

# Structural Psychopathology and Affective Regulation in Narcissistic Personality Disorder: A Critical Analysis and Mechanistic Comparison with Dialectical Behavior Therapy (DBT) and Schema Therapy (ST)

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## Abstract

Narcissistic Personality Disorder (NPD) manifests in two primary subtypes: Overt (grandiose) and Covert (vulnerable), both driven by shame and rigid ego structures. This paper applies the Core Emotion Framework (CEF), a structural-constructivist model of emotional regulation, to analyze the psychopathology of NPD. CEF posits that maladaptive fusions of core emotions underlie rigidity, inhibiting empathy and adaptive functioning. In Overt NPD, Achieving and Expanding are pathologically fused, sustaining grandiosity; in Covert NPD, Achieving is constricted by Calculating, reinforcing shame and avoidance. The therapeutic mechanism of Detangling—intellectual differentiation, experiential isolation, and flexible re-synthesis of core emotions—is proposed as a pathway to restore empathy, tolerance, and ego flexibility. Comparative analysis situates CEF alongside Transference-Focused Psychotherapy, Mentalization-Based

Treatment, Schema Mode Therapy, and DBT, emphasizing its unique focus on restructuring emotional generation rather than content or cognition. While CEF offers a novel mechanistic model, clinical adoption requires rigorous validation through open-science trials and manualization.

*Keywords:* Narcissistic Personality Disorder, Overt Narcissism, Covert Narcissism, Core Emotion Framework, Emotional Rigidity, Detangling, Empathy, Open Science

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# I. Foundational Concepts of Narcissistic Personality Disorder (NPD)

## 1.1. Introduction to the Core Emotion Framework (CEF): A Structural-Constructivist Hypothesis

The Core Emotion Framework (CEF) is introduced as a novel theoretical model designed to facilitate "Optimized Functioning" through a rigorous, multi-modal synthesis. This framework integrates three distinct yet interconnected scientific disciplines: **Affective Neuroscience, Embodied Cognition, and Strategic Emotional Regulation**. The ambitious scope of CEF positions it as a sophisticated, neurobiologically-informed model intended for transdiagnostic application in emotional management.

At its theoretical heart, CEF aligns itself with the **structural-constructivist** view of emotion. This viewpoint fundamentally challenges traditional Basic Emotion Theories, which postulate that emotions are innate and fixed categories. Instead, CEF posits that emotional experiences are *constructed* psychological events. This process of construction requires two fundamental ingredients: a continuous, dimensional feeling state known as **Core Affect**, and the application of accessible **Conceptual Knowledge**. The constructivist approach suggests that emotional states emerge from the interaction between brain functional networks, which relate to general, continuous affective

categories.

The framework posits a vocabulary of **ten primal, universal Core Emotions** that serve as the building blocks of personality, organized into a detailed **Tri-Centric Structure** (Figure 1):

- **Functional Centers (Rows):** The ten Core Emotions are organized into three physical centers of the psyche (**Head, Heart, Gut**).

