

Standardization of the empowerment & boundaries assessment (EBA): reliability and validity in victims of narcissistic abuse

Abstract

The Empowerment & Boundaries Assessment (EBA) is a 25-item self-report instrument designed to assess boundary-setting and empowerment across emotional, behavioral, cognitive, and social domains in victims of narcissistic abuse. This study presents the standardization of the EBA, including reliability and validity analyses. A sample of 320 adult participants (210 men, 110 women) who self-identified as having experienced narcissistic abuse in intimate relationships completed the EBA, along with established psychological measures including the Depression Anxiety Stress Scales (DASS-21) and a structured personality disorder assessment. Results demonstrated high internal consistency (Cronbach's $\alpha = .92$), good test-retest reliability over four weeks ($r = .87$), and strong construct validity through factor analysis confirming four boundary domains. Convergent validity was supported by significant correlations with emotional distress (negative correlations with depression, anxiety, and stress) and discriminant validity was established by low overlap with unrelated constructs (e.g., social desirability). The EBA performed comparably to widely used tools such as the DASS-21 and IPDE, while filling a unique niche in measuring boundary functioning specific to narcissistic abuse survivors. The findings support the EBA as a reliable and valid tool for both clinical and research purposes.

Keywords: empowerment & boundaries assessment (EBA), narcissistic abuse, reliability and validity, boundary-setting, psychometric evaluation

Introduction

Narcissistic abuse is characterized by repeated violations of personal boundaries through gaslighting, coercive control, emotional exploitation, and manipulation. Survivors often experience collapsed boundaries across emotional, behavioral, cognitive, and relational domains, leaving them vulnerable to depression, anxiety, and chronic stress.

While existing measures such as the Depression Anxiety Stress Scales¹ capture psychological distress, and instruments like the International Personality Disorder Examination (IPDE) assess maladaptive personality traits, there remains a critical gap: no validated tool is designed specifically to assess boundary functioning and empowerment among victims of narcissistic abuse. The Empowerment & Boundaries Assessment (EBA) was developed to address this gap.

The need for such an instrument is underscored by broader developments in the study of narcissistic personality functioning. Narcissism is increasingly understood as multidimensional, encompassing overt grandiosity, covert vulnerability, interpersonal exploitation, and, in some contexts, adaptive features such as confidence and leadership.

Traditional measures, including the Narcissistic Personality Inventory,² have been critiqued for privileging grandiosity while neglecting 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 assessment, case formulation, and treatment planning.

Recent scholarship by Puri, Bhatt, and colleagues has advanced integrative and multidimensional approaches to personality and

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psychopathology, combining psychological, somatic, nutritional, and subconscious energy modalities.^{3,4}

Their work highlights how personality patterns and clinical presentations are shaped not only by traits but also by expressive and psychosomatic contexts. Case studies within this tradition illustrate how art therapy, soul mandalas, and psychospiritual interventions such as Subconscious Energy Healing Therapy (SEHT) can uncover narcissistic defenses, modulate unconscious affective processes, and facilitate therapeutic change.⁵

These observations have important implications for assessment: tools must be sensitive to both trait stability and treatment-related change, while capturing ecologically valid behavioral indicators such as expressive choices, interpersonal dynamics, and relational boundaries.

Methodological precedents, particularly the development of the Narcissistic Personality Pattern Test (NPPT), demonstrate rigorous processes of item construction, factor analysis, and standardization, with an emphasis on distinguishing adaptive from maladaptive narcissistic traits.⁴

These efforts underscore the importance of psychometrically sound instruments that integrate clinically derived content with empirical validation. The EBA extends this tradition by operationalizing the specific construct of boundary-setting and empowerment in survivors of narcissistic abuse a domain central to their psychological recovery yet underrepresented in existing measures.

This paper reports on the standardization study of the EBA, examining its reliability, validity, and factor structure, and situating it within the broader context of integrative assessment approaches. By bridging psychometric rigor with clinically grounded item content,

the EBA aims to provide a reliable, valid, and ecologically meaningful tool for both research and therapeutic applications.

The theoretical foundation of the EBA was informed by integrative frameworks combining humanistic psychology, trauma-informed care, and self-determination theory. Empowerment was chosen as a central construct because it captures survivors' restoration of autonomy and agency following coercive relational dynamics, consistent with⁶ model of self-determination. Boundary-setting was incorporated as a complementary construct because trauma and narcissistic abuse often involve chronic boundary violations that erode self-concept and volitional control.⁷ Together, these constructs operationalize recovery as the process of reclaiming control, safety, and identity after systemic relational trauma.

The literature on trauma-informed care^{8,9} emphasizes empowerment and choice as critical to healing from coercive environments, while recent work on systemic coercion and relational trauma^{10,11} highlights the social structures that undermine boundary integrity. The EBA thus integrates these theoretical and empirical insights to provide a measurable index of recovery and psychological resilience.

Methodology

Participants

N = 320 adults

Gender: 210 men, 110 women

Age range: 21–55 years (M = 34.7, SD = 7.9)

Inclusion: Self-identified as having experienced narcissistic abuse in an intimate relationship lasting \geq 6 months.

