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Narcissism: Healthy or Pathological?

Working with Narcissism in Clinical Practice

Alcia Peterkin, LCSW





Course Information

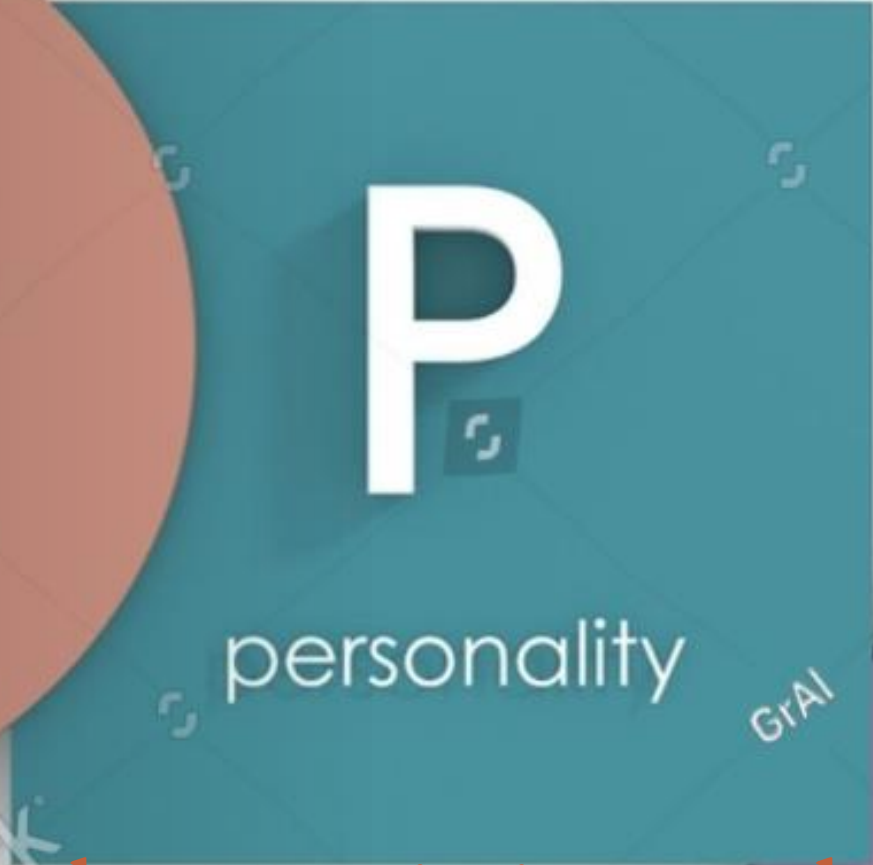
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Learning Objectives

- Differentiate between healthy narcissism and unhealthy and unhelpful narcissism?
- Identify the DSM-5-TR Criteria for Narcissistic Personality Disorder
- Explore the ways in which narcissistic traits present and impact treatment and interpersonal interactions
- Discuss how schema therapy is used to work with individuals presenting with narcissistic personality disorder
- Describe the importance of the role of empathy and boundaries in working with narcissistic presentations

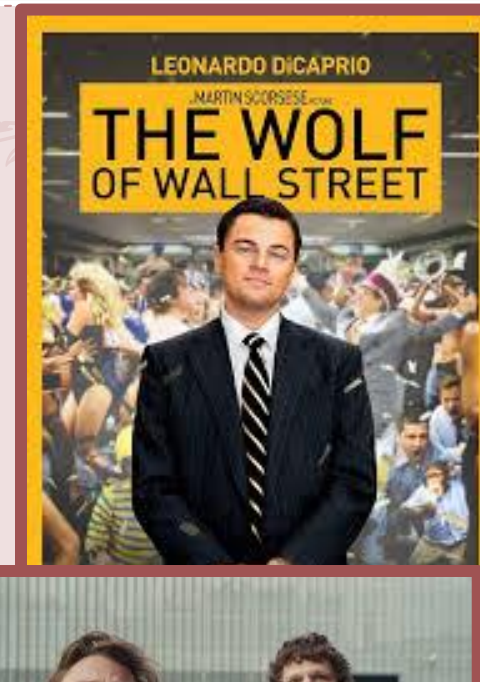


What do we mean by Narcissism and Narcissistic Personality Disorder?



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Conceptualizing Narcissism throughout History



Greek
Mythology -
Narcissus



Psychoanalysis
- Freud
- Kohut & Kernberg
- DSM III



DSM-5-TR &
Alternative
Model for
Personality
Disorders

Definitions

Narcissism

“One’s capacity to maintain a relatively positive self-image through a variety of self-regulation, affect-regulation, and interpersonal processes, and it underlies individual’s needs for validation and admiration, as well as the motivation to overtly and covertly seek out self-enhancement experiences from the social environment” (Pincus & Roche, 2011)

“Excessive interest in or admiration of oneself and one’s physical appearance” (Oxford Dictionary, Merriam Webster)

Healthy Narcissism

“characterized by an integrated self that reflects awareness and acceptance of one’s strengths and weaknesses.” (Diamond et.al, 2011)