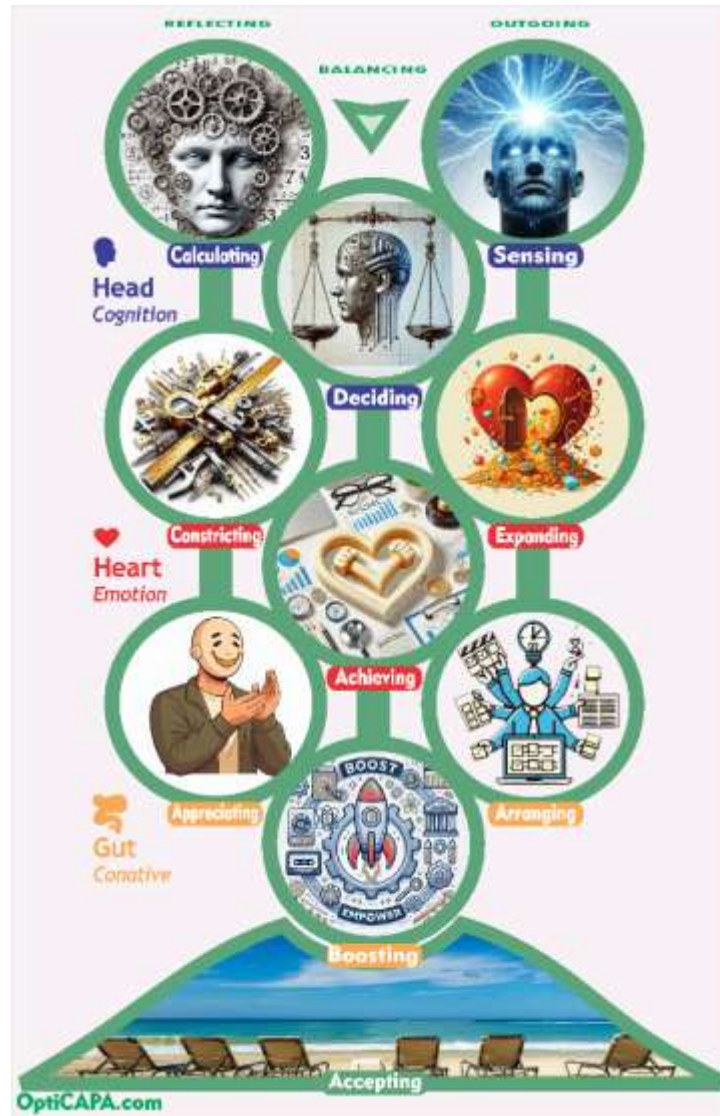


Figure 1: The illustrational mapping of the ten CEF core emotions

*Note: Sensing (right brain) precedes Calculating (left brain)—hence the right-to-left flow.*

- **Dynamic Roles (Columns):** The emotions are mapped across three dynamic columns that describe their functional role: **Reflecting / Analysis** (*Calculating, Constricting, Appreciating*), **Outgoing / Initiation** (*Sensing, Expanding, Arranging*), and **Balancing / Commitment** (*Deciding, Achieving, Boosting / Accepting*).
- **Integrating Core:** The final core emotion, **Accepting**, is located in the Balancing / Commitment column of the Gut Center alongside **Boosting**, representing its role as the capacity to let go and yield to the natural flow of life.

The observable emotions and character traits we experience daily—termed "**practical traits**"—are composite states constructed from combinations of these ten Core Emotions.

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## II. Foundational Concepts of Narcissistic Personality Disorder (NPD)

### II.A. NPD according to DSM-5-TR and the Shift to Dimensional Models

Narcissistic Personality Disorder (NPD) is clinically defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) as a pervasive pattern of grandiosity, a persistent need for admiration, and a profound lack of empathy.<sup>19</sup> The categorical diagnostic criteria predominantly capture the grandiose and overtly expressed manifestations of the disorder.<sup>4</sup>

Clinical science has shifted toward dimensional models, which conceptualize narcissism as a complex spectrum involving disturbances in self-esteem dysregulation, emotion dysregulation, and interpersonal difficulties.<sup>20</sup> The common core of pathological narcissism is **narcissistic vulnerability**—a fragile self-image reliant on external validation—which is masked by compensatory grandiosity.<sup>5</sup>

## II.B. The Dichotomy of NPD Subtypes: Overt vs. Covert Phenomenology

Although not formally recognized in the DSM-5, clinical utility distinguishes two primary variants: Overt (Grandiose) and Covert (Vulnerable) narcissism.

- **Overt (Grandiose):** Characterized by high **agency**, explicit dominance, entitlement, and exploitative behaviors, aligning with the stereotype. This subtype displays affective detachment and lower personal distress.
- **Covert (Vulnerable):** Characterized by introversion, hypersensitivity to criticism, high neuroticism, and a deep preoccupation with feelings of **shame**, inferiority, and resentment. This presentation avoids the spotlight and engages in social withdrawal.

The most potent emotional driver of all pathological narcissism is **shame**—the fear of being ordinary or inadequate—which drives the defense mechanisms of grandiosity and entitlement.

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## III. The Core Emotion Framework (CEF): Theoretical Structure and Clinical Relevance

### III.A. CEF as a Structural-Constructivist Model for Emotional Regulation

The Core Emotion Framework (CEF) proposes that psychopathology arises from maladaptive, rigid structures constructed from core affects and coping strategies. The goal is to restore **Emotional Flexibility** by structurally separating these rigid emotional

fusions.

### III.B. Hypothesized Application to NPD Subtypes

#### Overt (Grandiose) NPD: Inflated Ego and Rigid Fusion

The Overt presentation is hypothesized as having an **inflated Ego** (manifested through the Achieving Core Emotion), sustained by a **rigid, pathological fusion** between **Achieving** (mastery) and **Expanding** (inclusion). The role of **Constricting** is not to regulate (as in healthy people), but to rigidly **preserve** this inflated *Expanding/Achieving* fusion. This rigidity results in insensitive, bullying behavior, utilizing the systems of **Accepting** (in a distorted, submission-demanding way) and **Boosting** (the energizing drive) to enforce the grandiose posture and control the environment.

#### Covert (Vulnerable) NPD: Constricted Ego and Inhibition

In contrast, the Covert presentation is hypothesized as having a **constricted, rigid Ego** (Achieving) that is prevented from inflating. This rigidity is due to the **maladaptive suppression** of the self-regulatory systems aligned with **Yielding**—specifically **Constricting** and **Accepting**—leading to chronic shame and avoidance.