Exclusion: Diagnosed psychosis, severe cognitive impairment.

Measures

- (i) Empowerment & boundaries assessment (EBA): 25 items across 4 domains.
- (ii) Depression anxiety stress scales (DASS-21): Validated tool for emotional distress.
- (iii) International personality disorder examination (IPDE): For personality traits.
- (iv) Social desirability scale (short form): For discriminant validity.

Procedure

- (i) Participants completed measures in clinical settings and support groups.
- (ii) Test-retest reliability was assessed with a subsample (n = 85) after 4 weeks.
- (iii) Factor analysis conducted on total sample.

Analysis

Internal consistency: Cronbach's alpha.

Test-retest reliability: Pearson's r.

Validity: Convergent, discriminant, criterion.

Factor analysis: Principal Component Analysis (PCA) with Varimax rotation.

Results

Reliability

Internal consistency:

- Emotional Boundaries ($\alpha = .88$)
- Behavioral Boundaries ($\alpha = .86$)
- Cognitive Boundaries ($\alpha = .84$)
- Social/Relational Boundaries ($\alpha = .89$)
- Total Scale ($\alpha = .92$)

Test-retest reliability: $r = .87$ ($p < .001$) over 4 weeks.

Validity

Construct validity (factor structure):

PCA supported a four-factor solution explaining 68% of variance. Factors aligned with the four theoretical domains.

Convergent validity:

EBA total negatively correlated with DASS-21 depression ($r = -.61$, $p < .001$), anxiety ($r = -.58$, $p < .001$), and stress ($r = -.63$, $p < .001$).

Stronger boundaries = lower emotional distress.

Discriminant validity:

Low correlation with social desirability ($r = .12$, ns).

Criterion validity:

Men with weak EBA scores (< 75) reported higher rates of dependency and anxious traits on IPDE.

Comparison with established tools

DASS-21: Strong predictor of distress, but lacks focus on relational boundaries.

IPDE: Assesses personality traits but not empowerment.

EBA: Specifically measures boundary health, complementing existing tools.

Discussion

The present findings establish the Empowerment & Boundaries Assessment (EBA) as a psychometrically sound instrument for evaluating boundary functioning and empowerment in survivors of narcissistic abuse. The scale demonstrated excellent internal consistency ($\alpha = .92$) and high test-retest reliability ($r = .87$), indicating that the instrument measures boundary related constructs with both stability and precision. The confirmed four-factor structure emotional, behavioral, cognitive, and social boundaries provides empirical validation of the theoretical framework on which the EBA was constructed, reinforcing the notion that boundaries are multifaceted and operate across distinct yet interrelated domains of functioning.

Convergent validity was supported through significant correlations between the EBA and measures of psychological distress, including depression, anxiety, and stress. These findings highlight that compromised boundaries are closely linked with heightened emotional suffering among survivors. Criterion validity was demonstrated

through alignment with established personality vulnerability patterns, showing that individuals with impaired boundaries also exhibit maladaptive traits such as dependency, avoidance, or susceptibility to exploitation. Discriminant validity, evidenced by low overlap with unrelated constructs such as social desirability, further underscores the EBA's precision in measuring boundary functioning without contamination by response bias or impression management.

Comparisons with widely used tools such as the DASS-21 and the IPDE underscore the unique contribution of the EBA. While these instruments provide valuable insights into emotional distress and personality pathology, they do not directly assess the empowerment and boundary-setting capacities that are central to recovery from narcissistic abuse. The EBA fills this clinical niche by offering practitioners a targeted measure that captures survivors' progress in reclaiming autonomy, reinforcing self-protection, and restoring agency factors that traditional distress or personality measures overlook. In this way, the EBA not only complements existing assessments but also advances clinical practice by foregrounding constructs essential to survivor healing.

From a therapeutic perspective, the EBA offers clinicians a structured method to identify boundary impairments and tailor interventions accordingly. For instance, a client scoring low on emotional boundaries may benefit from emotion regulation training, while those struggling with behavioral boundaries may require assertiveness or communication skills interventions. In research contexts, the EBA provides a standardized metric for evaluating treatment outcomes, particularly in therapies that target empowerment and relational resilience. It may also serve as a valuable tool in longitudinal studies examining recovery trajectories in survivors of narcissistic abuse.

Overall, the standardization results support the EBA as a reliable, valid, and clinically meaningful instrument. By capturing nuanced aspects of empowerment and boundary setting, the EBA contributes not only to the assessment literature but also to the broader field of trauma-informed care, where boundary restoration is increasingly recognized as a cornerstone of psychological recovery.

Implications

a) Clinical practice:

- (i) Enables therapists to identify boundary vulnerabilities.
- (ii) Guides boundary-focused interventions such as Boundaries Empowerment Therapy (BET).

b) Research:

- (i) Provides a standardized measure for longitudinal studies on narcissistic abuse survivors.
- (ii) Can be correlated with other psychological and resilience measures.

c) Policy & awareness:

- (i) Validated evidence for recognizing male victims of narcissistic abuse.
- (ii) Supports inclusion in intervention programs and mental health advocacy.

