Psychology and Sufism Approaches to Narcissistic Personality Disorder (NPD): Toward an Integrative Model

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Abstract: Narcissistic Personality Disorder (NPD) has become an increasingly prevalent psychological issue in the digital era, often associated with maladaptive cognitions, fragile self-structures, and interpersonal dysfunction. While psychoanalytic and cognitive-behavioral approaches, including schema therapy, offer effective clinical interventions, they frequently face resistance and limitations in addressing the existential and moral dimensions of narcissism. In Islamic spirituality, narcissistic traits correspond to *takabbur* (arrogance), *ujub* (self-admiration), *riya* (ostentation), *sum'ah* (seeking reputation), and *hasad* (envy), all of which are considered spiritual pathologies requiring *tazkiyat al-nafs* (purification of the soul). This study employs a conceptual and integrative literature review to synthesize psychological frameworks with Sufi teachings, proposing a three-level integrative model: (1) cognitive-behavioral restructuring, (2) emotional-spiritual regulation through practices such as *muhāsabah* and *dhikr*, and (3) existential reorientation grounded in *zuhud*. Findings suggest that integrating psychological therapies with Sufi practices enriches treatment by addressing not only symptoms but also the moral-spiritual roots of narcissism. The article concludes that this integrative framework offers both conceptual contributions to the literature on NPD and practical implications for culturally congruent counseling and psychotherapy in Muslim societies, while also providing a basis for future empirical validation.

Keywords: Narcissistic Personality Disorder, Psychology, Sufism, Zuhud, Integrative Counseling, Spiritual Psychotherapy

INTRODUCTION

Narcissistic Personality Disorder (NPD) has become one of the most widely discussed personality disorders in the fields of psychology and counseling, particularly in the digital era where self-presentation and social comparison are increasingly prevalent. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), NPD is characterized by pervasive grandiosity, a constant need for admiration, and a lack of empathy in interpersonal relationships (American Psychiatric Association, 2013). Global studies indicate that the prevalence of NPD is increasing, especially among younger populations exposed to social media environments that amplify narcissistic behaviors (Twenge, 2018; Campbell & Miller, 2021). This trend raises concerns not only for individual mental health but also for broader social relationships, family dynamics, and educational contexts.

From a psychological perspective, numerous therapeutic approaches have been developed to address NPD. Psychoanalytic theories, pioneered by Freud and later refined by Kohut and Kernberg, conceptualize narcissism as a developmental pathology rooted in early childhood experiences. More recently, cognitive-behavioral therapy (CBT) and schema therapy have been widely employed to address the maladaptive thought patterns and interpersonal difficulties associated with narcissism (Kealy & Ogrodniczuk, 2019). While these approaches have shown effectiveness, they often encounter limitations when dealing with the existential and spiritual dimensions of narcissism, particularly in cultural contexts where religion and spirituality remain central to individual identity.

In the Islamic intellectual tradition, narcissistic tendencies resonate with the descriptions of negative traits such as *takabbur* (arrogance), *ujub* (self-admiration), *riya* (showing off), *sum'ah* (seeking reputation), and *hasad* (envy). Classical Sufi scholars consistently warned against these destructive traits, emphasizing the cultivation of humility, sincerity, and spiritual discipline through practices such as *zuhud* (detachment from worldly excess). Sufism, therefore, offers a spiritual-ethical framework that addresses narcissistic inclinations at the level of the heart (*qalb*) and the soul (*nafs*), complementing the clinical focus of modern psychology (Nasr, 2007; Al-Ghazali, 2013).

Despite the conceptual parallels between psychology and Sufism, research integrating these two perspectives remains limited. Most psychological studies on NPD remain confined to Western therapeutic paradigms, while Islamic studies often discuss narcissistic traits in purely theological or moral terms. Little scholarship has attempted to construct an integrative framework that bridges the clinical insights of psychology with the spiritual wisdom of Sufism. This gap is particularly significant in Muslim-majority societies, where counseling practices are expected to align with both psychological science and Islamic ethical values (Haque, 2018; Rothman & Coyle, 2020).

