality disorder. That’s where I learned that the formal diagnostic label hardly does justice to the richness and complexity of this condition. The most glaring problems are easy to spot—the apparent absence of even a shred of empathy, the grandiose plans and posturing, the rage at being called out on the slightest of imperfections or normal human missteps—but if you get too hung up on the obvious traits, you can easily miss the subtle (and often more common) features that allow a narcissist to sneak into your life and wreak havoc.”

Dr. Malkin’s signs that someone may be living or involved in some way with a narcissist include:

- **Projected feelings of insecurity:** Narcissists say and do things, subtle or obvious, that make a person feel less smart, less accomplished, less competent. Think of a supervisor who questions your methods after their own decision derail an important project, or the girlfriend who frequently claims not to understand what you have said, even when you have been perfectly clear, or a friend who shares “back-handed” compliments such as, “You did great, for once.” Narcissists will shine the light back to themselves to look “better” than folks they may feel are stealing their thunder or they are insecure around.

- **Emotion-phobia:** Having a feeling in the presence of another person suggests to narcissists that they can be touched emotionally by friends, family, partners, and even failure. Feelings challenge their sense of perfect autonomy; to admit to a feeling of any kind suggests they can be affected by someone or something outside of themselves. They will change the subject when feelings come up, especially their own, and as quick as they might be to anger, it is often like pulling teeth to get them to admit that they have reached the boiling point.

- **A fragmented family story:** Narcissism seems to be born of neglect and abuse, both of which are notorious for creating an insecure attachment style. But the very fact that narcissists, for all their posturing, are deeply insecure, also gives us an easy way to spot them. Insecurely attached people cannot talk coherently about their family and childhood; their early memories are confused, contradictory, and riddled with gaps. Narcissists often give themselves away because their childhood story makes no sense, and the most common myth they carry around is the perfect family story. If your date sings praises for his or her exalted family take note.

- **Idol worship:** The fact that no one can be perfect is not a view normally shared by idol-worshiping narcissists. But then they will inevitably discover a fatal flaw in the person they have been worshipping. And stand back once that happens. At this recognition that the idol is simply human, narcissists feel rage. Be mindful of someone who shares compulsive flattery or pressure to conform to an ideal image.

- **A high need for control:** For the same reason narcissists often loathe the subject of feelings, they cannot stand to be at the mercy of other people’s preferences; it reminds them that they are not invulnerable or completely independent—that, in fact, they might have to ask for what they want—and even worse, people may not feel like meeting the request. Rather than express needs or preferences themselves, they often arrange events (and maneuver people) to orchestrate the outcomes they desire. In the extreme form, this can manifest as abusive, controlling behaviors. The efforts at control are often far subtler than outright abuse. Be watchful for anyone who leaves you feeling nervous about approaching certain topics or sharing your own preferences. Narcissists have a way of making choices feel off-limits without expressing any anger at all—a disapproving wince, a last-minute call to preempt the plans, chronic lateness whenever you are in charge of arranging a night together. It is more like a war of attrition on your will than an outright assault on your freedom. (Malkin, June 21, 2013, Huffington Post)

Sparkster identifies specific comments that reflect narcissistic feedback. If the above statements sound like someone familiar, then it is a possibility that they may be a narcissist. Some of their comments may include:

- “I’m not really narcissistic, I just pretend to be.”
- “You will believe my lies because they are the truth... they are my truth.”
- “I’m not speaking to you. You do not deserve my words.”
- “I don’t know what you’re talking about. It’s all in your head.”
- “You’re paranoid, you need to get to the doctor to sort your head out.”
- “I don’t know what you’re talking about. I could never do something like that.”
- “That never happened, you must be imagining things. You need to see a shrink.”
- “I love you. I could never hurt you like that. Where are these ideas coming from?”

The last statement is the most relevant as it indicates that ideas are coming from somewhere and that there must be a source. The narcissist knows perfectly well the true source of these ideas but has, most likely, been making a concerted effort outside of their partner’s awareness to distort any information the partner may have been picking up on, in order to hide the true source of these ideas.

To a narcissist, secrets should be protected. Narcissists will protect their secrets. Persons in a relationship with narcissists will be deemed
the crazy ones and the narcissist will be out to destroy others’ opinions of those persons if they are cornered. Push hard enough and partners will end up facing all the people they know seemingly trying to convince them that you they paranoid.