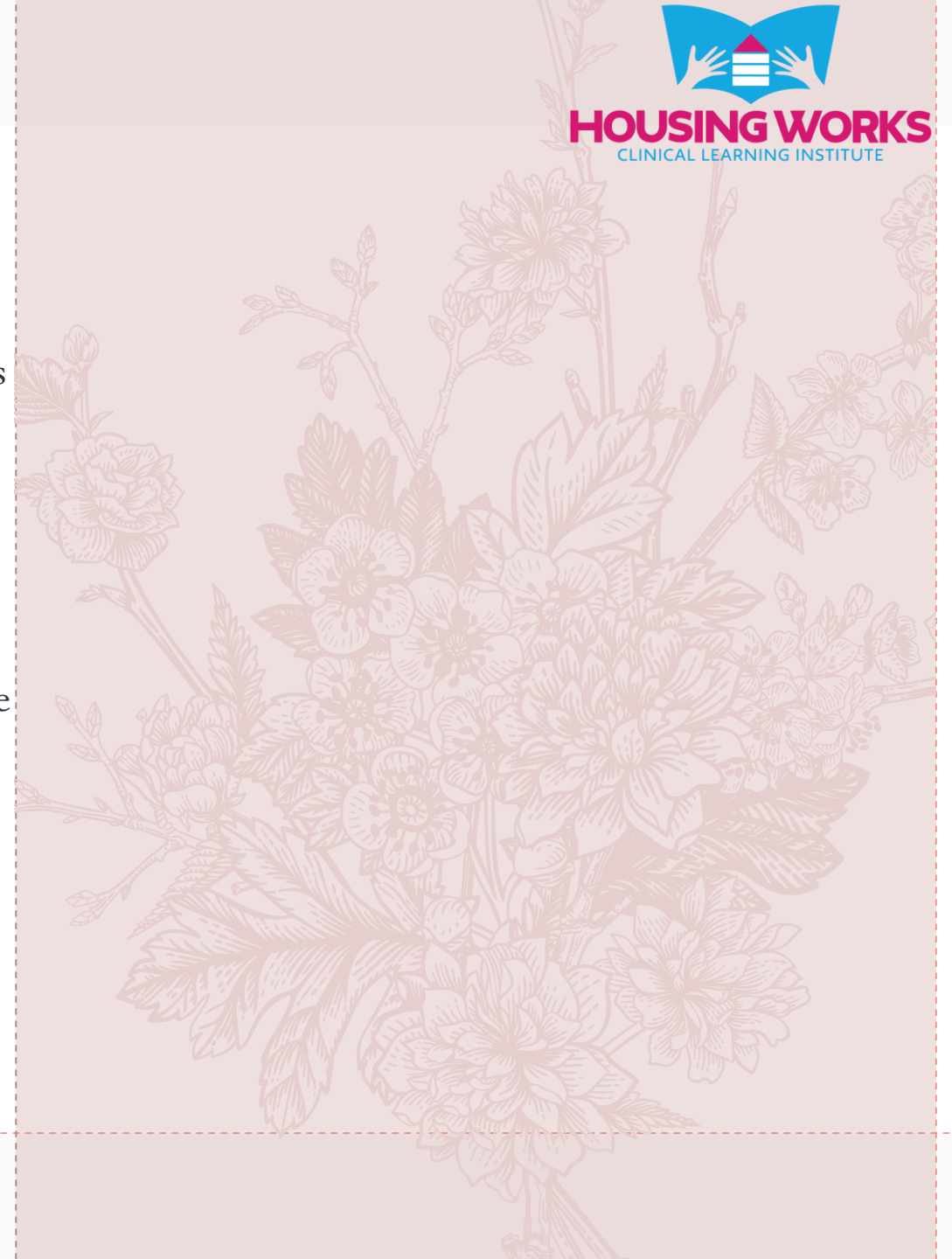
Pathological Narcissism

“pervasive and consistent difficulty maintaining realistic self-esteem that, at its extreme, manifests as NPD” (Fayaz & Dhankar, 2025, p.2)

“fragility in self-regulation, self-esteem and sense of agency, accompanied by self-protective reactivity and emotional dysregulation” (Yakely, 2018, p. 308)

