

Empathy, Narcissism, and Neurodivergence

Rethinking Empathy and Advocacy in a Nuanced World



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We are in a cultural moment where the language of trauma, identity, and neurodivergence has become flattened. Everything gets folded into the same general idea of “difference,” as though intention, behavior, and relational harm are irrelevant if we attribute them to some diagnosable label. Empathy is treated as a moral imperative rather than a relational discernment in this climate. And nowhere is this more evident than in the recent trend of lumping autistic people, narcissists, and even psychopaths into one conversation about misunderstood behavior and, more disturbingly, discussions of ableism and de-stigmatization.

And this is where I need to push back.

Not all empathy deficits are the same. Not all are neurological. Not all are unintentional. And not all deserve advocacy.

Let's begin with narcissism.

Narcissism Is Not a Neurotype

Despite a growing wave of discourse suggesting that narcissism should be treated like a neurodivergence, this view is not supported by psychological research or clinical history. Narcissistic traits (whether we are talking about subclinical narcissism, vulnerable or grandiose expressions, or full Narcissistic Personality Disorder (NPD))

are best understood as maladaptive personality structures, not as neurodevelopmental profiles.

Psychodynamic theorists such as Otto Kernberg (1975) and Heinz Kohut (1971) were among the first to define narcissism as a relational strategy rooted in early egoic injury. Narcissism is often an adaptive defense against inconsistent mirroring, emotional neglect, or inflated expectations. But contrary to popular belief, not all narcissists have a history of trauma. Many people with traumatic histories do not become narcissistic, and some narcissists report relatively “normal” childhoods (keeping in mind that no human being gets out of this experience without some level of trauma). Narcissism is shaped by a complex interplay of temperament, environment, and relational modeling but is primarily expressed as a relational strategy that seeks to manage an excessively fragile egoic structure by controlling others, extracting validation, inflating one’s importance, and avoiding vulnerability.

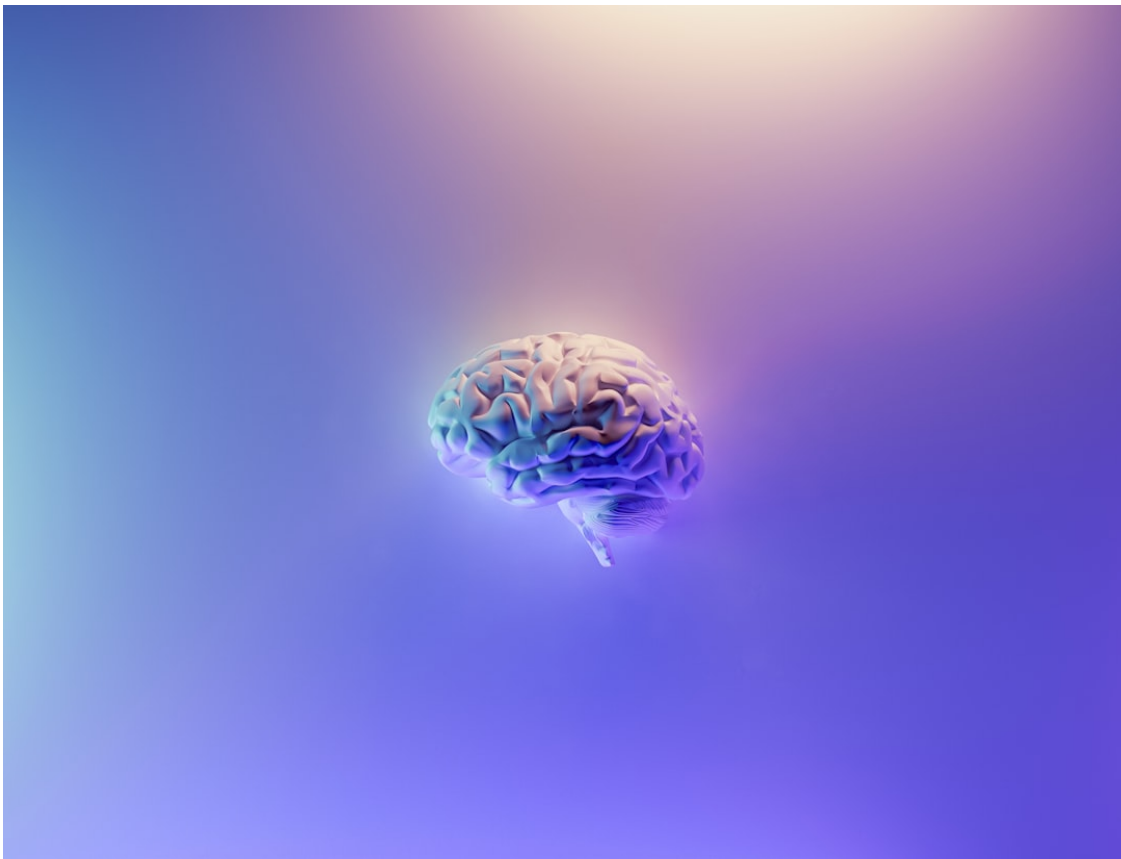


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Unlike neurotypes such as autism, ADD/ADHD, psychopathy, OCD, bipolar disorder, depression, etc., narcissism is not marked by consistent neurological differences. Some studies suggest minor differences in cortical volume or affect regulation in those with high narcissistic traits, but these findings are neither robust nor diagnostically definitive (Schulze et al., 2013). In contrast to autism, which involves processing differences, or psychopathy, which affects moral and emotional centers in the brain, narcissism operates primarily on a psychological level, mainly through defenses like projection, idealization, and devaluation.