The narcissist has the ability to use someone’s words, the truth, dates, or small details, to confuse. Narcissists know exactly how to plant the seeds of a lie into the subconscious of their victim(s), which will be accepted and provides a respite from the confusion. The narcissist knows he or she is somehow different and denial is a way of defending a repressed knowledge of the true inner self. The fact that there is something different about them is projected onto the victim.

Treating NPD

Treatment of NPD typically involves long-term psychotherapy with a therapist that has experience in treating this kind of personality disorder. There are many types of help available for the different personality disorders. Treatment may include individual, group, or family psychotherapy. Medications, prescribed by a patient’s physician, may also help relieve some symptoms of personality disorders, including problems with anxiety and distorted perceptions. They may also be prescribed to help with specific troubling and debilitating symptoms. (PsychCentral 8/26/13)

Psychotherapy for patients with personality disorders focuses on helping them see the unconscious conflicts that are contributing to or causing symptoms. It also helps people become more flexible and is aimed at reducing the behavior patterns that interfere with everyday living.

Narcissists usually avoid therapy. However, they can learn to be more caring about others, and narcissism can be reduced when these individuals are included in social groups. Psychotherapy may be used to help those with NPS relate to others in a less maladaptive manner. (Psychology Today, retrieved 8/26/2013)

Twenge and Campbell (2010), discussed “humility, self-compassion, and mindfulness” as themes in treating narcissism. For example, humility has been studied and outcomes find that humble people are usually surrounded by friends and family who support them and allow them to see themselves accurately. In addition, focusing on self-compassion with clients who fight reality consequently suffer more because of their self-promotion efforts. They tend not to allow themselves to be human. Compassionate people experience less anger, more positive emotions and happiness, and formulate more constructive responses to criticism. Meditation is one helpful way to begin to address self-compassion and it continues to promote mindful awareness.

Mindfulness practice is beneficial for relationships, calming the ego, and diffusing disagreements. The practice also prevents individuals from taking themselves or life events too personally, and provides one with the ability to see the world more as it is. (Please refer to Elite’s Mindfulness Practice CE course.)

In psychotherapy and through mindfulness practice, people with personality disorders can better recognize the effects of their behavior on others. Behavior and cognitive therapies also focus on resolving symptoms or traits that are characteristic of the disorder, such as the inability to make important life decisions or initiate relationships.

Can group therapy help?
The general understanding is that people with NPD are not fixable, and that one should stay away from them. Many therapists tell their clients to avoid or leave a narcissist because people with NPD are destructive.

According to Tomasulo (2011), someone with NPD is immersed into the secondary drives of narcissism, aggression, and materialism. It can be so profound that the primary drives of compassion, empathy, and humanitarianism are lost. The worst narcissists use a false presentation of the primary drives as a way to cover their pathology. They espouse being empathic, nonaggressive, and anti-material, all the while operating from a deeply wounded place. Narcissists are empty people who fill their emptiness with self-importance, with little or no capacity for genuine empathy.

If someone with NPD voluntarily signs up for group therapy, the diagnosis is probably wrong. In their minds, narcissists do not need therapy and, therefore, do not need to change. Occasionally, for legal, marital, or social reasons, the narcissist finds his or her way into group therapy. According to Tomasulo, the results can be quite interesting. He states:

“The effort for the narcissist to take over the group, establish himself or herself as the most important person in the group, or the smartest, or the most resourceful will manifest very quickly. But the treatment within the group isn’t to directly confront the person with NPD. The facilitator must support the group’s reaction to the narcissist. What you change is how people deal with narcissism, not the narcissist.”

Tomasulo continues as he relates a story from one of his facilitated groups.

“John was the self-imposed answer man for the group. He had advice, information, and knew what everyone should do in very situation. In short order, members were telling him they didn’t want his advice, and explained to him why he was so annoying and they could understand why, by age 42, he had already had four wives.

John was never bothered by the feedback and continued his unbridled advice-giving. The facilitator was frustrated too. None of her direct interventions with John, trying to get him to realize the negative impact of his behavior, worked. After a consultation, the facilitator switched tactics. She began having the members talk about what it was like to have someone in their life that didn’t listen, that always set themselves up as better, and couldn’t see how hurtful he or she was being.

