

Narcissistic personality disorder: Unveiling traits, diagnostic challenges, and therapeutic strategies

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Abstract: Narcissistic Personality Disorder (NPD) is a complex and multifaceted condition characterized by persistent patterns of grandiosity, a constant need for admiration, and significant impairments in empathy. This article explores the conceptual foundations, clinical features, diagnostic challenges, and therapeutic strategies associated with NPD. Beginning with the historical evolution of the construct—from its psychoanalytic roots to contemporary dimensional models—the paper highlights the growing recognition of narcissism as a heterogeneous phenomenon encompassing both grandiose and vulnerable presentations. Epidemiological data, genetic predispositions, early developmental influences, and neurobiological findings are reviewed to provide a comprehensive understanding of the disorder's etiology. The article also examines the behavioral traits, emotional vulnerabilities, and functional impairments commonly observed in individuals with NPD, emphasizing the impact on interpersonal relationships, occupational functioning, and comorbidity patterns. Diagnostic difficulties, including overlap with other personality disorders and the need to distinguish pathological narcissism from normative traits, are discussed in depth. Finally, the article reviews current therapeutic approaches, including psychodynamic therapies, cognitive-behavioral strategies, and schema-focused interventions, highlighting the importance of balancing confrontation with empathy to enhance treatment engagement. Understanding NPD through an integrated biopsychosocial lens is essential for improving clinical recognition and developing more effective interventions.

Keywords: Narcissistic Personality Disorder; Diagnosis; Psychotherapy.

1. Introduction

Narcissistic Personality Disorder (NPD) has gained increasing attention in contemporary psychiatry due to its clinical complexity, social impact, and diagnostic challenges. Although narcissism is a construct widely discussed in psychology and popular culture, its pathological form presents characteristics that go far beyond exaggerated self-confidence, profoundly affecting the individual's emotional and interpersonal functioning. NPD manifests as a persistent pattern of grandiosity, a constant need for admiration, and difficulty recognizing or valuing the feelings and needs of others. This combination of



Academic Editor: Jordam William Pereira-Silva

Received: 09 August 2025

Accepted: 22 October 2025

Published: 01 December 2025

Citation: Conde, A. dos S., Villafranca, B. A. A., Souza, M. I., Souza, N. L. N. de, Bressan, M. J. K., Arena, A. B. F., & Soares, N. P. (2025). Narcissistic personality disorder: Unveiling traits, diagnostic challenges, and therapeutic strategies. *International Health Sciences Review*, 1(5), 84 – 96. <https://doi.org/10.70164/ihsr.v1i5.85>

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characteristics frequently leads to conflicts and significant dysfunction in social, occupational, and family relationships (Bezerra et al., 2024).

Moreover, the growing visibility of the topic in social contexts and even in the media contributes to an expanded clinical interest in this condition. However, the trivialization of the term “narcissism” in everyday language can hinder proper scientific understanding, making it essential to differentiate non-pathological narcissistic traits from the formal disorder. Scholars have emphasized that NPD exhibits far greater heterogeneity than initially recognized, including grandiose and vulnerable dimensions that directly influence diagnosis and therapeutic management (Bezerra et al., 2024).

Given this scenario, it is necessary to deepen the understanding of the conceptual evolution of NPD, its clinical manifestations, comorbidities, neurobiological bases, and the specificities of therapeutic approaches. This article consolidates these elements based on the scientific literature, broadly discussing the clinical challenges and proposing pathways for a more precise and humanized therapeutic approach.

2. Materials and Methods

This study is a narrative literature review conducted with the aim of synthesizing and integrating scientific evidence on the conceptual foundations, clinical features, diagnostic challenges, and therapeutic approaches associated with Narcissistic Personality Disorder (NPD). The narrative review design was chosen due to the multidimensional nature of the construct, allowing for a broad and critical examination of historical, psychodynamic, neurobiological, and psychotherapeutic aspects.

