

Construction and development of the empowerment & boundaries assessment (EBA): a tool for assessing boundary-setting and empowerment in victims of narcissistic abuse

Abstract

Survivors of narcissistic abuse frequently experience profound challenges in establishing and maintaining personal boundaries across emotional, behavioral, cognitive, and relational domains. Despite the growing scholarly attention to narcissistic abuse, there remains a notable absence of standardized instruments dedicated to assessing boundary-setting abilities and empowerment among survivors. The current study introduces the Empowerment & Boundaries Assessment (EBA), a 25-item self-report tool designed to evaluate multidimensional boundary functioning in intimate relationships influenced by narcissistic dynamics. Developed through a theory-driven and integrative approach, the EBA synthesizes literature on narcissistic abuse, boundary violations, and empowerment theory. Employing a 5-point Likert scale, it measures four key domains: Emotional, Behavioral, Cognitive, and Social/Relational Boundaries. The scale provides both subscale and total scores with defined interpretation ranges, allowing for use in clinical, research, and therapeutic settings. Applications include baseline assessment, tracking therapeutic progress, and evaluating outcomes of interventions such as Boundaries Empowerment Therapy (BET). Implications for clinical psychology, trauma recovery, and relationship therapy are discussed.

Keywords: narcissistic abuse, personal boundaries, empowerment, cognitive boundaries, intimate relationships, social boundaries

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Introduction

Narcissistic abuse within intimate relationships manifests through coercive control, emotional manipulation, and systematic violations of personal boundaries. Although the psychological sequelae such as depression, anxiety, trauma, and diminished self-worth are increasingly recognized, boundary erosion remains underexplored as a distinct construct in both research and clinical frameworks.

Boundaries represent a critical psychological mechanism that safeguards autonomy, emotional stability, and identity coherence. Victims of narcissistic abuse often exhibit blurred or collapsed boundaries, leading to cycles of dependency, emotional dysregulation, and impaired self-agency. Particularly, male survivors an underrepresented demographic in existing literature face compounded barriers due to social stigma and the under-recognition of their victimization, which further obstructs empowerment and recovery.

In response, the Empowerment & Boundaries Assessment (EBA) was conceptualized to measure survivors' capacities to define, assert, and sustain personal boundaries across emotional, cognitive, behavioral, and relational dimensions. The EBA not only identifies boundary impairments that perpetuate disempowerment but also provides clinicians and researchers with actionable insights for therapy and empirical study. It bridges psychological and empowerment frameworks, positioning boundary health as central to trauma recovery and psychological resilience.

Narcissistic abuse in intimate relationships is characterized by manipulation, coercive control, gaslighting, and repeated violations of personal boundaries. While the existing body of research has increasingly examined its psychological consequences such as

depression, anxiety, chronic stress, and post-traumatic trauma few tools explicitly operationalize and measure boundaries as a distinct and central construct.

Boundaries are not only critical for psychological well-being but also serve as a protective framework that enables individuals to safeguard their emotional, behavioral, cognitive, and relational autonomy.

Victims of narcissistic abuse often demonstrate significant difficulties in asserting and maintaining healthy boundaries. These difficulties may manifest as blurred, porous, or collapsed boundaries, which in turn foster cycles of vulnerability, dependency, diminished self-agency, and susceptibility to re-traumatization.

Notably, men whose experiences of narcissistic abuse are underrepresented in the literature frequently encounter additional barriers such as stigma, societal expectations, and under-recognition of their victimization. This compounds their struggle with boundary formation and maintenance, further undermining empowerment and recovery.

To address this critical gap, the Empowerment & Boundaries Assessment (EBA) was conceptualized and developed. The EBA is designed to systematically measure the extent to which survivors of narcissistic abuse are able to establish, enforce, and sustain personal boundaries across key dimensions emotional, cognitive, behavioral, and relational.

By doing so, it not only highlights the boundary deficits that perpetuate dis-empowerment but also provides clinicians with actionable insights for targeted therapeutic interventions. For

researchers, the tool offers a structured framework to study boundary functioning as both an outcome of abuse and a mediating factor in psychological recovery.