The group unified over their feelings, and then were each encouraged to talk about the people in their lives with whom they had had these feelings.

John was speechless.

The strategy worked for helping the group members feel empowered, share strategies for coping with the self-absorbed in their lives, and connected to each other through their experience.

John never talked about his needs while he was giving advice. It took a very long while, but eventually the need to be appreciated and admired caused John to understand the group norm, to talk about one’s needs and feelings and why one has them. The change in his behavior came as a result of the members being empowered. They stopped accepting his dominance, talked about their own needs, and he eventually made changes that were helpful not only in the group, but in his personal life as well. It wasn’t a quick fix, but it was a lasting one.” (Tomasulo, 2011, retrieved 8/26/2013)
Treating clients affected by narcissistic relationships

In addition to grief counseling, trauma-informed care, cognitive behavior therapy, and group support, neuro linguistic programming (NLP) can help victims of narcissism in their healing process. NLP can be especially helpful in helping clients reconnect their inner center of locus and move beyond their experience.

Clients who have been involved with a narcissist need reassurance that they are not responsible for the narcissistic behavior, even though the narcissist may have everyone around them fooled into thinking he or she would never hurt anyone. It also helps encourage clients to detach from trying to prove themselves right.

The therapist should let clients know that having a relationship with a narcissist often wears people out. Victims are more passionate about certain interests, may now feel worthless and devalued because they have been put through the process of devaluation. It would be natural if clients, as a result, were to dissociate from their immediate experiences. The therapist should remind them that narcissists use mental abuse as a manipulation weapon.

The therapist should reinforce the idea that changing a narcissist is highly unlikely and that narcissists will more than likely repress awareness of their narcissistic traits and convince everyone that the victims are the crazy ones. Their deceit is pathological.

Seeking relationship counseling or therapy with the narcissist is not, in general, a good idea. Narcissists have a large capacity for manipulation, and they can be cold, calculating, and often manipulate the most experienced therapist or counselor into taking their sides. Some clinicians have found narcissists who involve themselves in a therapeutic career to mask their narcissistic traits, thus upholding the false sense of self and projecting them as good people, while placing them in a position of authority.

Professional mental health clinicians find that victims very often grieve their relationships and accepting that someone they know has NPD can be extremely difficult to cope with. It takes time for victims to learn about what they have been through, what they are going through, and to grieve the disappointment of their hopes for the relationship.

The most common piece of advice offered to those dealing with narcissistic personalities is usually to cut off all contact. However, for many people this simply is not a choice. For those unable to cut all ties with the narcissist(s), it is important to maintain a healthy distance and keep communication to an absolute minimum. In other words, “love from afar.”

Most victims of narcissistic abuse will have had their self-esteem, self-worth, and emotions worn down and so it is important for them to learn how to regain control. This means learning to break free of the codependence, strip control away from the narcissist, and take responsibility once again.

Victims need time to rebuild their self-esteem and self-worth, re-establish their identity, build a network of friends, and get themselves into a better financial position. Victims need to distance themselves from the narcissist, which can be difficult because the connecting threads can be very strong. People dealing with narcissistic personalities will most likely become dependent and the only person they may feel they can turn to for help could be the narcissist who manipulated them in the first place. Victims may have a mountain of problems and insecurities that have built up over the course of their experience and may have been convinced that they are the problem, when, in reality, they are of sound mind.

Expressing feelings or displaying emotion with a narcissist can prove futile. Narcissists will say whatever they need to say to get their own way, and to them what they are saying are just words, nothing more. Showing signs of emotional insecurity is seen by the narcissist as vulnerability and opens victims up to more abuse.

When a victim or relative of a narcissist does successfully manage to get the person with NPD to acknowledge that he or she has a problem and perhaps agree to counseling or therapy, this is usually for one of two reasons: (a) the victim or relative has either successfully penetrated the narcissist’s solid exterior during a temporary period of self-reflection whereby the narcissist will promise to change or (b) as soon as they go for counseling, the narcissist will present that it is the victim or relative who is the problem and will behave as though it was he or she who wanted counseling or therapy. Therapists must be wary of the narcissist’s manipulations in these instances.