2.1 Search Strategy

The literature search was carried out between January and October 2025 in the following electronic databases: PubMed/MEDLINE, PsycINFO, Scopus, Web of Science, Scielo, and Google Scholar. Controlled and uncontrolled descriptors were combined using Boolean operators, including: “Narcissistic Personality Disorder”, “pathological narcissism”, “grandiose narcissism”, “vulnerable narcissism”, “diagnosis”, “personality disorders”, “psychotherapy”, “etiology”, “neurobiology”, and “clinical features”. Search combinations included expressions such as “Narcissistic Personality Disorder AND diagnosis”, “pathological narcissism AND psychotherapy”, and “grandiose OR vulnerable narcissism”.

2.2 Inclusion and Exclusion Criteria

The following were included in the review:

1. Original research articles, clinical studies, theoretical essays, systematic reviews, narrative reviews, books or book chapters, and clinical guidelines published within the last 25 years.
2. Studies addressing etiology, clinical manifestations, diagnostic aspects, comorbidities, functional impact, and psychotherapeutic interventions related to NPD.
3. Publications in English, Portuguese, or Spanish.

The following were excluded:

1. Studies with poorly described methodology or insufficiently characterized samples.
2. Duplicate articles found in more than one database.
3. Works discussing narcissism solely as a normative personality trait, without connection to the disorder or pathological narcissism.

2.3 Study Selection and Evaluation

Study screening was conducted in two stages. First, two independent reviewers assessed titles and abstracts to determine eligibility based on the inclusion criteria. In the second stage, full texts of eligible articles were analyzed. In cases of disagreement, a third reviewer was consulted to reach consensus. Methodological rigor, theoretical coherence, conceptual clarity, and clinical relevance were examined. For original studies, the following aspects were evaluated: study design, sample size, diagnostic instruments used (including SCID-5-PD, PID-5, or DSM criteria), statistical analyses, and limitations. For theoretical papers and reviews, argumentative consistency and conceptual contribution to the understanding of NPD were assessed.

2.4 Synthesis Procedures

Due to the methodological heterogeneity of the selected studies, a meta-analysis was not performed. Instead, a narrative synthesis was employed, organized into the following thematic axes:

1. Historical evolution and theoretical models;
2. Epidemiology, etiology, and neurobiology;
3. Clinical and functional characteristics;
4. Comorbidities and psychosocial impact;
5. Diagnostic challenges;
6. Therapeutic approaches.

The integration of findings was structured to provide a comprehensive, critical, and updated understanding of Narcissistic Personality Disorder.

3. Results and Discussion

3.1 Historical Background and Evolution of the Concept

The understanding of narcissism has its roots in classical psychoanalysis, particularly in the works of Freud, who initially described it as part of libidinal development. Later, authors such as Kohut and Kernberg expanded the concept, distinguishing between healthy and pathological narcissism and introducing an understanding of its intrapsychic dynamics. Kohut highlighted narcissism as a developmental failure of the self, associated with a lack of parental responsiveness, while Kernberg emphasized aggressive and defensive aspects within the narcissistic personality, characterizing it as a specific personality organization (Neves et al., 2014; Klautau et al., 2018).

Over time, narcissism shifted from being conceptualized solely as a psychoanalytic phenomenon to being recognized as a formal personality disorder within psychiatric

classifications. The DSM incorporated diagnostic criteria based on observable behavioral patterns, prioritizing characteristics such as grandiosity, the need for admiration, and lack of empathy. The ICD also included the disorder with its own specifications. These classifications evolved over the decades, reflecting a more refined understanding of the complexity and variability of pathological narcissism (Araujo et al., 2014; Klautau et al., 2018).

More recently, scientific debates have questioned the rigidity of traditional diagnostic models, proposing dimensional approaches that allow a better capture of the nuances of NPD. Contemporary literature recognizes narcissism as a multifaceted phenomenon expressed along a continuum ranging from adaptive traits to deeply dysfunctional patterns. This conceptual evolution is essential to guide both clinical understanding and therapeutic management (Araujo et al., 2014; Klautau et al., 2018).

3.2. Definition and Core Characteristics

Narcissistic Personality Disorder is defined as a persistent pattern of grandiosity, whether in fantasy or behavior, accompanied by an intense need for admiration and significant limitations in the capacity for empathy. Individuals with NPD often exhibit an inflated self-image, expectations of special treatment, and a tendency to exploit or manipulate others to achieve personal goals. This profile leads to significant difficulties in maintaining healthy and functional relationships (Calzada et al., 2024).