Ultimately, the EBA serves as both a clinical and research instrument aimed at restoring autonomy, strengthening self-efficacy, and promoting resilience among survivors of narcissistic abuse.

Its focus on empowerment underscores the vital link between boundary health and the recovery trajectory, making it a unique contribution to the field of trauma and relationship psychology.

Review of literature

1. Introduction: conceptualizing narcissism and measurement needs

Narcissistic personality functioning is multidimensional, encompassing overt grandiosity, covert vulnerability, interpersonal exploitation, and, in some contexts, adaptive features such as confidence and leadership. Contemporary critiques of common narcissism measures (e.g., the Narcissistic Personality Test) emphasize their tendency to privilege grandiosity at the expense of vulnerable or context-dependent expressions. This conceptual complexity motivates the development of instruments that parse adaptive from maladaptive narcissistic patterns and offer clinical utility for case formulation and treatment planning.

2. Multidimensional and integrative approaches to personality and psychopathology

A growing body of work from the authorship network represented here frames personality and psychopathology through an integrative lens combining psychological, somatic, and energetic/subconscious modalities. Puri, Bhatt, and colleagues outline integrative models that unite psychological interventions with nutritional and subconscious energy work, arguing these approaches can deepen understanding of personality patterns and clinical presentations in case contexts.¹

Several case reports and conceptual papers from this group illustrate how non-traditional, holistic interventions can interact with personality manifestations and symptom clusters.²

Although these works are largely clinical and case-based rather than large-scale psychometric investigations, they contribute an important perspective: assessment tools for personality pathology (including narcissistic patterns) should be sensitive to psychosocial and psychosomatic contexts in which traits are expressed and treated.³

3. Art-based and experiential therapies: implications for assessment

Several papers within the corpus emphasize the therapeutic role of art and soul mandala techniques in emotion regulation, aggression management, and family therapy contexts.²⁻⁴ These studies highlight how observable behavioural and expressive phenomena (e.g., choices of colour, form, narrative themes) can index underlying personality patterns, including narcissistic defenses such as grandiosity or emotional detachment. Incorporating these clinical observations into assessment frameworks can improve ecological validity: an instrument that maps trait dimensions onto observable interpersonal and expressive behaviours will be more useful in treatment planning and progress monitoring.^{2,4}

4. Subconscious Energy Healing Therapy (SEHT), relational dynamics, and personality

A cluster of publications investigates Subconscious Energy Healing Therapy (SEHT) in anxiety management, relationship

counselling, and other clinical areas.⁵⁻⁷ These works document clinical improvements and report theoretical mechanisms (e.g., modulation of unconscious affective processes) that may be relevant when considering narcissistic personality patterns, particularly vulnerable narcissism characterized by hypersensitivity and affect dysregulation.

Moreover, research exploring pathological lying in narcissists and the role of SEHT suggests that therapeutic interventions targeting subconscious processes might change the expression of narcissistic behaviours implying that assessment instruments should be sensitive to both trait stability and treatment-related change.⁵

5. Existing assessment efforts and the emergence of the NPPT

Directly relevant to measurement, Puri and colleagues have published on comprehensive approaches to assessing narcissistic patterns and on the construction and standardization of tests in this domain.⁸ These works provide the methodological antecedents for the NPPT: item construction, normative sampling, and initial standardization steps that are required for a psychometrically sound instrument.

The 2024–2025 publications from this group present preliminary scale frameworks and initial validation efforts, laying the groundwork for the NPPT's multidimensional structure and its emphasis on distinguishing adaptive from maladaptive narcissistic patterns.¹

6. Case studies and clinical vignettes informing construct validity

Numerous case studies from the same authorship network explore manifestations of complex symptomatology (e.g., reincarnation regression, past-life themes, adolescent self-harm) and therapeutic response to integrative methods.⁹

While case studies cannot replace large-scale psychometric validation, they are valuable for content validity: they identify the breadth of behaviours, beliefs, and interpersonal patterns that an instrument like the NPPT should capture. For instance, reports of emotional pain, manipulative interpersonal strategies, or compensatory grandiosity in clinical vignettes provide concrete behavioural anchors for scale items.⁴

7. Gaps in the literature and the rationale for the NPPT

Despite promising conceptual and clinical work, the literature shows three consistent gaps that the NPPT aims to address: (1) a shortage of psychometrically rigorous instruments that balance adaptive and maladaptive dimensions of narcissism; (2) underrepresentation of culturally and clinically relevant behavioural anchors (e.g., art-based expression, somatic complaints, energy-based symptom narratives) in existing scales; and (3) limited integration of assessment tools with therapeutic modalities that target subconscious or expressive processes (e.g., SEHT, soul mandalas).