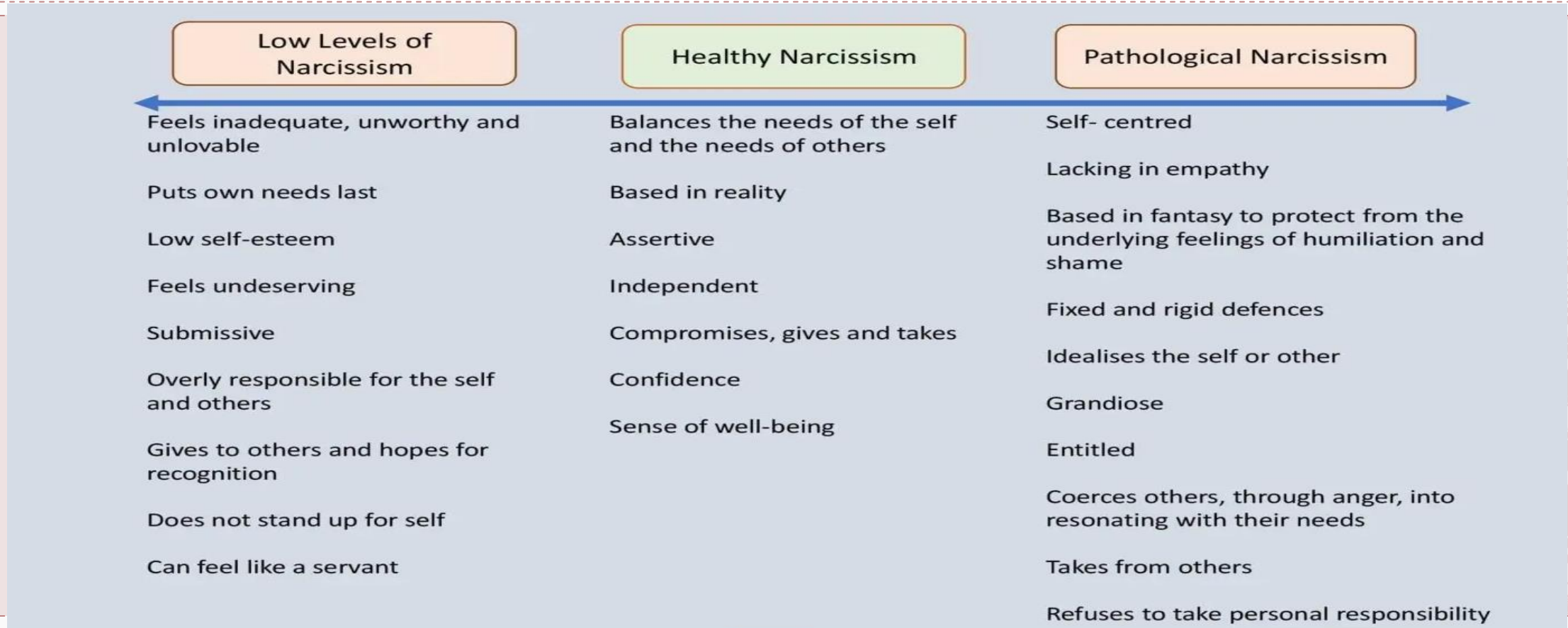


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Narcissism on a Spectrum





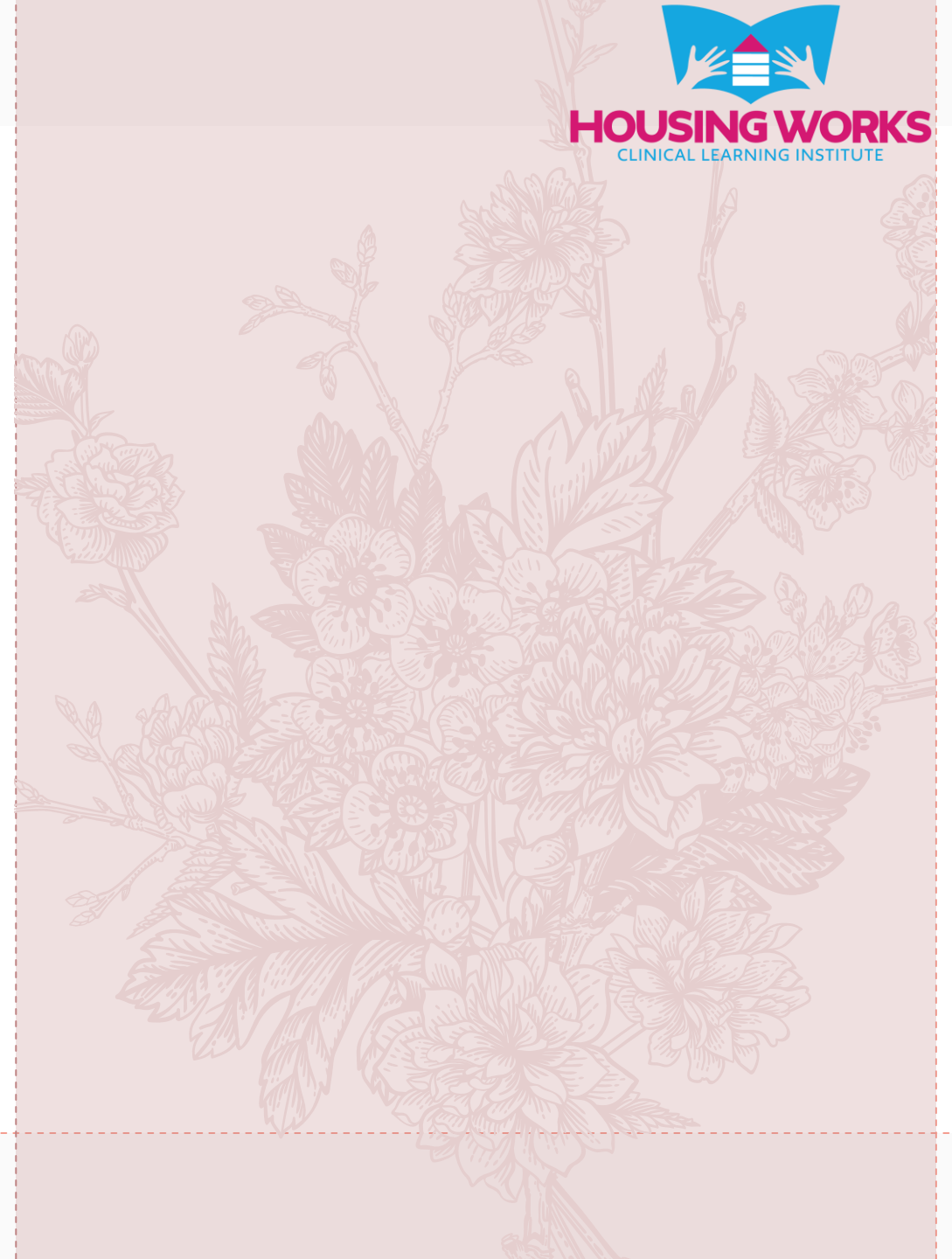
Definitions

Narcissistic Personality Disorder

“a persistent pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy beginning by early adulthood and in a variety of contexts...” (DSM-5-TR, 2022)”

Grandiose / Overt Presentation – often presented as this outward arrogance, increased charm, decreased/poor ability for empathy, dominant, exhibitionist (Yakely, 2018; Faye z& Dhankar, 2025)

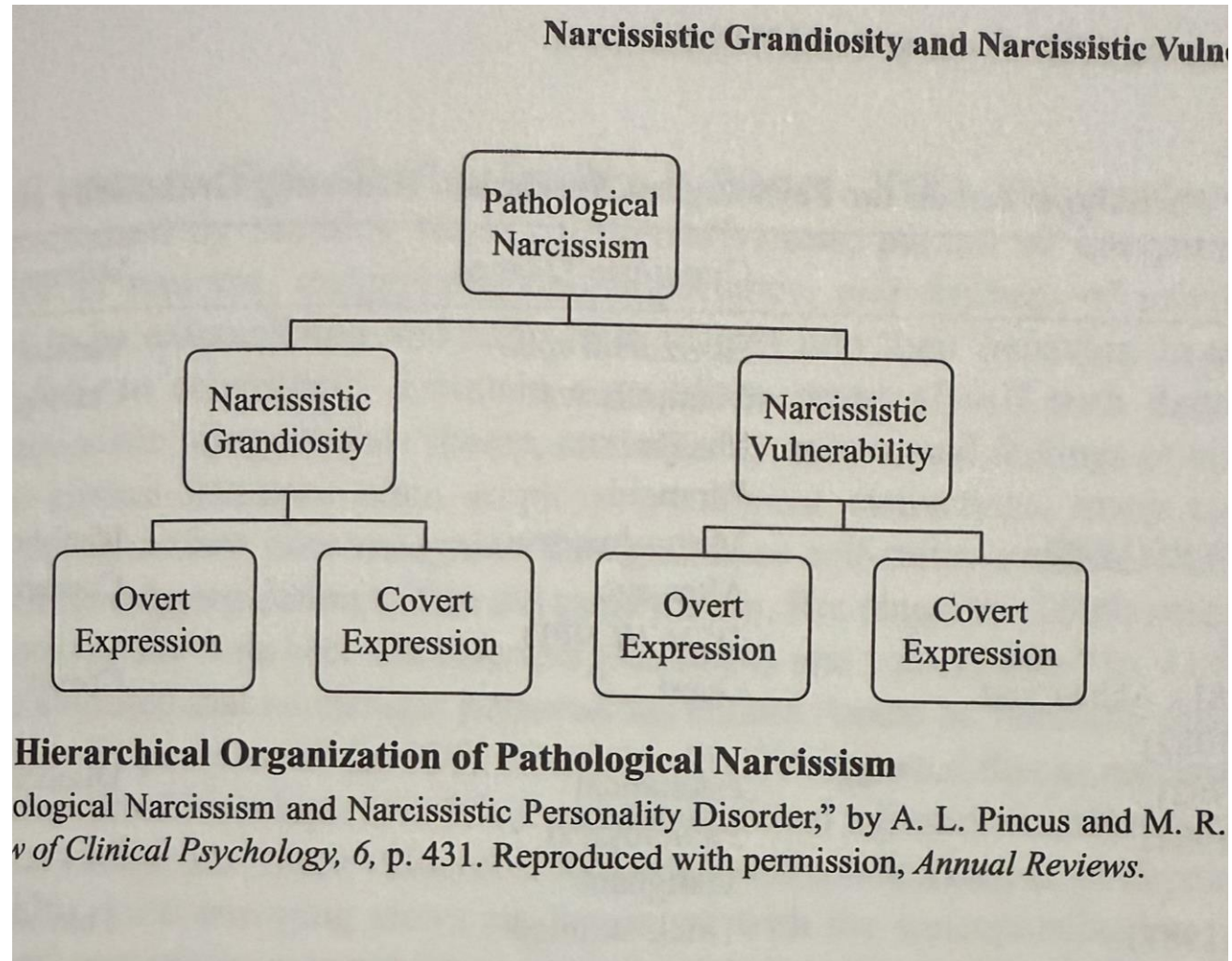
Vulnerable / Covert Presentation – overt presentations would include increased vulnerability and insecurity, (hypersensitivity) heightened focus on shame and demonstrations of passive aggression (Yakely, 2018; Faye z & Dhankar, 2025)