Among the core characteristics of the disorder are excessive preoccupation with success, power, brilliance, and perfection, as well as heightened sensitivity to criticism or frustration. These individuals frequently alternate between feelings of extreme superiority and moments of deep emotional vulnerability. Although their self-esteem appears elevated, it is typically fragile and dependent on constant external validation. This emotional ambivalence contributes to disproportionate reactions to challenges, setbacks, or perceived failures (Calzada et al., 2024).

In addition to lack of empathy, individuals with NPD tend to view relationships in a utilitarian manner, prioritizing personal gain and recognition. However, they may also display charismatic or seductive behaviors that mask their internal emotional difficulties. This combination of grandiosity and vulnerability complicates clinical identification and requires a careful and contextualized professional evaluation.

4. Epidemiology

The prevalence of Narcissistic Personality Disorder in the general population varies according to methodology, diagnostic criteria, and cultural setting, with estimates ranging from 0.5% to 6%. The condition is more frequently identified in clinical settings than in the general population, underscoring its maladaptive nature and the distress associated with the disorder. Research also indicates that individuals with NPD tend to seek help not for the disorder itself but for associated comorbidities, such as depression or anxiety (Santos et al., 2025).

Gender differences have been observed, with higher prevalence among men, although this finding may reflect sociocultural biases in the interpretation and expression of narcissistic traits. Studies suggest that behaviors associated with grandiosity tend to be more socially accepted—or even encouraged—in men, while vulnerable manifestations may be overlooked in women, contributing to underdiagnosis. Therefore, the epidemiology of NPD must be analyzed within a cultural and social context (Hoertel et al., 2018).

Furthermore, cultural factors appear to exert strong influence on the prevalence and expression of the disorder. Societies that value competitiveness, strict meritocracy, and the individual pursuit of status tend to reinforce narcissistic traits and may increase the manifestation of pathological patterns. This observation highlights the importance of analyzing NPD from a cross-cultural perspective, acknowledging that its expression can vary significantly depending on the sociocultural environment (Barbosa et al., 2021).

5. Etiology and Neurobiology

5.1. Genetic and Hereditary Factors

Genetic factors play an important role in the development of personality disorders, including Narcissistic Personality Disorder. Twin and family studies indicate that traits such as dominance, low empathy, and interpersonal exploitation demonstrate moderate heritability. These heritable personality dimensions may form the foundation upon which pathological narcissism develops, especially when interacting with specific environmental factors. Although genetics alone does not determine the onset of NPD, it contributes significantly to the predisposition for maladaptive personality patterns that may later manifest as full-blown psychopathology (Luo et al., 2014; Santos et al., 2025).

It is also believed that heritable differences in temperament, such as heightened sensitivity to reward or punishment, may predispose individuals to narcissistic traits. These characteristics can influence how individuals respond to interpersonal experiences and validation, shaping their self-esteem regulation strategies. Children who naturally exhibit boldness, social assertiveness, and emotional reactivity may be more vulnerable to internalizing dysfunctional patterns when raised in environments that reinforce or distort these traits (Luo et al., 2014; Santos et al., 2025).

Nevertheless, genetic vulnerability is considered only one component of a multifactorial model. Researchers emphasize the importance of considering gene–environment interactions, as genetic predispositions may become clinically relevant only when combined with certain early developmental experiences. This integrated understanding helps explain why some individuals with inherent narcissistic traits do not develop the disorder, while others progress to clinically significant impairment (Luo et al., 2014; Santos et al., 2025).

5.2. Environment and Early Experiences

Environmental factors play a major role in shaping narcissistic pathology, particularly the quality of early attachment relationships. Childhood experiences marked by parental inconsistency, emotional neglect, or unrealistic idealization have been repeatedly associated with the later development of NPD. Children who receive excessive praise without realistic feedback may develop exaggerated expectations about their abilities and importance, while those who experience emotional deprivation may form a defensive grandiose self to compensate for unmet needs (Brailovskaia et al., 2020; Oliveira et al., 2024).