The crucial mechanistic difference between these NPD subtypes and BPD lies in the **primary cognitive input** that drives their dysregulation:

- **Borderline Personality Disorder (BPD):** The disorder's vulnerability is primarily driven by a stronger, overwhelmed **Sensing** Core Emotion (Outgoing/Initiation). This heightens the emotional sensitivity, leading to profound affective lability and highly reactive external instability.
- **Covert NPD:** The disorder's vulnerability is driven by a stronger **Calculating** Core Emotion (Reflecting/Analysis). This leads to a more **contained, strategic, and**

**resentment-driven** instability, where shame is converted into passive-aggressive rumination rather than explosive external acts.

### III.C. Detangling and the Structural Path to Empathy

The core therapeutic practice within the CEF is **Detangling**—the intentional modulation of a Core Emotion (e.g., counting up and down on a core emotion intensity scale) to break pathological interference. This structural intervention is hypothesized to work identically for both Overt and Covert subtypes by releasing the capacities necessary for empathy and integration:

1. **Opening up Sensing (Neutral Perception):** Detangling breaks the mind's compulsive need to control perception and predict threat. This releases **Sensing** for genuine, objective perception, moving the individual away from the constant hyper-vigilance inherent in both subtypes.
2. **Restoring Genuine Achieving (Ego Flexibility):** The technique restores the healthy function of **Achieving** (Ego), which is rigid and pathological in both NPD subtypes. This enables the person to practice both asserting capability and the crucial wisdom to **drop and make place for others**.
3. **Creating Genuine Expanding (Empathy):** By decoupling rigid fusions or releasing inhibition, the Core Emotion of **Expanding** is restored to its function: motivating **regard and connection with others** and facilitating **reciprocal sharing with genuine interest in others' thoughts and feelings** (the functional definition of empathy).<sup>22</sup>
4. **Activating Genuine Accepting (Tolerance):** This flexibility allows the individual to utilize **Accepting** to metabolize painful emotions like shame and criticism rather than converting them into rage or denial. This promotes **self-acceptance** and **tolerance for divergence**, directly addressing the shame core of NPD.<sup>22</sup>

The creation of flexibility through this modulation technique is posited to be universally beneficial for **all individuals**, regardless of specific diagnosis.

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## IV. Comparative Analysis: CEF, BPD, and Established Treatments

### IV.A. NPD and Borderline Personality Disorder (BPD): Overlap in Emotional Dysregulation

Both NPD and BPD share profound deficits in **self-esteem and emotion regulation**.<sup>23</sup> The CEF's structural focus on emotional regulation is therefore logically supported for both disorders. BPD models, like Schema Mode Therapy (SMT), focus on meeting core emotional needs to manage quickly changing emotional and bodily experiences, aligning with CEF's goal of structural flexibility.

### IV.B. Evidence-Based Modalities Adapted for NPD

Key modalities adapted for NPD include:

1. **Transference-Focused Psychotherapy (TFP-N)**: Targets the **content** of split self-representations via transference interpretation, aiming for structural integration.<sup>12</sup>
2. **Mentalization-Based Treatment (MBT-N)**: Targets the **process** of reflecting on mental states, supporting the vulnerable "I-mode" under affective arousal.<sup>26</sup>
3. **Schema Mode Therapy (SMT)**: Targets maladaptive **schema modes** (e.g., Self-Aggrandizer) to promote the Healthy Adult mode and enhance agreeableness.<sup>27</sup>
4. **Dialectical Behavior Therapy (DBT)**: Effective for managing core skill deficits (emotional regulation, impulsivity).<sup>16</sup>

A critical barrier in NPD treatment is the difficulty in building and maintaining a stable therapeutic alliance, which necessitates empathic validation before confronting aggressive defense structures.<sup>26</sup>

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## V. Mechanistic Comparison: Therapeutic Targets and Change Processes

The CEF fundamentally targets the **structural organization of core emotional systems** (Emotional Rigidity) rather than the content (TFP), cognitive patterns (SMT), or mentalizing process (MBT) (See Table 1 for comparison).