A major challenge in treating narcissism is empathy—not the narcissist’s lack of it, although it is challenging, but the empathy that the victim does have, which is inevitably being exploited by the narcissist. This often leaves victims repeatedly questioning themselves, while the narcissist successfully plays the victim, fooling those around them.

Victims of narcissists often have an overwhelming desire to prove the truth to the people around them. It is better for victims to care less about what other people believe and focus on themselves. Doing otherwise may seem like an attempt to ostracize the narcissist, even though it’s the victim who has been truly ostracized.

Just as many narcissists carry out their abuse covertly, victims must escape covertly. The narcissist should not find out about the escape plan or, more than likely, it will be sabotaged. If someone lives with a narcissist and gives him or her any indication the victim is planning to leave, then the victim will probably be leaving before appropriate preparations have been made.

Has NPD become an epidemic or has it just not been diagnosed properly?

It appears that many narcissistic traits have become more socially accepted in recent years with the advent of social media and other influencing factors. Yet, personality disorders are not diagnosed lightly. Each licensed mental health professional must make that determination, understanding that mainstream confusion of narcissistic traits may have also become confused with a proper diagnosis, along with the accepted diagnosing guide.

What makes diagnosing all the more confusing is the disparity between the newer DSM-5 and the ICD-10. Conversation must continue to establish a universally accepted reference guide for diagnosis.

Summary

This course has discussed NPD and examined the characteristics of persons with the disorder, as well as some of the treatment and ways to support those who have been affected by someone with the disorder.

NPD is just one of several types of personality disorders. Personality disorders are conditions in which people have traits that cause them to feel and behave in socially distressing ways, limiting their ability to function in relationships and other areas of their life, such as work or school.

Personality disorders affect about 15 million adults in the United States. Approximately 10 percent to 13 percent of the U.S. population meets the diagnostic criteria for a personality disorder at some point in his or her life. These disorders, however, have the highest rate of misdiagnosis of...
any categories. Most people can live relatively normal lives with mild personality disorders, however, in times of extreme stress, symptoms can increase and become disruptive in everyday activities.

Personality disorders such as NPD are typically diagnosed by a trained mental health professional, such as a psychologist or psychiatrist. Family physicians and general practitioners are generally not trained or well-equipped to make this type of psychological diagnosis. So, while the patient can initially consult a family physician about this problem, they should refer the patient to a mental health professional for diagnosis and treatment. There are no blood or genetic tests used to diagnose a personality disorder. When psychologists assess NPD, they more often use the NPI, developed in the 1980s by Robert Raskin and Howard Terry at the Institute of Personality Assessment and Research at the University of California at Berkeley.

The two major diagnosing guides, DSM-5 and ICD-10 differ in their diagnosing criteria for personality disorders, and NPD is also identified differently.

According to the DSM-5, the “current” approach describes personality disorder as an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.”

According to the ICD-10, a personality disorder is a severe disturbance in the characterological constitution and behavioral tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption. Personality disorder tends to appear in late childhood or adolescence and continues to manifest into adulthood. It is therefore unlikely that the diagnosis of personality disorder will be appropriate before the age of 16 or 17 years.

According to the DSM-5, the prevalence estimates for NPD range from 0 percent to 6.2 percent and are taken from community samples. Of those diagnosed with NPD, 50 percent to 75 percent are men.

There are many theories about the possible causes of NPD. Most professionals subscribe to a biopsychosocial model of causes, meaning the causes of are likely due to biological and genetic factors, social factors (such as how a person interacts in their early development with their family and friends), and psychological factors (i.e., the individual’s personality and temperament) shaped by their environment and learned coping skills to deal with stress.

In summarizing NPD symptoms, an individual would exhibit five or more of the following:

- Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
- Believes that he or she is special and unique and can only be understood by, or should associate with, other special or high status people (or institutions).
- Requires excessive admiration.
- Has a very strong sense of entitlement, e.g., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations.
- Is exploitative of others, e.g., takes advantage of others to achieve his or her own ends.
- Lacks empathy, e.g., is unwilling to recognize or identify with the feelings and needs of others.
- Is often envious of others or believes that others are envious of him or her.
- Regularly shows arrogant, haughty behaviors or attitudes.