The NPPT's multidimensional architecture and clinical orientation respond directly to these gaps by combining rigorous scale construction with items and dimensions informed by rich clinical observation and integrative therapeutic practices.¹

8. Implications for validation strategy and clinical utility

Given the literature, an optimal validation strategy for the NPPT should include: (a) confirmatory and exploratory factor analyses to establish the proposed multidimensional structure; (b) concurrent validity studies with established narcissism measures and related constructs (e.g., empathy, aggression, interpersonal problems); (c) incremental validity tests showing that NPPT dimensions predict clinically relevant outcomes beyond existing scales; and

(d) sensitivity to therapeutic change, particularly in treatments that target subconscious processes.⁵ Incorporating case-study-driven item content (e.g., art expression, maladaptive interpersonal strategies) will strengthen content validity and clinical acceptability.

9. Colour psychology and environmental design as behavioral indicators

Several studies foreground colour psychology and interior design as measurable influences on affect, behaviour, and wellbeing domains that intersect with personality expression. Bhatt et al.,¹⁰ examine colour psychology within geriatric interior design, arguing that colour choices and spatial aesthetics can be curated to promote emotional regulation and reduce agitation in older adults.

Complementing this, Puri et al.,¹¹ explore how SEHT-informed colour interventions might transform interior environments to foster psychological resilience and somatic calm. Collectively, these works suggest that observable choices or responses to colour and space such as preference patterns, physiological reactivity, or expressive art outputs can serve as ecological markers for dimensions like emotional regulation, grandiosity-driven aesthetics, or vulnerability-related withdrawal. For assessment development, these findings support including items or behavioural anchors that tap environmental and expressive responses as part of a broader narcissistic profile.¹²

10. SEHT and integrative psychospiritual interventions: clinical mechanisms and measurement implications

A series of clinical and conceptual reports examine SEHT as an intervention for anxiety, relationship problems, and behavioural dysregulation (Banerjee et al., 2024a; Banerjee et al., 2024b; Banerjee et al., 2024c) (2), (3), (4).^{6,7} These studies collectively document reported therapeutic gains reduced anxiety, improved relational atonement, and shifts in deceptive or manipulative behaviours when SEHT is combined with conventional psychotherapy.⁶⁻⁸

Girdhar and Bhatt¹³ provide case-level evidence for psychospiritual techniques (including SEHT) in treating adolescent emotional distress and self-harm, illustrating how subconscious-oriented approaches can access defensive structures and affective vulnerabilities. From a measurement perspective, SEHT research highlights two points: (1) personality expressions, particularly vulnerable narcissism (marked by hypersensitivity and affect dysregulation), may be modifiable through interventions that target subconscious processes; and (2) assessment instruments should therefore be constructed to detect both trait-like stability and treatment-responsive change, possibly through clinician-rated and behavioural indices alongside self-report.

11. Pathological lying, relational features, and narcissistic behaviours

Banerjee et al.,⁶ address pathological lying within narcissistic presentations and suggest that subconscious modalities can impact both the frequency and function of deceptive behaviours. This line of work underscores the importance of including interpersonal and ethical-behavioural dimensions such as deceit, exploitation, and boundary violations within comprehensive narcissism measures. It also supports the inclusion of items that probe intent, interpersonal consequence, and responsiveness to therapeutic feedback features that distinguish maladaptive narcissistic patterns from socially adaptive assertiveness.

12. Direct measurement work and the NPPT antecedents

Multiple methodological contributions by Puri and colleagues provide the most direct antecedents to NPPT development.

The comprehensive NPPT description¹⁴ and the construction/standardization report⁸ outline procedures for item generation, content validation, and initial normative work.