Definitions

Another conceptualization of pathological Narcissism as presented by Pincus & Roche (2011)

Also supported by Weinberg & Ronningstam (2023)



DSM-5-TR Criteria for NPD & Alternative Model

- ♦ A **pervasive pattern of grandiosity** (in fantasy or behavior), **need for admiration** and **lack of empathy**, beginning by early adult hood and **present in a variety** of context” w/ 5 +:
- ♦ 1. Grandiose sense of self-importance
- ♦ 2. Preoccupation w/ fantasies of unlimited success, power, brilliance, beauty, or ideal love
- ♦ 3. ”Special” and unique and can only be understood by or be associated to other special people
- ♦ 4. Requires excessive admiration
- ♦ 5. Strong Sense of entitlement
- ♦ 6. Interpersonally exploitative
- ♦ 7. lacks empathy
- ♦ 8. Envious of others (or that others envy them)
- ♦ 9. Arrogant, Haughty behaviors or attitude

- ♦ A. **Moderate or greater impairment in personality functioning**, manifest by characteristic difficulties in 2 + of below
- ♦ 1. **Identity**: excessive need for self-esteem reg from others, exaggerated self appraisal inflated or deflated
- ♦ 2. **Self-Direction**: goals based on approval from others, personal standards excessively high to be exceptional; lack of insight into motivations
- ♦ 3. **Empathy**: impaired ability to recognize/identify w/ feelings of others; excessive attunement of others only for impact on self
- ♦ 4. **Intimacy**: largely superficial and serves as self-esteem regulation, little interest in other’s experiences
- ♦ B. Present **Both** of the following pathological personality traits:
 - ♦ 1. **Grandiosity** (an aspect of Antagonism) – entitlement can be overt or covert, self-centeredness, belief of being better than others
 - ♦ 2. **Attention Seeking** (an aspect of antagonism): admiration seeking, excessive efforts to be the focus

Assessing NPD

- DSM 5-TR Criteria
- “Use of Structured and semi-structured interviews remain the gold standard for assessment”(Watson & Bagby, 2011)
 - Structured Clinical Interview for DSM-5 Personality Disorders (**SCID-5-PD**)
 - Diagnostic Interview for Narcissism (**DIN**) (*Gunderson, Ronningstam & Bodkin, 1990*)
 - Pathological Narcissism Inventory (**PNI**) (*Pincus, Ansell, Pimentel, Cain, Wright, & Levy, 2009*)

(Watson & Bagby, 2011)

A photograph of an older man with glasses, wearing a dark suit, white shirt, and patterned tie. He has his hands clasped in front of him. The image is overlaid with large, bold text on the left side. The text reads: "THE RANGE OF NARCISSISM:" in white, "HEALTHY TO" in green, and "NPD" in red. The entire image is framed by a red border.

**THE RANGE OF
NARCISSISM:
HEALTHY TO
NPD**



NPD & Other Considerations

- Prevalence of NPD
 - General population - 1 – 2%
 - Clinical population 1.3 – 20% (8.5 – 20% Private Practice pop) “ (Fayaz & Dhankar, 2025)
- Culture
 - Increase in narcissistic traits in “Sociocultural contexts that emphasize personal autonomy and individualism” (DSM-5-TR, 2022)
 - Generational differences and Narcissism (Twenge, 2011)
 - Cultural Products –increase in popular culture and self absorption (Twenge, 2011)

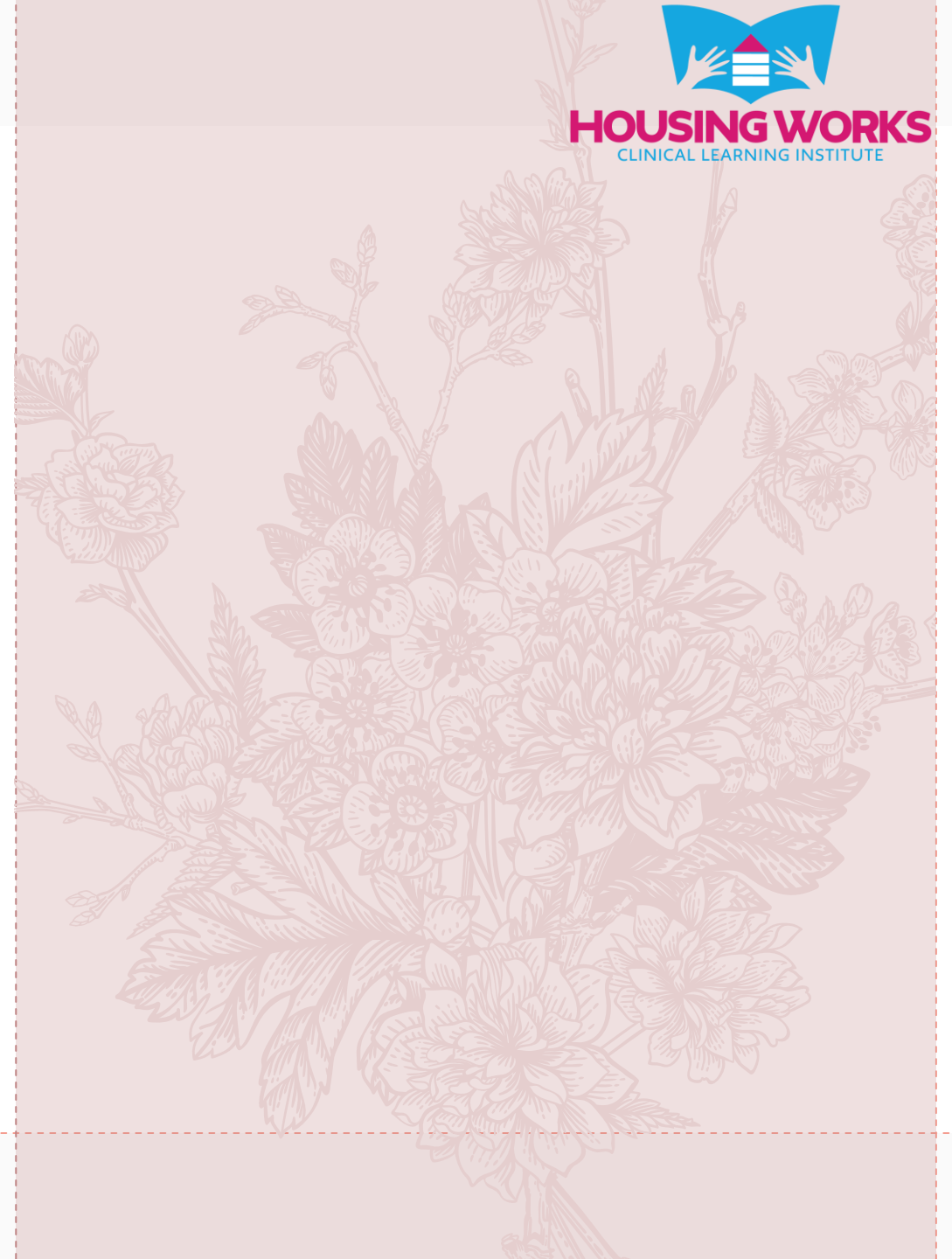


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Narcissism and NPD in Treatment and Interpersonal Relationships

How does it show up?

