UNDERSTANDING YOUR DIAGNOSIS

Narcissistic Personality Disorder

Also called Narcissistic Personality Disorder

A long-standing pattern where self-worth leans heavily on being admired, and criticism cuts far deeper than it should.

HOW COMMON	OFTEN STARTS	TREATABLE	LONG TERM
About 1 to 6 in 100 adults	By your early twenties	Yes - therapy helps	Improves with steady work

What this is

- This describes how self-worth gets built and defended over years. It is not a verdict on your character.
- The word narcissist gets thrown around online as an insult. The actual diagnosis is something different, and treatable.
- Underneath a confident surface, self-esteem here is usually fragile and depends on how other people respond to you.
- Many people with this diagnosis look self-assured to some people and deeply insecure to others. Both are real.

What it can look and feel like

- Criticism, even small or fair criticism, lands like an attack and can wreck the rest of your day.
- You need recognition in order to feel steady, and when it does not come you feel flat, ashamed or angry.
- You compare yourself with other people constantly, and envy shows up more often than you would say out loud.
- You expect things to go your way, and waiting your turn or being treated as ordinary feels genuinely wrong.
- You can work out what someone else is feeling, but it does not move you much in the moment.
- Jobs and relationships end the same way over and over, and it usually looks like the other side's doing.
- Alone with it, you can feel empty or like a fraud, and keeping that hidden is exhausting.

What is happening in your brain and body

- Brain areas that connect you to other people's feelings, such as the insula, appear to work differently in this pattern.
- Your stress hormone response to being judged runs high, so a small slight sets off a real physical alarm.
- The front of the brain has a harder time damping down shame, which is why it can flip so quickly into anger.
- Research here is thinner than for other conditions. There is no brain scan or blood test that shows this.
- The physical risks come indirectly: heavy drinking, a body kept under stress, and low mood after a loss of standing.

What can make it more likely

- Traits like these run in families to a moderate degree, so part of it is temperament you were born with.
- Childhoods that mixed big praise for performance with coldness when you fell short are a common thread.
- Being valued for what you achieve rather than for who you are teaches self-worth to depend on applause.
- Nobody chooses this pattern. It usually began as a way to protect a young self from feeling small.

What to expect

- Therapy is a long project, often **two years or more**, and the early months are the hardest ones to stay in.
- You may want to quit after a session that stings. Saying that out loud instead of walking away is the actual work.
- Anger usually eases first, then relationships, then a sense of worth that does not need constant refueling.
- Divorce, job loss or getting older can hit hard, and that is often the point when people finally get help.

What helps

Treatment works. Most people get better.

Talking therapies

- **Psychodynamic therapy** uses what happens between you and the therapist as a live sample of your other relationships.
- **Transference-focused therapy** is a more structured version, with clear agreements about attendance and honesty.
- **Schema therapy** works on the modes you switch between: the impressive one, the detached one, the young hurt one.
- **Mentalization-based therapy** builds the habit of checking what people actually think, rather than assuming it.
- **Cognitive behavioral therapy** is useful for anger, perfectionism and the beliefs that make small slights unbearable.

Medicines

- No medicine treats this pattern. Medicines are for what comes with it, mainly depression, anxiety and substance use.
- **Antidepressants** such as SSRIs help low mood, and taking one is not evidence that you are weak.
- Low doses of an **antipsychotic** or a **mood stabilizer** are sometimes tried for severe anger, on limited evidence.
- Be careful with sedatives and stimulants, which are easy to lean on and hard to stop. Talk about this honestly.
- Every dose is set with your prescriber, and it is fair to ask what a medicine should do and by when.

Everyday things that help

- Couples or family therapy is often what keeps people in treatment, because the damage to relationships is what hurts.
- Group therapy is uncomfortable but useful, since feedback from peers is easier to hear than from a clinician.
- Alcohol makes injuries feel bigger and reactions faster, so cutting back changes the size of the blow-ups.
- Build one thing in your life that has nothing to do with status: a craft, a workout, a volunteer shift.
- Use a delay rule. When you feel humiliated, wait a day before sending the message or making the call.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- After a public humiliation, a divorce or a job loss, dark thoughts can arrive fast. Tell someone that same day.
- If you feel close to hurting someone, leave the situation and call **988** or 911 right away.

Questions to ask your care team

- *What kind of therapy do you recommend, and how long before I notice a change?*
- *What should I do if I want to quit therapy after a hard session?*
- *Is depression or drinking part of what is going on for me?*
- *How can my partner or family be part of this without it becoming a trial?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.