CONDITION

# Narcissistic personality disorder

Narcissistic personality disorder is a long-term pattern of unstable self-esteem, need for admiration, and difficulty recognising other people's needs.

**WHAT IT IS**
Long-term personality pattern affecting self-image and relationships

**BODY SYSTEM**
Mental health and behaviour

**MAIN SYMPTOMS**
Grandiosity, need for admiration, reduced empathy, fragile self-esteem

**WHAT CAUSES IT**
Combined genetic, developmental, and environmental influences

**HOW IT IS DIAGNOSED**
Detailed mental health assessment using standard diagnostic criteria

**MAIN TREATMENT**
Psychotherapy, with treatment for other mental health conditions

**CAN IT BE CURED?**
No - treatment can improve symptoms

**IS IT AN EMERGENCY?**
Sometimes - suicidal thoughts or immediate risk of harm

**LONG-TERM OUTLOOK**
Long-term pattern, but symptoms and functioning can improve

## Overview

Narcissistic personality disorder, often shortened to NPD, is a mental health condition that affects how a person sees themselves and relates to other people. It involves a lasting pattern of exaggerated self-importance, a strong need for admiration, and difficulty recognising or responding to other people's feelings and needs.

Behind apparent confidence, self-esteem may be unstable. Criticism, rejection, failure, or feeling overlooked can trigger shame, anger, withdrawal, or attempts to restore a sense of importance.

NPD is different from occasional selfishness, confidence, or wanting recognition. Many people show narcissistic traits at times. A personality disorder is diagnosed only when the pattern is persistent, appears across different situations, and causes significant problems in

relationships, work, or emotional well-being.

The word "narcissist" is often used as an insult. That use can increase stigma and does not amount to a diagnosis. NPD is a specific clinical condition that requires a careful assessment.

## Symptoms

The pattern usually becomes clear by early adulthood, although some features may appear earlier. Symptoms can look different from one person to another and may be more obvious in some settings than others.

Clinicians assess features such as:

A diagnosis does not require every feature. Clinicians also look at how intense and persistent the pattern is and how it affects daily life.

Some people present with obvious confidence, dominance, or attention-seeking. Others may appear withdrawn, defensive, or extremely sensitive to judgment. They may move between feeling superior and feeling worthless. "Vulnerable narcissism" is sometimes used to describe this less obvious presentation, but it is not a separate formal diagnosis.

Related experiences can include perfectionism, difficulty admitting mistakes, blaming other people, intense reactions to criticism, and trouble maintaining close relationships. Depression, anxiety, substance use, or other personality difficulties may occur at the same time.

- An exaggerated sense of importance, ability, or achievement
- Frequent fantasies about exceptional success, power, beauty, or ideal love
- Believing they are uniquely special and should associate with high-status people
- Needing frequent admiration or reassurance
- Expecting special treatment or automatic agreement
- Using relationships mainly to meet personal needs
- Difficulty recognising or caring about other people's feelings
- Envying others or believing others are envious
- Behaving in an arrogant, dismissive, or superior way

## Causes and risk factors

There is no single known cause of NPD. Research suggests that personality develops through

a combination of inherited temperament, early experiences, relationships, and the wider environment.

Possible influences include extreme praise or criticism, inconsistent caregiving, emotional neglect, trauma, or family expectations focused heavily on status and achievement. These experiences do not always lead to NPD, and many people with NPD do not report them.

Genetic factors may affect traits such as emotional sensitivity, impulsiveness, or the need for reward. These traits can interact with childhood experiences as personality develops.

Having a risk factor does not mean that someone will develop NPD. It is usually not possible to identify one event, parenting style, or family member as the cause.

## Diagnosis

There is no blood test, brain scan, or questionnaire that can confirm NPD on its own. Diagnosis is based on a detailed mental health assessment by a qualified professional.

The assessment usually explores self-image, emotions, relationships, behaviour, work or education, and how patterns have changed over time. The clinician may use structured interviews or questionnaires, but these support rather than replace a full conversation.

Standard diagnostic criteria require a persistent pattern that is present across different parts of life and causes meaningful difficulty or distress. Cultural expectations and the person's stage of development also need to be considered.

Other conditions can sometimes resemble parts of NPD. For example, unusually high confidence during a manic episode may be part of bipolar disorder rather than a lasting personality pattern. Trauma-related conditions, depression, substance use, and other personality disorders may also affect self-esteem and relationships.

Diagnosis can take more than one appointment. This helps distinguish a long-standing pattern from a temporary response to stress, loss, illness, or substance use. Online checklists cannot make this distinction.

## Treatment and management

Psychotherapy, also called talking therapy, is the main treatment. Treatment aims to improve emotional awareness, strengthen more stable self-esteem, increase empathy, and develop healthier ways of handling criticism, disappointment, and conflict.

Different therapy approaches may be used. These include psychodynamic therapy, cognitive

behavioural therapy, schema therapy, mentalization-based therapy, and transference-focused psychotherapy. Evidence for NPD treatment is still developing, and no single approach is best for everyone.