What is its impact?





Narcissism and NPD in Clinical Settings

- Historically patients with NPD viewed as challenging and not treatable
- Usually presenting to treatment due to a co-occurring or comorbid presentation; external situation or crisis or
- May often present in treatment spaces initially as charming but this can quickly change to the grandiosity
- Range of individuals characteristics including grandiosity, perfectionism, shame and devaluation that may present in treatment
- Difficulty tolerating other's points of view
- Lack of curiosity
- Difficulty/lack of insight into internal experiences (feeling states)





Narcissism and NPD in Clinical Settings, Cont'd

For the clinician:

- Experience strong negative reactions
- Impasses due to co-creation of idealizing dynamic
- Overcompensation of interventions (Weinberg, 2023)

Common Challenges

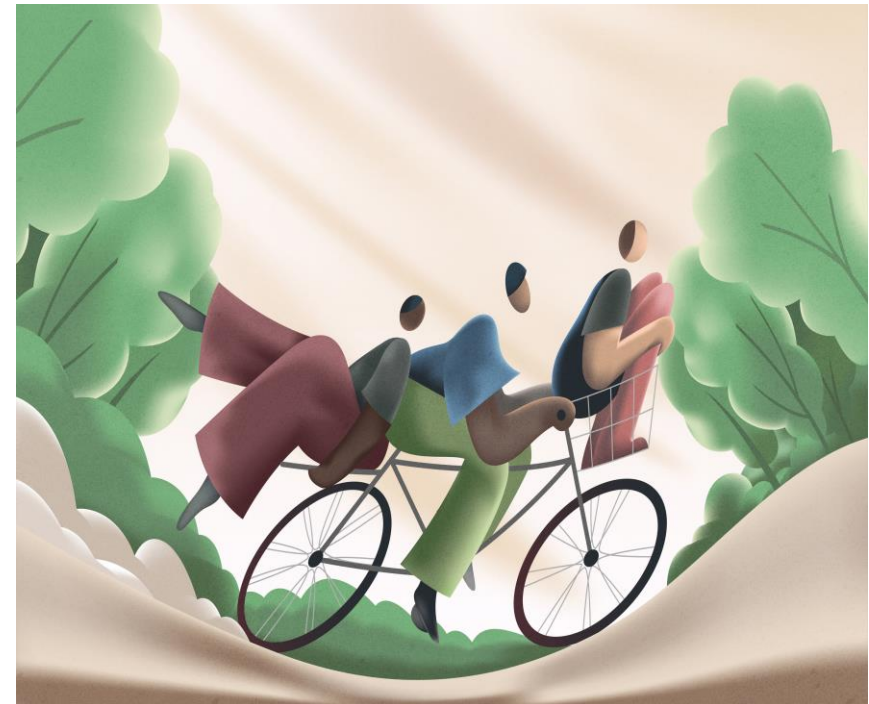
- Premature termination (Bird & Caligor, 2024) 63-64% for drop out
- Slow progress in treatment (Bird & Caligor, 2024; Weinberg, 2023)
- Difficulty managing transference
- Idealization/ devaluing of therapist





Narcissism, NPD and Others

- Can be initially charming in relationships with individuals
- Grandiose presentations - Experienced as controlling and demanding, callous and use others for self-enhancement, expectation of special treatment and anger, antagonism when this isn't met
- Vulnerable presentations -hypersensitivity, easily wounded, increased shame, anger, low self-esteem





<https://www.youtube.com/watch?v=b2et8Vpu7Ls> – A Real Plain Official trailer

Narcissism and Others



Narcissism, NPD and Others – Narcissistic Abuse

- A learned relational framework that includes, gaslighting, manipulation, entitlement, and rage, minimization
- Gaslighting/ revisionist history /guilt trips
- Antagonism/ Rivalry (Wurst et al., 2018)
- Emotional manipulation
- For individuals who experience this it makes it hard to hold strong self- esteem, induces experiences of self-doubt/ self-blame; confusion; rumination; anxiety and dysphoria; helplessness, low self-trust

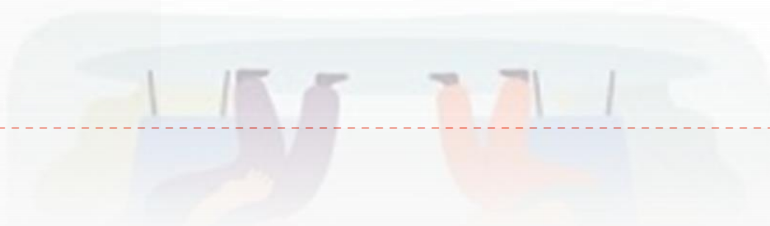


Supporting Individuals Experiencing Narcissistic Abuse



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- ◆ Provide validation
- ◆ Provide psychoeducation on the narcissistic presentation
- ◆ Encourage the use of boundaries
- ◆ Support the enhancement of self-esteem
- ◆ Treat underlying mood or anxiety presentations/DO's





Narcissism, NPD – Treatment Approaches

Transference –Focused Therapy (Yeomans, 2020; Diamond et al., 2011; Fayaz & Dhankar, 2025)

Mentalization Based Treatment (Yakely, 2018)