Conclusion

The Empowerment & Boundaries Assessment (EBA) emerges as a psychometrically robust instrument, specifically tailored to

address the unique needs of survivors of narcissistic abuse. Its strong reliability indices and multidimensional validity evidence affirm that the EBA consistently and accurately measures the core constructs of empowerment and boundary setting. By confirming its four-domain structure emotional, behavioral, cognitive, and social the standardization process reinforces the theoretical foundation of the instrument and demonstrates its applicability in both clinical and research contexts.

As the first boundary focused scale developed for this population, the EBA represents a significant advancement in psychological assessment. Clinically, it provides practitioners with a targeted tool for diagnosing boundary impairments, monitoring therapeutic progress, and tailoring interventions to strengthen survivors' resilience and autonomy. For researchers, it offers a standardized metric for exploring the mechanisms through which boundary restoration facilitates recovery from trauma, as well as for evaluating the efficacy of therapeutic approaches such as cognitive behavioral therapy, integrative models, and trauma informed care.

Beyond its immediate clinical and academic applications, the EBA carries broader implications for public mental health and advocacy. By operationalizing empowerment and boundary setting constructs often neglected in conventional assessment the instrument validates survivors' lived experiences and affirms the central role of boundaries in psychological recovery. Its adoption can thus contribute to more survivor-centered practices and policies, fostering environments where empowerment and relational safety are prioritized.

Future research should explore the EBA's clinical utility in therapy outcome tracking, particularly within trauma-informed and empowerment-based interventions such as Boundaries Enhancement Therapy (BET). Longitudinal studies could examine changes in boundary functioning during recovery, while digital integration into mobile mental health applications could expand accessibility for survivors seeking self-monitoring tools. Cross-cultural validations and translations are also encouraged to ensure global applicability.

Finally, policy-oriented research could leverage EBA data to advocate for survivor-centered frameworks within institutional and legal systems, promoting recognition of psychological boundary violations as a legitimate dimension of abuse. Such applications extend the EBA beyond research into direct practice, prevention, and advocacy for mental health equity.

In sum, the EBA fills a critical gap in the assessment landscape, offering a reliable, valid, and clinically meaningful measure of boundary functioning among victims of narcissistic abuse. Its development marks an essential step toward integrating boundary health into both diagnostic frameworks and therapeutic interventions, ultimately advancing the science and practice of trauma recovery.¹²⁻¹⁶

Future directions

- (i) Large-scale cross-cultural validation.
- (ii) Norm development by age and gender.
- (iii) Longitudinal validation within intervention frameworks such as BET.
- (iv) Integration into digital platforms for screening and monitoring.

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Conflicts of interest

The author declares there is no conflict of interest.

References

1. Lovibond SH, Lovibond PF. *Manual for the depression anxiety stress scales* (2nd ed.). Psychology Foundation. 1995.
2. Raskin R, Terry H. A principal-components analysis of the narcissistic personality inventory and further evidence of its construct validity. *J Pers Soc Psychol*. 1988;54(5):890–902.
3. Puri A, Bhatt S, Akanksha P. Construction and standardization of a test of narcissistic personality pattern test. *Int J Sci Res Arch*. 2024;13(1):3325–3330.
4. Puri A, Nayar P, Sandhu S, et al. Assessing narcissistic patterns: a comprehensive approach with the narcissistic personality patterns test (NPPT). *Int J Sci Res Arch*. 2024;13(02):924–928.
5. Nayar P, Bhatt S, Puri A, et al. Subconscious energy healing therapy (SEHT) in anxiety management: A holistic approach for young mental health professionals. *World J Adv Res Rev*. 2024;24(02):1725–1729.
6. Deci EL, Ryan RM. *Intrinsic motivation and self-determination in human behavior*. Plenum Press. 1985.
7. Herman JL. *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books. 1992.
8. Elliott DM, Briere J, Spinazzola J. *Trauma symptom inventory: Professional manual*. Psychological Assessment Resources. 2005.
9. Substance Abuse and Mental Health Services Administration. *SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA14-4884)*. U.S. Department of Health and Human Services. 2014.
10. Surtees R. *Trauma-informed practice in mental health care*. Routledge. 2020.
11. Bloom SL. *Creating sanctuary: Toward the evolution of sane societies* (2nd ed.). Routledge. 2019.
12. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. (5th ed.). Washington, DC. 2013.
13. Banerjee P, Sindhu B, Bhatt S, et al. The role of subconscious energy healing therapy (SEHT) in enhancing relationship counselling outcomes. *World J Adv Res Rev*. 2024;24(02):1730–1737.
14. Banerjee P, Sindhu B, Puri A, et al. Unmasking deception: Pathological lying in narcissists and the role of subconscious energy healing therapy. *World J Adv Res Rev*. 2024;24(2):1719–1724.
15. Girdhar V, Bhatt S. A case study of integrative psychospiritual techniques in addressing adolescent emotional distress and self-harming behavior with subconscious energy healing therapy (SEHT). *World J Adv Res Rev*. 2024;24(03):1529–1536.
16. Wig NN, Verma SK. The PGI health questionnaire N2: a measure of mental health. *Indian J Psychiatry*. 1973;15(2):191–196.