Simply put, narcissism is a dysfunction of ego, not of neurology.

Narcissism and Empathy

Narcissistic individuals typically have low to low-average affective empathy, but this does not mean they cannot cognitively understand what someone else is feeling. Many narcissists are highly skilled at reading others. The problem lies in how that information is used. Narcissists may dismiss, belittle, or manipulate others when empathy does not serve their goals. This is not about confusion or overwhelm; it is a strategy deployed to maintain the narcissistic person's sense of themselves as superior and thus deserving of special treatment, accolades, or attention..

This is fundamentally different from autistic individuals, who may struggle with social fluency or timing but who rarely intend to cause harm or control others. The deficits in empathy observed in some autistic individuals are often misunderstandings of social cues, not misanthropy or relational extraction.

Psychopathy: A Neurotype with Profound Empathy Deficits

Now, psychopathy is a different category altogether. Unlike narcissism, psychopathy has been robustly studied through neuroscience and has a more evident neurological profile. Research shows that individuals with psychopathic traits demonstrate reduced activity in the amygdala (which governs fear and emotional learning), and decreased

connectivity between the prefrontal cortex and limbic structures (Blair, 2007; Raine, 2013). These areas are crucial for affective empathy (the emotional resonance with others), though cognitive empathy (the ability to intellectually understand others' perspectives) often remains intact.

This means that many individuals with psychopathy can understand what others are feeling, but they do not feel it with them. Sometimes, they use that information for personal gain, control, or pleasure (often referred to as sadism, which is almost always present in psychopathic individuals).

Still, not all psychopaths become criminals or abusers. Some develop prosocial psychopathy, a term I've used to describe individuals who, despite lacking emotional empathy, adapt to social norms and may even act to protect others. Yet even these adaptations tend to come with a cool detachment, strategic utility, or covert control woven into otherwise benevolent actions.

Autism Is Not a Personality Style

By contrast, autism is a neurodevelopmental condition that involves differences in communication, social reciprocity, and sensory processing. While autistic people may struggle to interpret nonverbal cues or mirror typical emotional responses, this does not mean they lack empathy. In fact, many autistic individuals experience heightened affective or somatic empathy; it just doesn't always appear in ways that conform to neurotypical expectations.

The problem arises when blunt communication, flat affect, or sensory overwhelm are read as signs of cruelty or emotional coldness. This has led to decades of misdiagnosis and misattribution (especially for autistic people who are masking or those whose empathy is spiritual, intuitive, or deeply internal.) Indeed, some autistic people have narcissistic traits or can have full-on clinically significant NPD. Still, others are highly sensitive, codependent, or any variation in between. Autistic people, like neurotypical

people, can express their personalities in a variety of ways. But autism itself is not a relational strategy; it is a neurocognitive difference.

On Misdiagnosis, Co-Occurrence, and What Deserves Advocacy

As we develop a clearer picture of autism and other neurotypes, it's become clear that many autistics and people with ADD were misdiagnosed with narcissistic personality disorder. This happened most frequently to individuals who did not present "typical" emotional signals or who challenged social norms without the interpersonal aggression more common in *true* narcissistic presentations. Luckily, with the rise in diagnostic awareness and broader understanding of the autism spectrum (particularly among women and non-white populations), this is being corrected.

That said, the idea that large numbers of people with narcissistic traits are simply "misunderstood autistics" is, in my view, an overcorrection. It is part of a larger trend of reframing relational harm as a misunderstood difference that deserves the same level of advocacy, care, and protection as those with disabilities or differences that need accommodation. While I understand the ethical impulse behind that reframing can have dangerous consequences, particularly for those who would be inclined to use such reframing to their advantage to justify their mistreatment of others (i.e., many narcissists and psychopaths).

