

Narcissistic Personality Disorder

Highlights from A Conversation with Wendy Behary, LCSW ¹

The DSM-5 describes **Narcissistic Personality Disorder (NPD)**, as a “pervasive pattern of grandiosity (fantasy or behavior), need for admiration, along with a lack of empathy”² A hallmark feature of someone with NPD is that they “feel inclined to have what they want, when they want it, whenever they want.”¹

Individuals with NPD are often described as “manipulative” or “pushy”. They often seek control and power in interpersonal relationships and may act with a sense of superiority, entitlement to privilege, and as if rules do not apply to them. Other traits that are attributed to NPD include demeaning others, being distrustful of other people's motives, perfectionism and obsession with details, lack of empathy or remorse, and approval-seeking behavior (e.g. bragging about or over-exaggerating accomplishments, showing off, etc.).

Despite displaying some of the characteristics listed above, individuals with NPD often have tremendous insecurity and a sense of shame that is a product of early experiences, biological architecture, and their social/relational environment. Unmet needs in childhood are key factors in the development of NPD that can cut across all of these domains. The behaviors displayed by those with NPD, such as bullying, controlling, approval seeking, and rule breaking, are sometimes referred to as “masks”. These masks are an individual's attempt to cope with internal emotional pain, and to transmute it into a more comfortable and manageable experience. These tendencies and traits are learned adaptations and survival mechanisms.

Impact on Family Systems

Children of caregivers with NPD can be impacted in a range of ways, from mild loss of confidence and self-esteem to complete surrender or submission – a type of compliance that involves a complete suppression of one's voice and needs. This can result in children and youth feeling unable to advocate for themselves. Children may also be interdependent with the narcissistic caregiver. The caregiver may see their offspring as reflections of their own self-image, and will give harsh consequences (i.e., avoidance, neglect, and silence) if they perceive the child as failing to show up for them in a positive way. Children and youth who grow up with a narcissistic parent or caregiver may often encounter defensiveness and dismissiveness, as well as hostile commentary that can leave them feeling devalued. Children raised by a narcissistic caregiver are at increased risk for anxiety and depression, low self-esteem and self-doubt, people-pleasing behaviors, difficulty with emotional intimacy, and a tendency to seek out codependent relationships.³



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Clinical Challenges

Clinicians may struggle when working with individuals with NPD. Engagement can be a major challenge, as clients with NPD may only agree to seek professional help if there is a significant threat to their comfort, reputation, or status. Therapists can remind clients of these consequences throughout treatment to maintain engagement and motivation for participating in care. Additionally, therapists who can work with the client in all their cynical, approval-seeking, charming, avoidant, and “tough-guy masks”, and cultivate a connection with them, are more likely to see progress in treatment.

Many therapists also find that working with those with NPD to be particularly challenging because of the ways they can “push our buttons”. Therapists working with these clients will benefit from effectively setting boundaries, and managing their own reactions to the client's potentially distressing behavior.

Tips for Clinicians

- **Keep the Leverage High:** The therapy relationship becomes a microcosm for the narcissist's real-world relationships. It is also the platform for creating corrective emotional experiences without devaluing an often highly sensitive individual. Therapists can identify interactions in the therapy room to point out relevant possibilities of loss and other predictable consequences that the client will face should they maintain old patterns or avoid emotional engagement, thus fortifying the leverage for change.⁴
- **Keep a Robust Connection:** A strong therapeutic alliance is essential to positive therapeutic outcomes. Taking a gradual, collaborative approach provides the foundation for interventions that can potentially lead to change. It can be particularly challenging to build and maintain such a connection with clients with narcissistic traits. One tool clinicians may consider using, is an “audio flashcard” (short voice memos). These can consist of reminders, praise, practice exercises for homework, etc. This tool can help to strengthen the internalization of the client's healthy coping skills under triggering conditions. It can also serve as a transitional object to help maintain connection between sessions and keep the client focused on to relevant treatment goals. Record audio flashcards in session with the client and encourage them to listen to these between sessions.⁴
- **Keep a “Sturdy Realness” in the Treatment Room:** Many professionals can find working with individuals with NPD to be particularly triggering. It is important that therapists work to maintain their own regulation, and set appropriate boundaries in order to support successful therapeutic outcomes. Some ways therapists can help with this “sturdiness” include engaging clinical supervision and/or psychotherapy to understand and manage one's own reactions and seeking out additional education about narcissism. Therapists may also consider asking clients to provide photos of themselves as children. Some therapists find this helpful for keeping the perspective that the narcissist is vulnerable at their core, while still maintaining boundaries and not shying away from empathic confrontation as needed.⁴

For additional information view [Navigating Narcissism - Working with Youth and Families](#)

1. Behary, W. (2022, Dec 12). *Navigating Narcissism - Working with Youth and Families: A conversation with Wendy Behary*. [Webinar]. Community Technical Assistance Center.
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
3. Behary, W. T. (2021). *Disarming the narcissist: surviving & thriving with the self-absorbed*. 3rd ed. New Harbinger Publications.
4. Behary W. *Understanding Narcissism*. *Disarming the Narcissist*. <https://disarmingthenarcissist.com/understanding-narcissism/>