The purpose of this study is to propose an integrative model that combines psychological and Sufi approaches to NPD, highlighting how therapeutic strategies such as psychodynamic therapy and CBT can be enriched with Sufi practices emphasizing *zuhud* and spiritual purification. By synthesizing these perspectives, this paper seeks to contribute both conceptually and practically:

conceptually by bridging two distinct knowledge systems, and practically by offering guidance for counselors and psychotherapists working in Muslim cultural contexts. Ultimately, this study argues that addressing NPD requires not only cognitive and behavioral restructuring but also spiritual transformation grounded in humility and detachment from ego-driven desires.

METHODOLOGY

This article adopts a conceptual and integrative literature review design to develop a theoretical framework combining psychological approaches to Narcissistic Personality Disorder (NPD) with insights from Sufism. Instead of relying on primary empirical data, the study synthesizes existing psychological theoriesranging from psychoanalytic perspectives (Freud, Kohut, Kernberg), diagnostic criteria in the *DSM-5*, and contemporary therapies such as cognitive-behavioral therapy (CBT) and schema therapywith classical and modern Sufi writings that address moral-spiritual pathologies like arrogance (*takabbur*), self-admiration (*ujub*), ostentation (*riya*), and the cultivation of humility and *zuhud*.

The analytical procedure followed an integrative review approach (Whittemore & Knafl, 2005), consisting of three stages: (1) thematic analysis of psychological literature to identify core symptoms and treatment models for NPD; (2) hermeneutical interpretation of Sufi texts to extract teachings on ego-related disorders and their remedies; and (3) comparative synthesis to highlight intersections and complementarities between the two traditions. This process allowed for the conceptual mapping of how therapeutic strategies such as psychodynamic or cognitive restructuring can be enriched by Sufi practices emphasizing spiritual purification and detachment from ego-driven desires.

Because this study relies solely on secondary sources, no human participants were involved. Ethical rigor was maintained through accurate citation, critical engagement with both psychology and Sufi traditions, and sensitivity in presenting religious concepts within their theological and cultural contexts. In sum, the methodology positions this article as a conceptual framework paper designed to propose an integrative model for addressing NPD, which can serve both as a foundation for future empirical research and as practical guidance for counselors and psychotherapists working in Muslim cultural settings.

FINDINGS AND DISCUSSION

Psychological Perspectives on NPD

Narcissistic Personality Disorder (NPD) is clinically defined in the *DSM-5* as a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins by early adulthood and is present in a variety of contexts (American Psychiatric Association, 2013). Individuals with NPD often display exaggerated self-importance, fantasies of unlimited success or beauty, and exploitative behaviors in relationships. These traits not only impair interpersonal functioning but also create significant distress in family, workplace, and community settings.

The psychoanalytic tradition has historically dominated the study of narcissism. Freud initially conceptualized narcissism as a stage of psychosexual development, while Kohut (1971) later reframed it as a disorder of the self, emphasizing the role of unmet needs for validation and mirroring during childhood. Kernberg (1975), in contrast, highlighted the role of aggression and pathological grandiosity, describing NPD as part of a broader spectrum of borderline personality organization. These theoretical frameworks underscore that narcissism involves both developmental deficits and defensive structures that protect fragile self-esteem.

In recent decades, therapeutic strategies have increasingly shifted toward evidence-based approaches such as cognitive-behavioral therapy (CBT), schema therapy, and psychodynamic therapy. Beck et al. (2015) demonstrated that CBT helps patients recognize irrational beliefs, reduce entitlement thinking, and adopt healthier cognitive schemas. Schema therapy, pioneered by Young (2003), specifically targets maladaptive patterns such as "defectiveness" or "unrelenting standards," which underlie narcissistic behaviors. Kealy and Ogrodniczuk (2019) further noted that group therapy modalities provide opportunities for individuals with NPD to practice empathy and receive corrective interpersonal feedback.

Nevertheless, despite these advances, psychological interventions often struggle with treatment resistance among NPD patients. Narcissistic individuals rarely seek therapy voluntarily; they often enter treatment due to external pressures such as marital conflict, workplace issues, or legal consequences (Campbell & Miller, 2021). When they do seek therapy, their defensive structuresdenial, projection, or devaluationcan impede progress. Moreover, these interventions frequently address cognition and behavior but less often the existential and spiritual dimensions of narcissism, particularly in non-Western cultural settings where identity and meaning are closely tied to religion. This limitation creates space for complementary frameworks that address the moral-spiritual aspects of narcissism alongside clinical interventions.