Parenting styles characterized by overvaluation, permissiveness, or conditional love can distort the child's ability to develop stable self-esteem. When parents excessively emphasize achievement or external validation, children may learn to equate self-worth with performance or admiration. Conversely, emotionally distant or critical caregivers may contribute to the development of vulnerable narcissism, in which self-esteem remains

chronically fragile and dependent on external reassurance. These divergent paths highlight the complexity of narcissistic development and suggest that both excessive idealization and emotional deprivation can lead to pathological outcomes (Brailovskaia et al., 2020; Oliveira et al., 2024).

Furthermore, traumatic experiences during childhood, such as chronic humiliation, rejection, or exposure to dysfunctional family environments, may contribute to the formation of narcissistic defense mechanisms. In such cases, grandiosity may emerge as a psychological shield designed to protect the individual from deeply rooted feelings of inadequacy and vulnerability. This dynamic underscores the adaptive origins of narcissistic defenses, which later become maladaptive patterns that hinder emotional regulation and interpersonal functioning.

5.3. Neurobiological Models

Neurobiological studies have increasingly contributed to understanding the underpinnings of Narcissistic Personality Disorder. Neuroimaging research suggests that individuals with NPD exhibit structural and functional alterations in brain regions associated with empathy, emotional regulation, and social cognition. Specifically, abnormalities in the anterior insula, medial prefrontal cortex, and temporoparietal junction have been documented, which may help explain difficulties in recognizing and responding to the emotions of others. These regions are essential for perspective-taking and affective resonance, processes often impaired in narcissistic pathology (Bezerra et al., 2024).

Additionally, studies have shown that reward-related neural circuits may be hyper-responsive in individuals with narcissistic traits. Heightened activation of brain areas involved in reward processing, such as the ventral striatum, may reflect a heightened sensitivity to external validation and admiration. This neurobiological profile supports clinical observations indicating that people with NPD rely heavily on praise and recognition to regulate their self-esteem. The need for admiration, therefore, may not merely reflect a psychological preference but may be deeply rooted in altered neural processing mechanisms (Araujo et al., 2010).

Despite these advances, the neurobiological understanding of NPD remains complex and incomplete. The interplay between genetic predispositions, early environmental influences, and neurodevelopmental factors underscores the need for integrative models. Future research is expected to clarify how these components interact across the lifespan, potentially informing more targeted and personalized therapeutic interventions. Understanding the biological foundations of NPD does not diminish the importance of environmental and psychological factors but rather complements them, paving the way for a more comprehensive biopsychosocial model.

6. Clinical Manifestations

6.1. Behavioral Traits

Behavioral traits of Narcissistic Personality Disorder are diverse and often striking. Individuals with NPD typically present patterns of arrogance, entitlement, and a pervasive sense of superiority that influences their interpersonal interactions. They may appear charming or charismatic initially, using social skills strategically to gain admiration or influence. However, beneath this façade often lies a fragile self-esteem dependent on constant reinforcement. When admiration is withheld or criticism arises, reactions may

include anger, withdrawal, or devaluation of others (Araujo et al., 2010; Rubini, 2020; Calzada et al., 2024).

In interpersonal relationships, individuals with NPD frequently engage in manipulative or exploitative behaviors, prioritizing personal gain over mutual connection. Their interactions may be characterized by competitiveness, envy, and a tendency to dominate conversations or social settings. These behaviors often create relational instability, as partners, friends, or colleagues may feel used or emotionally drained. The individual with NPD may interpret the resulting conflicts as evidence of others' inferiority or envy rather than recognizing their own contribution to relational dysfunction (Rubini, 2020).

Moreover, individuals with NPD may exhibit pronounced sensitivity to rejection or perceived failure, despite their outward confidence. This sensitivity can trigger emotional dysregulation, including episodes of anger, shame, or depressive symptoms when expectations are not met. Such reactions reveal the underlying vulnerability that coexists with grandiosity and further complicates the clinical presentation. Understanding this dynamic interplay is essential for effective diagnosis and intervention (Araujo et al., 2010; Rubini, 2020; Calzada et al., 2024).