*Table 1: A comparison between the CEF and established model regarding NPD*

Therapy	Theoretical Model of Pathology	Core Target	Primary Mechanism of Change	NPD Focus/Adaptation	Source Citation
<b>Transference-Focused Psychotherapy (TFP-N)</b>	Identity Diffusion (Splitting of self/object representations)	Content of disintegrated self/other representations	Integration of idealized and devalued representations via transference analysis.	Directly confronting the grandiose self; utilizing the therapeutic relationship to achieve structural change.	25
<b>Schema Mode Therapy</b>	Early Maladaptive Schemas	Maladaptive schema modes	Schema healing; meeting	Enhancing agreeableness;	

<b>(SMT)</b>	(EMS) and Maladaptive Coping Modes	(e.g., Self-Aggrandizer)	core emotional needs; promoting the Healthy Adult mode.	reducing moral disengagement; accessing the vulnerable child parts.	
<b>Mentalization-Based Treatment (MBT-N)</b>	Deficits in Mentalizing Capacity (Affective/Cognitive Reflection)	The process of understanding internal and external mental states	Improving reflective functioning; supporting the vulnerable "I-mode" through empathic validation.	Stabilizing self-reflection under affective arousal; preventing "pretend therapy."	26
<b>Core Emotion Framework (CEF) (Hypothesized)</b>	Structural Emotional Rigidity (Maladaptive fusion/inhibition of core affective systems)	Structural organization of core emotional systems; emotional tolerance.	Restructuring systems for adaptive resilience; achieving Emotional Flexibility by <b>Detangling</b> Core Emotions.	Structural reset addresses fusion ( <b>Overt</b> ) and inhibition ( <b>Covert</b> ), restoring <b>Ego Flexibility</b> .	

## VI. Conclusion and Clinical Recommendations

### 6.1. Final Assessment of CEF's Theoretical Promise

The Core Emotion Framework presents a highly rigorous and theoretically coherent model for emotion regulation, synthesizing contemporary affective neuroscience, constructionist psychology, and embodied cognition. It offers a precise, mechanistic explanation for the pervasive affective instability characteristic of BPD: the pathology lies in the **Emotional Rigidity** and maladaptive categorization of interoceptive core affect.

The structural theory posits that BPD shares a **rigid Ego (Achieving)** with Covert NPD, but is primarily differentiated by an overwhelmed **Sensing** capacity (hypersensitivity), contrasting with Covert NPD's contained, strategic **Calculating** capacity. This differentiation sheds light on the varied presentations of emotional dysregulation.

The framework's hypothesized mechanisms—Conceptual Restructuring, Predictive Updating, and the advanced technique of **Detangling**—provide a novel intervention pathway that targets the moment-to-moment experience of emotion, offering a potential path for profound structural change. The creation of flexibility through this modulation technique is posited to be universally beneficial for **all individuals**, regardless of specific diagnosis, by improving overall emotional resilience. The explicit focus on balancing the **Agency/Yielding** polarity directly targets the core relational and identity instability of BPD.

### 6.2. Clinical Recommendations and Cautious Adoption

**Primacy of Empirically-Supported Treatments:** It is imperative to state clearly that **Dialectical Behavior Therapy (DBT) and Schema Therapy (ST) remain the first-line,**

**empirically-supported treatments for BPD.**<sup>8</sup> Clinical practice must adhere to the evidence base until CEF completes rigorous validation.

**Integration into Psychoeducation:** While awaiting validation data, the theoretical concepts of CEF may be cautiously integrated into existing therapeutic psychoeducation. Clinicians can use the CEF model to enhance client understanding of *why* their emotions feel so intense and *how* skills training works.<sup>29</sup> The practical methods such as **Assigned Actions** and the **Intensity Measure** can be used to help clients achieve **Experiential Isolation** of their core emotional drives.

**Addressing the Relational and Identity Gap:** Given BPD's core deficits in identity and attachment<sup>30</sup>, any future therapeutic application of CEF must explicitly integrate a robust relational model. The process of identity reconstruction from pervasive shame to self-acceptance requires a strong therapeutic alliance and emotional safety.<sup>30</sup>

### 6.3. Pathways for Future CEF Research

The theoretical promise of CEF necessitates a clear, phased research pathway to assess its clinical viability. Given the framework's reliance on open science principles and its limited internal financing and personnel, its future validation relies on an approach driven by collaboration among dedicated external scholars and post-doctoral researchers, focusing on decentralized, individualized testing efforts.

1. **Scale Validation Priority:** The immediate research priority must be the successful completion and transparent publication of the CEF Scale validation (Phase 1 protocol confirmed for 2025). The framework's utility depends entirely on its capacity to reliably and validly measure its core constructs.
2. **Transdiagnostic Efficacy Trials:** Subsequent research must employ rigorous RCTs that test CEF not just for broad symptom reduction, but for its unique, claimed mechanisms of change.<sup>25</sup> This includes trials specifically testing the impact of decoupling rigid Ego structures and calming the overwhelmed **Sensing** capacity in BPD compared to regulating the contained **Calculating** capacity in Covert NPD. These trials must be managed through collaborative consortia and multi-site research components within the Open Science Framework (OSF), allowing

dedicated individual researchers to conduct and contribute reproducible studies.<sup>31</sup>

3. **Manualization and Protocol Development:** The highly detailed theoretical model must be rapidly translated into a detailed, manualized therapeutic protocol, similar to the protocols established for DBT and ST.

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