Sufi Perspectives on Ego and Spiritual Pathology

In Islamic spirituality, especially within Sufism, traits resembling NPD are described as spiritual diseases of the heart (*amrād al-qulūb*). These include *takabbur* (arrogance), *ujub* (self-admiration), *riya* (ostentation), *sum'ah* (seeking reputation), and *hasad* (envy). Such traits are considered destructive not only to the individual's soul but also to social harmony. Al-Ghazali (2013) argued that arrogance blinds individuals to their own flaws, while *riya* corrupts good deeds by contaminating intentions with the desire for human praise. These descriptions parallel the diagnostic features of NPD, suggesting that what modern psychology labels as a "disorder" has long been recognized in Sufi literature as a moral-spiritual pathology.

The remedy offered by Sufism centers on tazkiyat al-nafs (purification of the soul), a lifelong process of self-discipline, ethical practice, and spiritual awareness. This process involves cultivating humility, sincerity, and compassion through both individual practices and communal guidance. *Zuhud*, often misunderstood as

ascetic withdrawal, is more accurately described as detachment from ego-driven desires and excessive attachment to worldly recognition (Nasr, 2007). A person practicing *zuhud* does not necessarily abandon material possessions but reorients their heart away from pride and ostentation toward divine remembrance.

Sufi practice also emphasizes techniques of self-awareness and regulation that resonate with modern psychotherapy. *Muhāsabah* (self-reflection) encourages individuals to examine their intentions and actions daily, paralleling cognitive-behavioral monitoring of thoughts and behaviors. *Dhikr* (remembrance of God) serves as a meditative practice that fosters mindfulness and reduces impulsivity, while companionship with a spiritual guide (*murshid*) functions as a form of therapeutic alliance, offering corrective feedback and modeling humility. These practices aim not only at reducing pathological behaviors but also at transforming the very orientation of the self from egocentrism to transcendence.

Sufi psychology thus offers a complementary lens: whereas Western psychology often frames narcissism as a developmental or relational dysfunction, Sufism frames it as a spiritual imbalance rooted in excessive attachment to the ego (*nafs*). This approach is holistic, linking psychological well-being with ethical behavior and spiritual flourishing. It provides culturally resonant metaphors for clients in Muslim-majority contexts, making interventions potentially more acceptable and impactful.

Toward an Integrative Psychology-Sufism Model for NPD

Synthesizing the psychological and Sufi perspectives reveals the potential for a more comprehensive and culturally grounded model for addressing NPD. On one hand, modern psychology contributes diagnostic clarity and empirically tested interventions such as CBT and schema therapy. On the other hand, Sufism contributes a deeper understanding of narcissism as a distortion of the soul's orientation, offering practices that cultivate humility, empathy, and detachment from ego-driven desires.

The proposed integrative model operates at three interrelated levels:

1. Cognitive-Behavioral Restructuring (Mind)-Using CBT and schema therapy to identify and challenge distorted beliefs such as entitlement, superiority, and hypersensitivity to criticism. These techniques reduce maladaptive cognitions and promote more balanced self-appraisals.
2. Emotional-Spiritual Regulation (Heart)-Employing Sufi practices such as *muhāsabah* and *dhikr* to regulate emotions, cultivate humility, and strengthen empathy. This level addresses the affective dimensions of NPD, reducing hostility and fostering compassion.
3. Existential Reorientation (Soul)-Guiding individuals toward *zuhud* and spiritual detachment, helping them shift from ego-driven validation to transcendence. This dimension reframes life goals and self-worth in relation to divine values rather than social admiration.

This model does not aim to replace psychological therapies but to enrich them. For example, while CBT teaches clients to challenge grandiose thoughts, *zuhud* provides a spiritual rationale for humility that resonates with Islamic

values. Similarly, while schema therapy addresses maladaptive interpersonal patterns, Sufi practices such as *tarbiyah* (spiritual training) embed those changes within a broader ethical-spiritual framework. Together, these approaches enhance both therapeutic engagement and long-term transformation.