6.2. *Grandiose vs. Vulnerable Narcissism*

The distinction between grandiose and vulnerable narcissism has become increasingly important in clinical research and practice. Grandiose narcissism is characterized by overt arrogance, dominance, and self-assurance. Individuals who express this subtype often seek positions of power, actively pursue admiration, and display high levels of social confidence. Their interpersonal style is assertive, and they may appear emotionally resilient, though this façade can mask deeper insecurities (Vater et al., 2018; Wheeler et al., 2023).

Vulnerable narcissism, on the other hand, manifests through hypersensitivity, feelings of inadequacy, and a strong need for reassurance. Individuals with this subtype may oscillate between defensive withdrawal and attempts to gain approval from others. Their self-esteem is highly unstable, and they are more likely to experience anxiety, shame, and depressive symptoms. While external behaviors may differ from those seen in grandiose narcissism, the core features—such as preoccupation with self-worth and difficulty empathizing—remain consistent (Vater et al., 2018; Wheeler et al., 2023).

In clinical settings, differentiating between these subtypes is crucial for tailoring therapeutic strategies. Grandiose individuals may struggle with acknowledging their vulnerabilities and may resist introspection, while vulnerable individuals may require interventions focused on stabilizing self-esteem and addressing emotional sensitivity. Recognizing this heterogeneity enhances diagnostic accuracy and promotes more effective, individualized treatment planning.

6.3. *Functional Impacts*

The functional impact of Narcissistic Personality Disorder extends across multiple domains of life. In personal relationships, the lack of empathy, need for control, and exploitative tendencies often lead to conflicts, instability, and eventual distancing by partners, friends, or family members. Such relational patterns can result in chronic loneliness, despite the individual's strong desire for admiration and validation. However, the person with NPD may externalize blame, perpetuating cycles of interpersonal dysfunction (Schoenleber et al., 2011).

In occupational environments, individuals with NPD may initially excel due to confidence and ambition. Nevertheless, their difficulty accepting feedback, intolerance to perceived disrespect, and tendency to dominate or manipulate colleagues often generate tension. These behaviors can hinder long-term success, as professional relationships deteriorate and conflicts accumulate. Despite these challenges, individuals with NPD may struggle to recognize their own role in workplace instability (Vries, 1990).

Comorbid psychiatric conditions further exacerbate functional impairment. Depression, anxiety disorders, substance use disorders, and other personality disorders commonly co-occur with NPD, contributing to emotional instability and compromised daily functioning. These comorbidities may serve as the primary presenting issues in clinical settings, masking the underlying narcissistic pathology. Addressing the full spectrum of functional impacts is essential for comprehensive assessment and treatment (Langaro et al., 2014).

7. Diagnostic Challenges

7.1. DSM-5 and ICD-11 Diagnostic Criteria

The diagnostic criteria for Narcissistic Personality Disorder differ slightly between DSM-5 and ICD-11 but converge on core features such as grandiosity, need for admiration, and impaired empathy. DSM-5 emphasizes behavioral manifestations across interpersonal, cognitive, and emotional domains, requiring a pervasive pattern beginning in early adulthood. ICD-11 adopts a dimensional approach, classifying personality disorders based on severity and the presence of specific trait domains, including dissociality and anankastia, which may overlap with narcissistic pathology (Schmeck et al., 2013).

Despite these frameworks, diagnostic challenges persist due to the heterogeneity of narcissistic presentations. The criteria tend to capture the grandiose subtype more readily, potentially overlooking individuals who primarily exhibit vulnerable narcissism. This limitation has prompted researchers to call for refinement in diagnostic systems to better represent the full spectrum of narcissistic pathology. The lack of specificity also increases the risk of misdiagnosis, particularly when differentiating NPD from other Cluster B personality disorders (Calzada et al., 2024).

Another difficulty arises because individuals with NPD rarely seek treatment for their narcissistic traits. Instead, they present with mood disturbances, interpersonal crises, or comorbid disorders. This indirect presentation complicates clinical recognition, requiring clinicians to maintain awareness of underlying personality features that may not be immediately apparent. A nuanced diagnostic approach is therefore essential (Schmeck et al., 2013).