Dialectical Behavioral therapy

Schema Focused Therapy



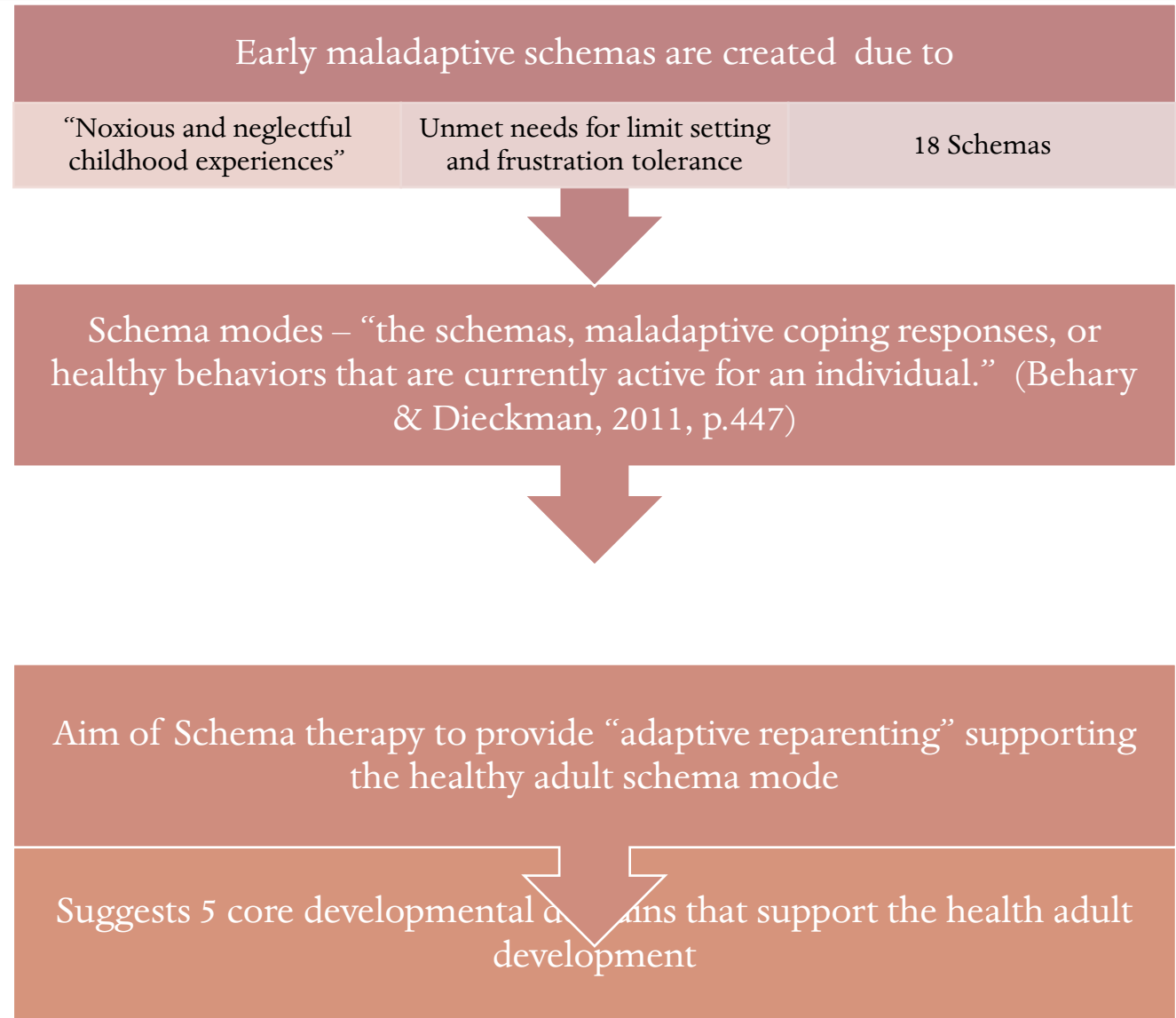


Schema Therapy for NPD



(Vereniging voor Scheatherapie , 2020 - <https://www.youtube.com/watch?v=xMSJeGnHge4>)

Schema Therapy for NPD



Schema Domain	Frustrated Basic Need	Schemas
I: Disconnection and Rejection	Secure attachment (stability, empathy, nurturance, guidance, acceptance)	<ol style="list-style-type: none"> 1. Abandonment 2. Mistrust/Abuse 3. Emotional Deprivation 4. Defectiveness/Shame 5. Social Isolation
II: Impairment of Competence and Autonomy	Autonomy, competence, and sense of identity	<ol style="list-style-type: none"> 6. Dependence/Incompetence 7. Vulnerability to Harm 8. Enmeshment/Undeveloped Self 9. Failure
III: No Limits	Realistic limits and self-control	<ol style="list-style-type: none"> 10. Entitlement/Grandiosity 11. Insufficient Self-Control/ Self-Discipline
IV: Other Directedness	Freedom to express valid needs and emotions	<ol style="list-style-type: none"> 12. Subjugation 13. Self-Sacrifice 14. Approval Seeking
V: Overvigilance and Inhibition	Spontaneity and play	<ol style="list-style-type: none"> 15. Negativity/Pessimism 16. Emotional Inhibition 17. Unrelenting Standards

Table 40.2. Schema Modes

Child modes: In the schema mode model, it is assumed that every human being is born with the capacity to express all four of these child modes, but temperament and childhood experience may suppress or enhance certain modes.

Child modes	Description	Common Associated Schemas
Vulnerable child	Experiences unhappy or anxious emotions, especially fear, sadness, and helplessness, when "in touch" with associated schemas.	Abandonment, mistrust/abuse, emotional deprivation, defectiveness, social isolation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, negativity/pessimism.
Angry child	Vents anger directly in response to perceived unmet core needs or unfair treatment related to core schemas.	Abandonment, mistrust/abuse, emotional deprivation, subjugation (or, at times, any of the schemas associated with the vulnerable child).
Impulsive/undisciplined child	Impulsively acts according to immediate desires for pleasure without regard to limits or others' needs or feelings (not linked to core needs).	Entitlement, insufficient self-control/self-discipline.
Happy child	Feels loved, connected, content, satisfied.	None. Absence of activated schemas.

Maladaptive coping modes: These modes represent the child's attempts to adapt to living with unmet emotional needs in a harmful environment. These coping modes may well have been adaptive in childhood, but they are likely to be maladaptive and self-defeating in the wider adult world.

Maladaptive Coping Modes	Description
Compliant surrender	Adopts a coping style of compliance and dependence.
Detached protector	Adopts a coping style of emotional withdrawal, disconnection, isolation, and behavioral avoidance.
Over-compensator	Adopts a coping style of counterattack and control. May over-compensate through semi-adaptive means, such as workaholicism.

Dysfunctional parent modes: These modes are internalizations of parents or other important adults from one's early life. In these modes, one often takes on the voice of the parent/other adult in one's *self-talk*—thinking, feeling, and acting as the adult did toward oneself when one was a child.

Dysfunctional Parent Modes	Description	Common Associated Schemas
Punitive/critical parent	Restricts, criticizes, or punishes the self or others.	Subjugation, punitiveness, defectiveness, mistrust/abuse (as abuser).
Demanding parent	Sets high expectations and high level of responsibility toward others; pressures the self or others to achieve them.	Unrelenting standards, self-sacrifice.

Healthy adult mode: This mode is the healthy, adult part of the self that (1) nurtures, affirms, and protects the "vulnerable child"; (2) sets limits for the "angry child" and the "impulsive/undisciplined child" in accord with principles of fairness and self-discipline; (3) battles or moderates the "maladaptive coping" and "dysfunctional parent modes."

Source: Young, Klosko, and Weishaar (2003).