These papers emphasize multidimensionality explicitly aiming to separate adaptive traits (e.g., leadership, confidence) from maladaptive patterns (e.g., entitlement, manipulateness) and they propose multimethod validation strategies. Such methodological groundwork is critical: it maps clinical observations (from art-based and SEHT-influenced interventions) onto empirically testable items and articulates sampling and psychometric steps necessary for a robust instrument.

13. Integrative case studies: content validity and breadth of presentation

A host of case reports and applied studies^{3,8,12} illustrate diverse clinical presentations from aggression and adolescent self-harm to geriatric affective responses and expressive art phenomena that provide content anchors for scale items. These clinical vignettes enhance content validity by supplying concrete behaviours, narratives, and expressive indicators (e.g., mandala colour choices, regression themes) that a comprehensive narcissism measure should be able to capture or correlate with.

14. Gaps, synthesis, and implications for NPPT development

The reviewed literature reveals converging needs for a narcissism assessment that is:

- Multidimensional and sensitive to adaptive/maladaptive distinctions,
- Ecologically valid, incorporating expressive and environmental indicators,
- Capable of detecting treatment-related change particularly when interventions target subconscious processes (SEHT) or expressive modalities.

The NPPT, as described in Puri et al.'s measurement reports, appears designed to address these gaps by integrating clinically derived item content and proposing multimethod validation steps.

Methodology

Construction of the test

The development of the EBA followed standard psychometric principles:

1. Conceptualization

A comprehensive literature review was undertaken on narcissistic abuse, empowerment theory, and boundary violations. Four primary dimensions emotional, behavioral, cognitive, and social/relational boundaries were identified as the foundation for the assessment.

A literature review was conducted on narcissistic abuse, personality dimensions, empowerment theory, and boundary violations. Four domains were identified as core dimensions of boundary functioning: Emotional, Behavioral, Cognitive, and Social/Relational Boundaries.

2. Item development

Forty preliminary items were generated and refined through expert consultation with psychologists and researchers. After removing redundancy, a final 25-item scale was established.

An initial pool of 40 items was drafted.

Redundant or ambiguous items were eliminated through expert review by clinical psychologists and researchers.

The final test comprises 25 items, reflecting multidimensional boundary functioning.

3. Response format

The tool utilizes a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Subscale and total scores allow categorization of boundary functioning into strong, moderate, or weak domains, facilitating both diagnostic and therapeutic application.

A 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree) was chosen for ease of administration and nuanced response capture.

The empowerment & boundaries assessment (EBA)

Response format

5-point Likert scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Domain 1: Emotional boundaries (6 items)

1. I can identify when my emotions are influenced by my partner's words or actions.

2. I can maintain my emotional stability even when my partner is critical.

3. I recognize when I feel guilt or shame that is induced by my partner.

4. I can separate my feelings from my partner's anger or mood swings.

5. I can acknowledge my emotions without judgment, even after conflict.

6. I can recover emotionally after my partner manipulates or criticizes me.

Domain 2: Behavioral boundaries (6 items)

7. I feel comfortable saying "no" to my partner when something feels wrong.

8. I can limit my time or engagement with my partner to protect my well-being.

9. I can refuse to comply with my partner's unreasonable demands.

10. I avoid doing things out of fear of my partner's reaction. (reverse-scored)

11. I can enforce consequences if my partner crosses personal limits.

12. I act in ways that prioritize my safety and well-being over appeasing my partner.

Domain 3: Cognitive boundaries (6 items)

13. I trust my own judgment even when my partner contradicts me.

14. I can differentiate my beliefs and values from those imposed by my partner.

15. I avoid doubting myself when my partner tries to manipulate my thinking.

16. I maintain clarity of thought in the face of gaslighting or blame-shifting.

17. I am able to make independent decisions without fear of disapproval.

18. I recognize when my thoughts are being influenced by manipulation rather than reality.

Domain 4: Social/relational boundaries (7 items)

19. I maintain relationships with friends or family even if my partner disapproves.

20. I can ask for support without feeling guilty or weak.

21. I protect my personal information and privacy from my partner's control.

22. I can spend time alone or pursue personal activities without guilt.

23. I recognize when my social interactions are being restricted by my partner.

24. I maintain a support system outside the relationship.

25. I feel empowered to seek help when I experience abuse or distress.

Administration guidelines

Target group: Individuals who identify as victims of narcissistic abuse in intimate relationships.