The integrative model also addresses one of the main barriers in NPD treatment: resistance to therapy. Individuals with NPD often deny their problems or distrust therapeutic authority. In Muslim contexts, framing therapy within familiar spiritual concepts (e.g., *tazkiyah* and *zuhud*) may reduce defensiveness and increase receptivity. As Rothman and Coyle (2020) argue, culturally congruent interventions improve both therapeutic alliance and outcomes.

To further clarify the proposed framework, the integrative model is summarized in the following table. The table presents the three levels of interventioncognitive-behavioral restructuring, emotional-spiritual regulation, and existential reorientationalongside their corresponding psychological and Sufi components. This synthesis demonstrates how clinical techniques and Sufi practices complement one another in addressing the multidimensional nature of NPD.

Table: Integrative Psychology-Sufism Model for Narcissistic Personality Disorder (NPD)

Level	Psychological Component	Sufi Component
Level 1: Cognitive-Behavioral Restructuring (Mind)	Cognitive-Behavioral Therapy (CBT); Schema Therapy; Challenging maladaptive cognitions such as grandiosity and entitlement; Promoting balanced self-appraisal	Awareness of distorted self-perceptions; Ethical reflection in daily behavior
Level 2: Emotional-Spiritual Regulation (Heart)	Emotional regulation; Building empathy; Reducing hostility; Corrective interpersonal feedback in group or individual therapy	Muhāsabah (self-reflection); Dhikr (remembrance of God); Cultivation of humility, sincerity, and compassion
Level 3: Existential Reorientation (Soul)	Reframing life goals; Identity transformation; Orientation beyond ego-centered validation; Long-term therapeutic goals	Zuhud (detachment from ego-driven desires); Tazkiyat al-nafs (purification of the soul); Spiritual transcendence and God-centered orientation

This table illustrates the three-level integrative framework proposed in this study. The model connects evidence-based psychological interventions (e.g., CBT, schema therapy, emotional regulation) with Sufi spiritual practices (e.g., muhāsabah, dhikr, zuhud) to provide a holistic approach to NPD treatment. Each level reflects a different dimension of transformation: mind (cognitive restructuring), heart (emotional-spiritual regulation), and soul (existential reorientation).

Finally, this integration has broader global implications. As narcissism rises in both individualistic and collectivist societies due to digitalization and social

media (Twenge, 2018; Campbell & Miller, 2021), blending psychological science with spiritual traditions can enrich counseling practices across cultures. Just as mindfulness-based interventions from Buddhism have been successfully integrated into Western psychotherapy, Sufi-based practices may offer unique contributions to personality disorder treatment worldwide.

CONCLUSION

This study has examined Narcissistic Personality Disorder (NPD) through an integrative lens that combines modern psychology and Sufi spirituality. Psychological literature explains NPD as a disorder rooted in maladaptive cognitions, fragile self-structures, and interpersonal dysfunction, often addressed through psychoanalysis, cognitive-behavioral therapy (CBT), schema therapy, and psychodynamic treatment. Meanwhile, Sufi teachings describe similar traits *takabbur*, *ujub*, *riya*, *sum'ah*, and *hasad* as diseases of the heart, remedied through *tazkiyat al-nafs* (purification of the soul) and practices such as *zuhud*, *muhāsabah*, and *dhikr*. By synthesizing these two perspectives, this paper proposes a three-level integrative model: cognitive-behavioral restructuring, emotional-spiritual regulation, and existential reorientation. This model suggests that addressing NPD requires not only cognitive and behavioral change but also spiritual transformation grounded in humility and detachment from ego-driven desires.

The findings offer theoretical, practical, and policy implications. Theoretically, the model demonstrates how clinical psychology and Sufi spirituality can be combined to provide a multidimensional understanding of narcissism, opening opportunities for cross-cultural comparisons with other religious or spiritual frameworks. Practically, counselors and psychotherapists in Muslim contexts can integrate Sufi-based practices, such as *muhāsabah* and *dhikr*, into conventional therapy to increase cultural resonance, reduce treatment resistance, and enhance therapeutic engagement. At the policy level, training programs and curricula in psychology and counseling should incorporate Islamic psychology modules to equip practitioners with culturally congruent approaches. Furthermore, public mental health initiatives especially in education and community settings could incorporate psycho-spiritual interventions to mitigate narcissistic tendencies amplified by digital culture.

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