There are many types of help available for the different personality disorders. Treatment may include individual, group, or family psychotherapy. Medications, prescribed by a patient’s physician, may also be helpful in relieving some of the symptoms of personality disorders, including problems with anxiety and perceptions. In addition to grief counseling, trauma-informed care, cognitive behavior therapy, and group support, NLP can be help support victims of narcissism through their healing process. NLP can be of great help when assisting victims with recovering their inner center of locus and moving beyond their experiences.

### Resources

- Harms, Peter, (2013), University of Nebraska-Lincoln, (retrieved 8/29/2013)
- Journal of Psychiatric Research, Volume 47, Issue 10, Pages 1363-1369, October 2013, Received 7 January 2013; received in revised form 4 April 2013; accepted 17 May 2013, published online 17 June 2013.
- Mayo Clinic staff, retrieved 8/28/2013
- McKnight, R., (January 6, 2012), Steve Jobs’ poisonous personality was never an asset for Apple, Philadelphia Business Journal.
- PMID: 12539904 PubMed - indexed for MEDLINE
- PMID: 7840560 PubMed - indexed for MEDLINE
- PsychCentral, 8/26/13 Holtzman, N., (retrieved 8/26/2013), Psychology Today

- Substance Abuse and Mental Health Administration (SAMSHA)
- Tomasulo P., (June 21, 2011 ), Narcissistic Personality Disorder: Does Group Therapy Help?, The Healing Crowd

### Additional resources

National Mental Health Consumers’ Self-Help Clearinghouse
Toll-free: (800) 553-4539
Email address: info@mhselhelp.org
Website URL: http://www.mhselhelp.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
Toll-free: (800) 789-2647
Website URL:http://www.samhsa.gov
Final Examination Questions
Select the best answer for each question and mark your answers on the answer sheet found on page 91 or complete your test online at Psychology.EliteCME.com.

1. DSM-5 general criteria for personality disorders include a __________ impairment in personality (self/interpersonal) functioning.
   a. Mild to moderate.
   b. Mild.
   c. Moderate or greater.
   d. Moderate.

2. Individuals with NPD __________ impulsive, aggressive, or deceitful characteristics.
   a. Always have.
   b. Never have.
   c. Sometimes have.
   d. Do not necessarily have.

3. The ICD-Revision 10, not the DSM-5, classifies NPD in the category of:
   a. “Other Specific Personality Disorders.”
   b. “Acute Personality Deficit Disorders.”
   c. “Antisocial Specific Personality Disorders.”
   d. “Other Undefined Personality Disorders.”

4. When psychologists assess NPD, they more often use the:
   a. Prevalence and Intensity Inventory.
   b. Behavioral Assessment Inventory.
   c. Narcissistic Personality Inventory (NPI).
   d. Narcissist Aptitude Inventory.

5. NPD symptoms may include:
   a. Adopting a white-collar profession.
   b. Fantasizing about power, success, and attractiveness.
   c. Fantasizing about a famous American heroes.
   d. Avoiding marriage at all costs.

6. The University of Nebraska-Lincoln’s study determined that in the condensed version of a job interview, narcissists’ compulsion to speak at length about their accomplishments implied __________, not obnoxiousness, by seasoned job recruiters.
   a. Humility and forthrightness.
   b. Authenticity.
   c. Confidence and expertise.
   d. Directness.

7. Narcissists often begin their relationships using:
   a. A false name.
   b. Charm and charisma.
   c. Others’ accomplishments as their own.
   d. Helpful influencers.

8. Victims of narcissists often suffer with:
   a. Paranoid fantasies and impaired thinking.
   b. Fantasies of harming the narcissist.
   c. Mountains of debt and job loss.
   d. Depression, anxiety, stress-related illnesses.

9. Treatment of NPD typically involves:
   a. Time limited and structured treatment.
   b. Long-term psychotherapy.
   c. Working with spouses or partners.
   d. The extended family.

10. Therapists should reinforce the idea with clients that changing a narcissist:
    a. Is within their reach.
    b. Can be a challenge but worth it.
    c. Can only be accomplished with family therapy.
    d. Is highly unlikely.