7.2. Differentiation from Other Personality Disorders

Differentiating NPD from other personality disorders is particularly challenging due to substantial overlap in behavioral patterns. For example, individuals with Antisocial Personality Disorder may share traits such as manipulation, lack of empathy, and exploitative behavior. However, antisocial individuals often exhibit a broader pattern of rule violation and impulsivity, whereas narcissistic behavior is more closely tied to self-esteem regulation and need for admiration. Understanding these distinctions is essential for accurate diagnosis (Araújo et al., 2025).

Borderline Personality Disorder also shares features with vulnerable narcissism, including emotional instability, hypersensitivity to rejection, and fluctuating self-image. However, individuals with Borderline Personality Disorder typically experience intense fear of abandonment, chronic feelings of emptiness, and recurrent self-harm behaviors, which are not characteristic of NPD. Moreover, the motivations underlying interpersonal behaviors differ between the disorders, with narcissistic behaviors more focused on maintaining superiority and admiration (Biskin et al., 2012).

Histrionic Personality Disorder presents additional diagnostic overlap, as individuals with this condition also seek attention and approval. However, histrionic behavior is typically more emotionally expressive and dramatic, whereas narcissistic behavior centers on self-importance and entitlement. Recognizing these nuances is crucial for differentiating NPD from other disorders within Cluster B.

7.3. Healthy vs. Pathological Narcissism

Distinguishing healthy from pathological narcissism is essential in clinical settings. Healthy narcissism supports self-confidence, goal-directed behavior, and resilience, contributing to psychological well-being. This adaptive form of narcissism enables individuals to pursue success, assert their needs, and maintain a stable sense of self-worth. In contrast, pathological narcissism involves rigid, maladaptive patterns that impair interpersonal functioning and emotional regulation (Pelisson, 2022).

Pathological narcissism is marked by extreme self-focus, fragile self-esteem, and dependence on external validation. Individuals may oscillate between feelings of superiority and inadequacy, exhibiting emotional volatility when expectations are not met. Unlike healthy narcissism, which facilitates personal growth, pathological narcissism restricts emotional development and disrupts meaningful relationships. This distinction is essential for avoiding overdiagnosis and reducing stigma associated with narcissistic traits (Pelisson, 2022).

Clinicians must carefully evaluate the extent to which narcissistic behaviors cause functional impairment and emotional distress. Understanding the continuum between healthy and pathological narcissism helps clarify when behaviors constitute a disorder and supports more precise diagnostic reasoning. This dimensional perspective is increasingly endorsed by contemporary clinical models.

7.4. Assessment Instruments

A variety of assessment instruments have been developed to evaluate narcissistic traits and assist in the diagnosis of NPD. Commonly used tools include the Narcissistic Personality Inventory (NPI), which measures grandiose traits; the Pathological Narcissism Inventory (PNI), which captures both grandiose and vulnerable dimensions; and structured interviews such as the SCID-II, designed to assess personality disorders according to DSM criteria. These instruments help quantify narcissistic features and guide clinical understanding (Monteiro et al., 2025).

However, each assessment tool has limitations. For example, self-report instruments may be influenced by the individual's desire to project a favorable image, potentially leading to underreporting of pathological traits. Furthermore, many tools are better suited for research than clinical practice, emphasizing traits rather than functional impairment. This gap underscores the importance of combining standardized instruments with clinical judgment and collateral information (Carvalho et al., 2010).

Despite these challenges, assessment instruments remain valuable components of a comprehensive diagnostic process. When used appropriately, they can clarify symptom patterns, differentiate between narcissistic subtypes, and identify comorbid conditions. Integrating multiple assessment methods enhances diagnostic accuracy and supports individualized treatment planning.

8. Psychosocial Impacts

The psychosocial impacts of Narcissistic Personality Disorder are profound and far-reaching. Individuals with NPD often struggle to maintain stable relationships due to their lack of empathy, exploitative behaviors, and intense need for admiration. Partners may experience emotional manipulation, invalidation, or psychological abuse, leading to distress and eventual relational breakdown. These patterns contribute to a cycle in which the individual with NPD experiences rejection yet remains unaware of their role in these dynamics (Oliveira et al., 2024).

