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### Narcissistic Personality Disorder

Written by HealthyPlace.com Staff Writer  
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#### How is Narcissistic Personality Disorder diagnosed?

Doctors use psychological testing to help in the diagnosis of a personality disorder. Most of these tests require interpretation by a professional with specialized training. Doctors usually refer patients to a clinical psychologist for this type of test.

**Personality Inventories.** Personality inventories are tests with true/false or yes/no answers that can be used to compare the patient's scores with those of people with known personality distortions. The single most commonly used test of this type is the Minnesota Multiphasic Personality Inventory, or MMPI. Another test that is often used is the Millon Clinical Multiaxial Inventory, or MCMI.

**Projective Test.** Projective tests are unstructured. Unstructured means that instead of giving one-word answers to questions, the patient is asked to talk at some length about a picture that the psychologist has shown him or her, or to supply an ending for the beginning of a story. Projective tests allow the clinician to assess the patient's patterns of thinking, fantasies, worries or anxieties, moral concerns, values, and habits. Common projective tests include the Rorschach, in which the patient responds to a set of ten inkblots; and the Thematic Apperception Test (TAT), in which the patient is shown drawings of people in different situations and then tells a story about the picture.

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A diagnosis of narcissistic personality disorder is made if there is evidence of five or more of the following nine features:

- Grandiose self-image
- Fantasies about having exceptional qualities
- Sense of being so special that only other special people can understand or relate to the individual
- Need for excessive admiration
- Sense of entitlement
- Exploitation of other people
- Lack of empathy
- Envy of other people or a belief that you are the subject of other people's envy
- Arrogant behaviors or attitudes

Most specialists agree that grandiosity is the central feature that distinguishes narcissistic personality disorder from related disorders that share some of the same symptoms. A diagnosis also depends on the presence of these features in an ongoing pattern since early adulthood and in a variety of contexts.

People with narcissistic personality disorder might abuse drugs and/or alcohol as a way of coping with their symptoms. The disorder also might interfere with the development of healthy relationships with others.

#### How is Narcissistic Personality Disorder treated?

Treatment for narcissistic personality disorder is generally a difficult, long-term process. People with narcissistic personality disorder may be defensive about the process because they were compelled or encouraged to seek therapy by an employer or family member. They may have sought treatment to address a related problem, such as depression or a job crisis, but are unwilling to address the underlying disorder identified by the therapist.

Therefore, most psychiatrists and therapists will, as a practical matter, treat most of their severely narcissistic patients for symptoms related to crises and relatively external Axis I diagnoses (including depression, anxiety disorders, bipolar disorder, ADHD), rather than in an effort to address the personality disorder itself. The therapist must be aware of the importance of narcissism in helping to sustain the patient's self image, of refraining from confronting the need for self-aggrandizement, and of helping the patient use his or her narcissistic characteristics to develop a self-image based upon genuine positive self esteem rather than out of fears of inadequacy. Those patients who do not terminate treatment after symptom relief has been obtained may wish to receive help for some of the problems related to their personality disorder, such as interpersonal difficulties or depression.

If possible, long-term individual psychotherapy is the treatment of choice for those with narcissistic personality disorder because it helps to establish a strong therapeutic alliance between narcissist and patient. Yet, even within this framework, expectations should focus on small changes in personality traits as opposed to expecting large changes as being possible.

Goals in therapy should focus on helping the patient develop some empathy for others by learning to appreciate other's feelings and points of view, acknowledging his/her "specialness" while helping the patient learn how to put it into perspective, and helping the patient learn how to appropriately handle slights and rejections from others without feeling one's sense of self as being extremely threatened. These goals can all be developed within the safety of a strong therapy relationship between therapist and patient so that when the patient's vulnerabilities are exposed, the therapist can help the patient feel okay about these vulnerabilities while gently putting the patient's exaggerated sense of self-importance back in perspective.

Group therapy for those with narcissistic personality disorder tends to be ineffectual. Usually in a therapy group, narcissists will tend to dominate the group or tire other group members of their list of accomplishments and grandeur. Because they do not respond well to critical feedback, narcissists are likely to drop out of group therapy once others start providing feedback about their behavior. Or, on the other hand, the other group members might drop out of the group because they get tired of the narcissists dominating the therapy.

#### Hospitalization

The hospitalization of patients with severe Narcissistic Personality occurs frequently. For some, such as those who are quite impulsive or self-destructive, or who have poor reality-testing, this is the result of Axis I symptoms (include depression, anxiety disorders, bipolar disorder, ADHD) that are overlaid upon the personality disorder. Hospitalizations should be brief, and the treatment specific to the particular symptom involved.

Another group of patients for whom hospitalization is indicated, provided long-term residential treatment is available, are those who have poor motivation for outpatient treatment, chronic destructive acting out, and chaotic life-styles. An inpatient program can offer an intensive milieu, which includes individual psychotherapy, family involvement, and a specialized residential environment. The structure is physically and emotionally secure enough to sustain the patient with severe ego weakness throughout the course of expressive, conflict-solving psychotherapy. The ultimate goals are of affecting a more integrated, cohesive self-concept that is less vulnerable to slights, criticisms, rejections, or general blows to self-esteem.

The prognosis for recovery depends in part on the severity of the disorder. Although some patients improve as they grow older and have positive experiences in life, personality disorders are generally life-long disturbances with periods of worsening (exacerbations) and periods of improvement (remissions).

Sources:

- American Psychiatric Association pamphlet on Personality Disorders
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (Revised 4th ed.). Washington, DC.
- NIMH, National Library of Medicine

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