Table 40.3. Core Needs Within Five Developmental Domains

- 1. Secure attachment and connection to others.**
 - Including a sense of belonging, stability, protection, nurturance, affection, safety, empathy, and acceptance.
 - 2. A sense of identity, allowing for the emergence of individual tendencies and natural inclinations.**
 - Including competence, autonomy, decision-making, and performance.
 - 3. A capacity for self-directedness.**
 - Including the freedom to express one's personal opinion, preferences, and valid needs.
 - 4. An ability to identify boundaries and tolerate necessary discomfort.**
 - Including self-control, self-regulation, reciprocity, frustration tolerance, mutual respect, and adhering to reasonable rules and limits.
 - 5. Flexibility and optimism.**
 - Including the ability to be spontaneous, to balance work and play, to imagine (as in the possibility of positive outcomes), to be forgiven when making a mistake.
-



Schema based Conceptualization of NPD

- Common schemas for individuals with NPD: emotional deprivation, defectiveness/shame, mistrust/abuse, failure, approval seeking, unrelenting standards, entitlement and insufficient self-control.
- Conceptualization: schemas develop due to the child's unmet needs for true affection understanding and security. (experience of critical parent(s) or cold may create the belief that they can get love only through excelling
- Schema modes for NPD: detached protector/ self-stimulator mode; self-aggrandizer/ approval-seeker mode and the lonely child mode.
- Treatment goal: relax the self-aggrandizer and detached protector modes to create space for the transition of the lonely child to healthy adult model.



Schema based Conceptualization of NPD

- Therapeutic relationship is a strong focus of treatment
 - This includes Assessment
 - Use of Young Schema Questionnaire to identify main schemas and coping
 - Limited reparenting – (use of countertransference and transference)
- Use of self in treatment as a way to begin to create a perspective of the other's experience and emotions
 - Emotive Techniques – imagine the emotions, transformational chair work
 - Cognitive Technique – structure dialogue identifying evidence against the schema, schema diaries, behavioral role plays.
- Gentle/empathic confrontation to challenge dismissive patterns over time - Maintaining leverage

Treating NPD with Schema Therapy - Case

W. Yes, it is our fourth session, and if you recall, we agreed that we would talk about a forward plan after this session. You look annoyed or something. What's going on Stephen?

S. *(sigh, eye roll)* Yes ... Whatever. *(Looks at his watch)* Fine.

W. You say "fine" but it doesn't look or sound like it's fine with you. What is it? You seem upset or triggered.

S. We're wasting time. Let's get on with your prognosis. I have to cut this short as I have a phone conference with Tokyo in an hour.

W. I can appreciate that you are a very busy man and that you deal with a lot of pressure from your firm and your clients. As you said, it makes you irritable with people when they push you and don't appreciate you. But why do you think you would take that frustration out on me right now... right after "hello"? *(persistence/limit-setting)*

S. This is ridiculous. I am sorry that I brought it up. I am *paying* for this, you know.

W. Actually it is neither ridiculous nor a waste of money. And this is not meant to be critical of you, but I sense that this might be an example of what Linda describes as part of the ongoing hurt she feels whenever she tries to discuss something personal with you. You brush her off, dismiss her, and become insulting about the subject matter. Years of this have led her to this decision where you could lose her. *(leverage)*

S. Oh God. *(sighs)*

W. Now I can feel it happening with me. Here's the difference, Stephen: I am trained to understand your makeup, so I don't take it personally. Fortunately, however, I am human and that that allows me the capacity to appreciate what it might be like to be in Linda's shoes. I know that in the world of your family, it was very important for you to meet the very high standards that your parents expected, even demanded, from you. They had little tolerance for your emotional experiences. I understand how this idea about how to live in the world may have worked for little Stephen – to survive in that family and to feel some sense of value – but in this chapter of your life it only serves to increase the erosion in your connection to Linda, your son, and other loved ones and to perpetuate the loneliness that little Stephen has always felt. You could ignore this. But you would be ignoring a profoundly important problem. Does this feel right to you? *(self-disclosure and empathic confrontation)*

S. *(quietly glowering)* Okay, I get it. I just don't see what the big deal is anyway. I think women are all just so sensitive. I mean, yes, you have a point. But I am who I am. She has known this from the beginning.

Treating NPD with Schema Therapy - Case

W. Stephen, let me ask you again: Why do you think you are using that harsh and demeaning tone with me right now? (*persistence/limit-setting*)

S. (*angry/loudly*) Because maybe I just don't want to talk about ... you know ... that emotional crap. It's not me! I am not Mr. Sensitive Renaissance Man.

W. I know you don't want to talk about it, but why do you think you are so angry? I may be sensitive, but I know you get this complaint from men too. It can't be that *everyone* is just too sensitive, right? And even if that were true, wouldn't you be even more careful with the sensitive people who care about you? (*persistence/leverage*)

S. I don't know. You tell me. You're the expert.

W. Maybe Stephen, it's exactly what you said: that you don't want to talk about the emotional "crap" ... because you were never allowed to be that kind of boy or man. I think actually you just don't want to feel your emotions, the ones that you have just like everyone else. And you don't want me to see that vulnerable side of you because I might judge "that guy" or not be impressed with "him," or disappoint "him." You said yourself that you had to grow up fast ... you didn't really get to be a child. And now you get upset when anyone tries to get to know that side of you. The side that you were taught was weak. How does that seem to you? (*empathic confrontation*)

S. (*hanging on every word, less angry*) What do you want me to say? That my parents were bad parents and I turned into an asshole? That my wife is going to just suddenly end a 25-year marriage, and my son will take her side? That my partners appreciate nothing I do, even though I work harder than everyone and have no time for myself? I just don't know what you want me to say.

W. I only want you to say what feels right to you ... and what makes you so angry with me right this moment. There is no right or wrong answer. (*persistence*)

S. (*somber*) I just don't know what to do. I mean, I'm not intentionally taking it out on you. I tell Linda and Mark [his son] the same thing. Can't a guy get a little mad sometimes?

W. Of course you can get "mad" sometimes. Feeling and expressing your emotions – even anger – is fine. It's the way you do that and the impact on other people, people you care about, that allows you to be heard and accepted or dismissed and rejected. When you are critical, cynical, blaming, or aggressive, Linda gets so distracted by her hurt and the need to protect her feelings, that she

Treating NPD with Schema Therapy - Case

cannot even hear your needs.

By the way, when you just said it was “not intentional,” I don’t think it was intentional either. I think it’s your way of protecting yourself too, but the problem is that it pushes people away. By the way ... was that an apology, Stephen? (*empathic confrontation*)

S. I guess. But it’s certainly never good enough for Linda.

W. Perhaps because this is *not* a “sometimes” event. And because your apology lacks a spoken understanding of the impact you

al. The Wiley-Blackwell Handbook of Schema Therapy : Theory, Research, and Practice, John Wiley & Sons, Incorporated, 2012. ProQuest Ebook
entral.proquest.com/lib/smith/detail.action?docID=4034326.