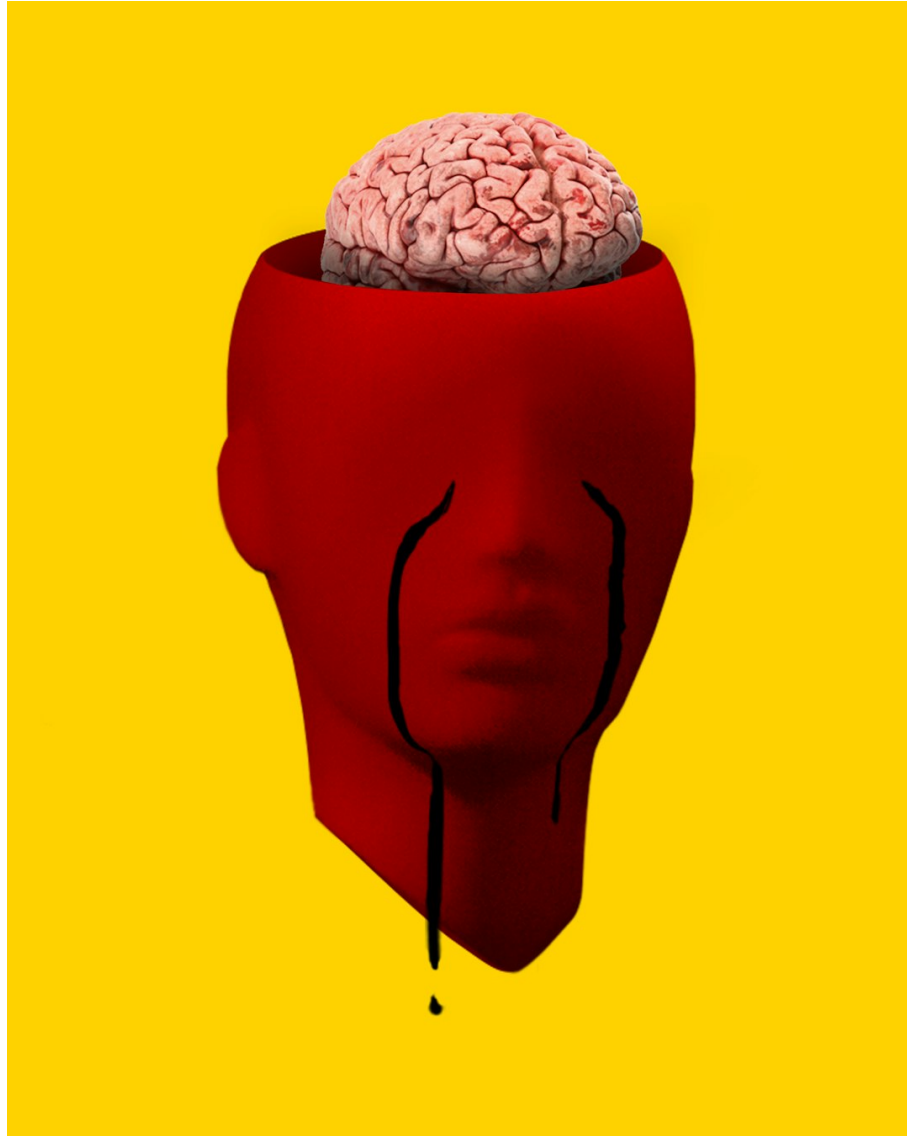


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You can be autistic and narcissistic. You can have ADHD and be emotionally abusive. Co-occurrence exists; no neurobiological diagnosis makes one immune to unhealthy ego defense. But conflating narcissistic relational harm with neurodivergent struggle erodes our ability to name abuse clearly and to protect survivors of that abuse.

This is also why I draw a hard line between offering compassion to narcissistic individuals and advocating for their behavior. Narcissistic people may deserve understanding. But their relational style (when it becomes exploitative, dominating, emotionally predatory) does not. That style is not simply “another way of being.” It is a psychological strategy that causes actual harm to others and, ultimately, themselves.

due to the socially erosive consequences of long-term, untreated, or unacknowledged narcissistic defense strategies.

I also want to be clear that narcissistic people can have sensory issues, emotional wounds, or co-occurring neurodivergence. In fact, this is quite common, and these aspects of their identities certainly deserve support and may, if adequately addressed, reduce the frequency and intensity of their narcissistic relational strategies. But narcissism itself is not a neurotype; it is an egoic structure, and often a highly defended one. Therapy may help, and there is promising emerging research on the impact of certain therapeutic approaches on narcissistic characterology.

Provided they present in therapy (which is statistically rare and, incidentally, one reason narcissism is likely underreported), several modalities have shown promise. Cognitive Behavioral Therapy (CBT) can help individuals identify and restructure maladaptive thought patterns, improving emotional regulation and relational awareness. Schema Therapy integrates CBT with psychodynamic techniques, allowing patients to confront and modify entrenched schemas often rooted in early attachment wounds. Transference-Focused Psychotherapy (TFP) offers a powerful lens into how narcissistic defenses play out in real-time, helping patients develop deeper insight by working through relational dynamics within the therapeutic alliance. Still, it's important to note that outcomes vary significantly, and long-term efficacy depends on the method and the individual's willingness to engage, reflect, and change.

Accountability is essential. Compassion has its place. But advocacy, in the truest sense, should be reserved for those whose struggles do not inherently compromise the safety and dignity of others.

You can find more depth on this topic in [The Narcissist in You and Everyone Else](#) and my forthcoming book, *Center of the Universe* (out July 10th, 2025), where I explore the structures of selfhood, relational harm, and the metaphysics of empathy.

Thank you for being here for the deeper work.

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