Duration: 10–15 minutes.

Format: Self-report; paper-pencil or digital administration.

Timepoints: Pre-intervention, post-intervention, and follow-up (e.g., 3 months, 6 months, 12 months).

Scoring

Subscale scores

Emotional boundaries: Items 1–6 → 6–30

Behavioral boundaries: Items 7–12 → 6–30

Cognitive boundaries: Items 13–18 → 6–30

Social/relational boundaries: Items 19–25 → 7–35

Total score

Sum of all items → Range 25–125

Interpretation

100–125: Strong boundaries; high self-empowerment

75–99: Moderate boundaries; some vulnerability

<75: Weak boundaries; high vulnerability; intervention strongly recommended

Benefits of the EBA

1. **Novelty:** First standardized tool specifically designed to assess boundaries in narcissistic abuse survivors.

2. **Multidimensionality:** Covers emotional, behavioral, cognitive, and social aspects of empowerment.

3. **Practicality:** Easy to administer, quick to score, clear interpretation ranges.
4. **Clinical utility:** Guides interventions such as Boundaries Empowerment Therapy (BET).
5. **Research utility:** Provides quantifiable data for correlational and longitudinal studies.

Implications

Clinical psychology: Therapists can use EBA to identify boundary vulnerabilities and tailor therapeutic interventions accordingly.

Intervention development: Serves as a baseline and outcome measure for boundary-focused therapies like BET.

Research contribution: Expands empirical study on male and female victims of narcissistic abuse, contributing to psychometrics and victimology.

Policy and awareness: Supports recognition of boundary collapse as a psychological risk factor in abusive dynamics, helping design support programs for survivors.

Conclusion

The Empowerment & Boundaries Assessment (EBA) represents a significant advancement in the psychometric evaluation of narcissistic abuse survivors. By operationalizing boundary functioning as a measurable construct, it transforms subjective experiences of disempowerment into empirical data that can guide therapeutic planning and research. Beyond measurement, the EBA embodies a restorative philosophy supporting survivors in reclaiming self-efficacy, autonomy, and emotional balance.

The Empowerment & Boundaries Assessment (EBA) is a psychometrically grounded instrument specifically developed to evaluate the often-overlooked constructs of boundary functioning and empowerment in individuals who have experienced narcissistic abuse.

Unlike general trauma or empowerment measures, the EBA is designed to capture the nuanced ways in which narcissistic abuse erodes personal autonomy through coercive control, manipulation, gaslighting, and systematic violations of emotional, cognitive, behavioural, and relational boundaries.

The EBA employs a multidimensional framework, enabling clinicians and researchers to assess boundary health across multiple domains. These domains encompass emotional boundaries (protecting feelings and emotional integrity), cognitive boundaries (clarity of thought and resistance to manipulation), behavioural boundaries (ability to say no and regulate actions), and relational boundaries (capacity to maintain autonomy while engaging in healthy relationships).

Parallel to this, empowerment is evaluated as the individual's sense of agency, self-efficacy, and perceived control over their life and interpersonal dynamics.

The tool utilizes a straightforward scoring system that allows for practical application in both clinical and research contexts. For clinicians, the EBA provides an actionable baseline for treatment planning, enabling the identification of specific boundary deficits and areas for empowerment-focused interventions.

Over time, repeated administrations can track therapeutic progress, reinforcing client insight and resilience. For researchers, the standardized scoring facilitates systematic investigation of boundary

functioning and empowerment as mediators of recovery outcomes, opening avenues for cross-sectional and longitudinal studies.

Ultimately, the EBA represents a step toward restoring autonomy and agency among survivors of narcissistic abuse. By quantifying boundary health and empowerment levels, it transforms abstract constructs into measurable dimensions that can guide targeted interventions, evaluate therapeutic effectiveness, and advance the scientific understanding of recovery from narcissistic abuse.

In this way, the EBA not only fills a critical measurement gap but also contributes to the broader goal of empowering survivors to reclaim control, resilience, and self-worth.^{15,16}

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Conflicts of interest

The author declares there is no conflict of interest.

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