Family relationships are similarly affected. Children of individuals with NPD may experience inconsistent attention, criticism, or unrealistic expectations, which can impact their emotional development and self-esteem. Parents or siblings may feel overshadowed or dismissed, contributing to long-term relational strain. These family dynamics can perpetuate intergenerational patterns of emotional dysfunction, further complicating the psychosocial landscape. In social settings, individuals with NPD may appear confident and socially skilled but struggle to form meaningful connections. Their tendency to prioritize status or admiration over genuine interaction can lead to superficial relationships that lack depth and emotional reciprocity. Over time, this may result in social isolation, loneliness, and diminished well-being. Understanding the psychosocial impacts of NPD is essential for developing interventions that support both affected individuals and those in their relational network (Oliveira et al., 2024).

9. Management and Therapeutic Strategies

9.1. Psychotherapy

Psychotherapy is the primary treatment modality for Narcissistic Personality Disorder, with several therapeutic approaches demonstrating varying degrees of efficacy. Cognitive-Behavioral Therapy (CBT) focuses on identifying and modifying maladaptive beliefs related to perfectionism, entitlement, and self-worth. Techniques emphasize cognitive restructuring, emotional regulation, and behavioral change. This approach is particularly useful for addressing dysfunctional thought patterns and promoting healthier interpersonal behaviors (Knapp et al., 2008).

Schema Therapy has also shown promise in treating NPD, as it targets deeply rooted maladaptive schemas formed during early development. This approach emphasizes emotional awareness, self-reflection, and corrective relational experiences within the therapeutic setting. By addressing vulnerabilities associated with early attachment disruptions, Schema Therapy helps individuals develop a more integrated and stable sense of self. Mentalization-Based Therapy and Psychodynamic Therapy offer additional avenues for treatment. These approaches focus on enhancing the individual's capacity to understand their own mental states and those of others, promoting deeper insight into relational patterns and emotional motivations. Treatment often involves navigating therapeutic resistance, which is common among individuals with NPD due to their defensiveness and

reluctance to acknowledge vulnerability. Nonetheless, long-term psychotherapy can lead to meaningful improvements in functioning and well-being (Albert et al., 2025).

9.2 Crisis Management and Risk Considerations

Individuals with Narcissistic Personality Disorder may experience crises when their self-esteem is threatened, such as through perceived rejection, criticism, or failure. These situations can trigger intense emotional reactions, including rage, despair, or impulsive decision-making. Clinicians must be prepared to recognize and address these crises by employing strategies that stabilize the individual's emotional state while maintaining therapeutic boundaries (Barroso et al., 2022).

In cases of vulnerable narcissism, the risk of self-harm or suicidal ideation may increase during periods of narcissistic collapse. These individuals may experience profound shame and feelings of inadequacy, necessitating careful monitoring and supportive intervention. Crisis management may involve safety planning, short-term stabilization techniques, and collaboration with family members or support systems when appropriate. Aggressive behavior can also occur, particularly in individuals who react defensively to perceived slights or threats to their superiority. Clinicians should assess for potential risk of harm to others and implement appropriate measures to ensure safety. Effective crisis management requires a nuanced understanding of the individual's emotional triggers and a structured approach that fosters stability without reinforcing maladaptive behaviors (Gomes et al., 2022).

4. Conclusions

Narcissistic Personality Disorder is a complex and multifaceted condition that significantly impacts emotional regulation, interpersonal functioning, and social adaptation. Understanding its conceptual foundations, clinical manifestations, and underlying mechanisms is essential for accurate diagnosis and effective treatment. Although challenges persist, contemporary approaches emphasize the importance of nuanced assessment, individualized therapy, and a compassionate therapeutic stance.

This article highlights the interplay between genetic predisposition, environmental influences, and neurobiological factors in the development of NPD. It underscores the profound psychosocial impacts of the disorder and the need for interventions that address both emotional vulnerability and maladaptive behavioral patterns. Ultimately, a comprehensive and integrative perspective is crucial for advancing clinical understanding and improving outcomes for individuals with NPD.

Institutional Review Board Statement: Not applicable

Informed Consent Statement: Not applicable.

Conflicts of Interest: The authors declare no conflicts of interest.

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