Therapy may focus on practical goals such as:

Engagement can be difficult. A person may start treatment during a crisis, after a relationship breakdown, or because of depression rather than concern about their personality. Shame, mistrust, or feeling criticised may lead to missed sessions or stopping therapy. A clear treatment plan and a consistent therapeutic relationship can help.

There is no medication specifically approved to treat NPD itself. Medication may be offered for a separate condition such as depression, anxiety, attention-deficit hyperactivity disorder, or bipolar disorder. It does not directly change the core personality pattern.

Couples or family work may sometimes help with communication. It is not appropriate when someone feels unsafe, controlled, or pressured to attend. In that situation, confidential individual support and attention to safety are more important.

- Recognising emotional triggers and repeated relationship patterns
- Tolerating criticism, uncertainty, and setbacks
- Understanding how behaviour affects other people
- Communicating needs without controlling or devaluing others
- Building relationships based on mutual respect
- Developing realistic and stable goals

## Complications

NPD can affect close relationships, family life, work, education, and finances. Repeated conflict may develop when expectations are not met or when other people set limits. Relationships may become distant or end.

Work problems can arise from difficulty accepting feedback, cooperating, or coping with failure. Some people overwork to maintain a sense of achievement, while others avoid situations where they might not succeed.

Depression, anxiety, loneliness, substance misuse, eating problems, and suicidal thoughts can occur. Risk may increase after humiliation, rejection, loss of status, financial trouble, or the end of a relationship. These outcomes are not inevitable, but they deserve proper assessment and support.

Other people can also be harmed by controlling, exploitative, threatening, or abusive behaviour. A diagnosis may help explain a pattern, but it does not excuse abuse. Safety and accountability still matter.

## Prevention

There is no proven way to prevent NPD. Personality develops through many influences, including factors that cannot be controlled.

Stable relationships, appropriate praise, clear boundaries, and support after trauma may promote healthy emotional development in children. However, these steps cannot guarantee that a personality disorder will not develop.

Early help for persistent emotional, behavioural, or relationship problems may reduce distress and improve coping. It should not be viewed as a certain way to prevent NPD.

## Living with it and what to expect

NPD is considered a long-term pattern, but it is not necessarily fixed in every detail. Symptoms, self-awareness, and day-to-day functioning can change over months and years.

Periods of success may make difficulties less visible. Problems may become more noticeable during criticism, ageing, illness, job loss, relationship changes, or other events that challenge self-esteem. Depression or anxiety may bring someone into treatment even when they do not identify with an NPD diagnosis.

With sustained therapy, some people become better able to understand their emotions, accept limits, repair relationships, and respond less defensively. Progress is often gradual and may include setbacks. Research does not support promising a cure or a particular timeline.

A stable routine, meaningful activities, realistic goals, and relationships that allow both closeness and boundaries may support long-term functioning. Avoiding alcohol or drugs as a way of managing shame, anger, or disappointment can reduce additional problems.

If you have a close relationship with someone who has, or may have, NPD, focus on specific behaviour rather than trying to prove a diagnosis. Clear boundaries and outside support can be useful. If there is intimidation, coercion, or abuse, prioritise safety rather than trying to change the other person.

## When to get medical help

Arrange a routine mental health appointment if long-standing problems with self-esteem, criticism, anger, empathy, or relationships are causing distress or disrupting daily life. Help is also appropriate for depression, anxiety, substance use, or repeated relationship breakdowns, whether or not NPD is the cause.

Seek urgent help if you or someone else has suicidal thoughts, escalating self-harm, severe substance use, or feels unable to stay safe. Contact an urgent mental health service, crisis service, or medical professional available in your area.

Call local emergency services or go to an emergency department if there is a suicide attempt, a specific plan with intent to act, an immediate threat of violence, or another immediate danger. If another person's behaviour puts you at risk, move to a safer place when possible and contact emergency or domestic abuse services.

## Common questions

Is being narcissistic the same as having NPD?

No. People may sometimes seek attention, act selfishly, or feel proud of their abilities without having a personality disorder. NPD involves a persistent and widespread pattern that significantly affects relationships or functioning. Only a qualified professional can diagnose it.

Can narcissistic personality disorder be cured?

There is no quick or guaranteed cure. NPD is a long-term personality pattern, but psychotherapy can help some people reduce symptoms, improve relationships, and develop more stable self-esteem. Change usually requires time and willingness to examine difficult patterns.

Do people with NPD know they have it?

Some recognise that they have relationship or emotional problems but may understand the cause differently. Others have more insight, especially after repeated difficulties or during therapy. Awareness can change over time and should not be assumed from outward behaviour.

Can someone with NPD love another person?

A diagnosis does not determine whether someone can feel love or attachment. However, needs for admiration, fear of criticism, entitlement, or reduced empathy can make mutual and stable relationships difficult. Behaviour and willingness to respect boundaries matter more than the label alone.

Is NPD inherited?

It is not inherited in a simple, predictable way. Genetic traits may contribute, but development also involves relationships, learning, temperament, and life experiences. Having a relative with NPD does not mean that you will develop it.

How should I deal with someone I think has NPD?

Avoid trying to diagnose them yourself. Focus on the behaviour affecting you, communicate clear limits, and seek support if the relationship is harming your well-being. If there is abuse or immediate danger, prioritise safety and contact appropriate support services.

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