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Behary & Dieckmann, 2011



Additional Considerations for Treatment

BOX 5 Top tips for assessing and managing individuals with narcissistic personality disorder

- Anticipate being treated as an audience to the patient's performance
- Expect to be drawn into lengthy accounts of the patient's life
- In interviewing the patient, agree at the start how and why you will interrupt
- Anticipate negative responses to perceived criticism – any comment that may be interpreted as disrespectful or generates a feeling of shame or humiliation
- Avoid directly challenging a patient, even when they express very negative attitudes
- Be empathic without colluding with what the patient says
- Reflect on negative countertransference reactions rather than revealing these to the patient





What Successful Treatment of Narcissism Looks Like – Diana Diamond



Summary

- Narcissistic Personality Disorder (NPD) is characterized by a persistent pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy beginning by early adulthood and in a variety of contexts...” (DSM-5-TR, 2022)”
- Narcissism is considered to present on a spectrum from healthy to pathological
- Research identifies two subtypes of NPD Grandiose and Vulnerable subtypes correlating to both overt and covert expressions
- DSM-5-TR presents a traditional categorical model and an alternative model that looks at narcissism as a hybrid of both discrete criteria and as a function of impairment.



Summary

- Pathological Narcissism and NPD can be treated through primarily psychotherapy including: transference focused psychotherapy and schema therapy.
- Schema therapy incorporates aspects of CBT and object relations to identify unhelpful beliefs/patterns (specific schemas and modes) and through use of boundaries and both cognitive and emotion techniques to move individuals from maladaptive coping modes towards a healthy adult mode.



Thank You

Questions?



References

- van Vreeswijk, M., Broersen, J., & Nadort, M. (Eds.). (2012). *The Wiley Blackwell handbook of schema therapy: Theory, research, and practice*. John Wiley & Sons, Incorporated.
- Annigeri, B., Raman, R., Manohar, S., & Sardesai, S. (2024). Covert, grandiose, and dysfunctional subtype of narcissistic personality disorder. *Annals of Indian Psychiatry*, 71 -73. doi:10.4103/aip.aip_97_22
- Bamelis, L. L., Evers, S. M., Spinhoven, P., & Arntz, A. (2014, March). Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders. *American Journal of Psychiatry*, 305-322. Retrieved from <https://doi.org/10.1176/appi.ajp.2013.12040518>
- Bates, C. &. (2021). Narcissistic personality disorder. *Social Work Reference Guide*.
- Behary, W. T. (2011). Schema therapy for narcissism: The art of empathic confrontation, limit-setting and leverage. In *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments* (pp. 445-457). New Jersey: John Wiley & Sons.
- Bird, J. &. (2024). A case report for the treatment of narcissistic personality disorder with transference focused psychotherapy. *Journal of Clinical Psychology*, 80(5), 1177-1191. doi:doi.org/10.1002/jclp.23637
- BorderlinerNote (2020). Diana Diamond. What successful treatment of narcissism looks like.[YouTube]. <https://www.youtube.com/watch?v=Y1yvxKu-mOE>

References

- Borderlinernotes.com. (2021, May 19). How to be a human instead of a narcissistic Frank Yeomans. [YouTube]. <https://www.youtube.com/watch?v=hcX5x8zs5-0>
- Borderlinernotes.com. (2019, Jun 20). The range of narcissism: Health to NPD. Frank Yeomans. https://www.youtube.com/watch?v=lhu3k_j3KQk
- Caligor, E., Levy, K. N., & Yeomans, F. E. (2015, April 30). Narcissistic Personality Disorder: Diagnostic and Clinical Challenges. *American Journal of Psychiatry*, 172(5). Retrieved from <https://doi.org/10.1176/appi.ajp.2014.14060723>
- Diamond, D. Y. (2011). Psychodynamic psychotherapy for narcissistic personality. In *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings and treatments* (pp. 423 - 433). New Jersey: John Wiley & Sons,.
- Farrell, J., & Shaw, I. A. (2022). Schema therapy: Conceptualization and treatment of personality disorders. In S. K. Huprich (Ed.), *Personality disorders and pathology: Integrating clinical assessment and practice in the DSM- 5 and ICD -11 era*. American Psychological Association. Retrieved from <https://doi.org/10.1037/0000310-013>
- Fayaz, I. &. (2025). A systematic scoping review on exploring effective interventions for narcissistic personality disorder. *Current Psychology*, 3057 - 3070. Retrieved from <https://doi.org/10.1007/s12144-025-07389-8states>
- Graham, S. (n.d.). *Healthy narcissism vs, unhealthy narcissism*. Retrieved from Children of Narcissists: <https://childrenofnarcissists.org.uk/healthy-narcissism-vs-unhealthy-narcissism/>
- Grenyer, B. F. (2013). Historical overview of pathological narcissism. In J. S. Ogdorniczuk, & J. S. Ogdorniczuk (Ed.), *Understanding and treating pathological narcissism* (pp. 15-26). American Psychological Association. Retrieved from <https://doi.org/10.1037/14041-001>
- Pincus, A. L. (n.d.). Narcissistic grandiosity and narcissistic vulnerability. In *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments* (pp. 31-40). New Jersey: John Wiley & Sons.

References

- ♦ Sterie, M. (2024). Treating narcissistic personality disorder with schema therapy – A Case Study. *Anthropological Researches and Studies*(14), 205 - 218. Retrieved from <https://doi.org/10.26758/14.1.15>
- ♦ Watson, C., & Bagby, R. M. (2011). Assessment of narcissistic personality disorder. In W. K. Campbell, & J. D. Miller (Eds.), *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches and empirical findings, and treatments* (pp. 119-132). New Jersey: John Wiley & Sons.
- ♦ Weinberg, I. (2024). Building hope for treatment of narcissistic personality disorder. *Journal of Clinical Psychology, 80*(4), 721-732. doi:<https://doi.org/10.1002/jclp.23598>
- ♦ Weinberg, I., & Ronningstam, E. (2022, October 21). Narcissistic Personality Disorder: Progress in Understanding and Treatment. *Focus, 368-377*. doi:[doi:10.1176/appi.focus.20220052](https://doi.org/10.1176/appi.focus.20220052)
- ♦ Wurst, S. N., Gerlach, T. M., Dufner, M., Rauthmann, J. F., Grosz, M. P., Küfner, A. C., ... & Back, M. D. (2017). Narcissism and romantic relationships: The differential impact of narcissistic admiration and rivalry. *Journal of Personality and Social Psychology, 112*(2), 280.
- ♦ Yakely, J. (2018). Current understanding of narcissism and narcissistic personality disorder. *BJ Psych Advances, 24*(5), 305–315. doi:[doi:10.1192/bja.2018.20](https://doi.org/10.1192/bja.2018.20)