

Guelai Tsouria Amel

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This study investigated the social representations of the "narcissistic spouse" among a sample of 34 female second-year master's students in clinical psychology at the University of Ain Temouchent by employing a descriptive approach, where the research utilized the free association method, and the collected data were processed via the EVOC software for lexical analysis.

The results revealed a unanimously negative attitude towards the narcissistic spouse, structured around central core: “selfish, controlling, and possessive” traits. And peripheral system dominated by "violence" along with other secondary traits. The comparative analysis demonstrated a partial correspondence with the DSM-5. It found one direct match in the central core (arrogance/grandiosity) and two in the peripheral system (exploitativeness and lack of empathy).

Keywords: Social representations; narcissistic spouse; clinical diagnostic criteria.

1. INTRODUCTION

The concept of "social representations" is a cornerstone of social psychology, and its intersection with clinical psychology has significant academic and professional implications, particularly in how clinical knowledge translates into individual practices and perceptions. Elucidating these representations is crucial, as we increasingly hear terminology related to clinical diagnoses, such as narcissistic personality disorder, employed colloquially to describe social traits; for instance, the phrase "he is a narcissist" is often used not as a formal diagnosis but as a social critique. Our focus, however, is not on the lay perceptions of the general public regarding the "narcissistic spouse," but rather on the social representations held by clinical psychology students who are on the verge of graduation, and who therefore possess formal academic knowledge alongside socially constructed understandings. Just as a clinical diagnosis exists, so too does a potent social description, which an individual cannot easily transcend, as it is shaped by prevalent cultural narratives and personal experiences.

While the narcissistic personality is a frequent subject of clinical research, studies that directly investigate its social representations are scarce, particularly within Arabic literature; to our knowledge, this gap also exists in international research, with only a few comparable studies, such as that by Thomaes et al. (2016), entitled "Narcissism: A Social-Developmental Perspective". Their work examined narcissism through developmental and social lenses, yielding conclusions pertinent to our research, notably those addressing misconceptions about narcissism's etiology. The researchers clarified that narcissism is not synonymous with high self-esteem, thereby correcting a common public belief; furthermore, they dispelled the notion that emotional neglect causes narcissism, indicating instead that it often stems from a parenting style characterized by excessive valuation and overindulgence.

Scientifically, not every object becomes a subject of social representation; therefore, we first ensured our subject—the "narcissistic spouse"—aligns with the necessary characteristics. For this, we relied on the criteria established by Moliner (1993), who posited that a subject of

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social representation must hold a specific societal position, be perceived as important, pose a potential threat, or be considered particularly useful knowledge; it can also manifest in various forms or arise from a network of interrelated factors. Since social representations are generated through collective communication, the group under study must also be in direct or indirect interaction about the subject, a condition met by our sample of opposite-sex psychology students at the same academic stage—the second year of their master's degree (M2).

Given the growing scientific interest in social representations across disciplines like philosophy, sociology, and psychology, and the wealth of clinical studies on narcissistic personality, we have chosen to explore the intersection of these two fields. Our aim is to answer the specific questions raised by our study and to encourage further research bridging social representations and clinical terminology, especially since these perceptions are known to influence individual behaviors and practices—a fact to which specialists must attend. This leads us to our central research questions:

- What is the content of the social representations of the narcissistic spouse among Master's 2 clinical psychology students?
- Does the content of these social representations correspond to the clinical diagnostic criteria for narcissistic personality disorder?

1.1. Hypotheses

- The content of social representations of the narcissistic spouse among second-year master's students in clinical psychology reflects predominantly negative traits and behaviors;
- Furthermore, the content of these social representations is consistent with the clinical diagnostic criteria for narcissistic personality disorder.

1.2. Study Objectives

This study aims to achieve the following objectives:

- to elucidate the social representations of the narcissistic spouse among second-year master's students in clinical psychology,

- and to analyze the congruence between the content of these social representations and the clinical diagnostic criteria for narcissistic personality disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

1.3. Importance of the Study

This research seeks to enrich the field of social representations with a topic linked to the clinical concept of the narcissistic personality within the specific context of marital relationships, thereby reminding researchers and psychologists of the necessity to attend to this bridge between the two disciplines; it also aims to shed light on the narcissistic personality in marital relationships, but through the lens of the content and structure of social representations, while ultimately revealing the nature of the overlap between everyday social perceptions and formal clinical scientific knowledge.

1.4. Definition of concepts

▪ Social representations

For the purposes of this study, this term refers to the system of beliefs, information, ideas, attitudes, and images that are formed and shared by second-year master's students in clinical psychology concerning the subject of the narcissistic spouse.

▪ The narcissistic spouse

This is defined as a married man who displays the symptomatic features of narcissistic personality disorder, which manifest in his characteristics, behaviors, and interactions within both his marital relationship and his broader social relationships.

▪ Clinical diagnostic criteria These are the standardized sets of elements that describe pathological symptoms, as formally outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

▪ 1.5. Theoretical Definition of Study Terms

1.5.1. Social representations

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The concept of social representations was first systematically employed in social psychology by French psychologist Serge Moscovici, who reintroduced it into scientific discourse through his pioneering research on the public understanding of Freudian psychoanalysis (Hamlel, 2024, p. 9). It is defined as “a form of knowledge that is developed and shared socially, has a practical purpose, and contributes to the construction of a shared reality for a social group” (Jodelet, 1989, p.53); according to Jodelet, these representations allow individuals to identify, define, and interpret various aspects of their reality, and to subsequently take a stance towards them. Since these mental constructs are conveyed through language, they can be systematically identified within discourse (Moeschler, 2007, p.4). And these representations enable us to deal with reality by filtering it to retain or preserve what seems essential in a given verbal exchange situation. (Prao, 2024,p.4).

. Social representations permeate all aspects of social life, even appearing in intimate and private matters related to the individual, thereby activating the dynamic relationship between public and private spheres (Bonardi & Roussiau, 1999). Furthermore, Abric (2001) elaborated on the structure of representations by identifying peripheral elements, which consist of opinions, attitudes, stereotypes, and beliefs; these elements are considered the most numerous and readily accessible content within a representation (Rateau & Rouquette, 1998), and Flament characterized them as being a protection of the central core and helping to adapt to the context.

1.5.2. Narcissistic personality

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), narcissistic personality is classified as a personality disorder and is defined as “a pervasive pattern of grandiosity, need for admiration, and lack of empathy that is present from early adulthood and is demonstrated in a variety of contexts”.

1.6. Methodology

The study employed a descriptive approach, which aligns with the nature of the research topic and its objectives; the methodology involved a

content analysis of the responses provided by the cohort of clinical psychology students.

1.7. Scope of the Study

1.7.1. Geographical scope

The research was conducted within the Department of Social Sciences, which is part of the Faculty of Arts, Languages, and Social Sciences at Ain Temouchent University, Belhadj Bouchaib.

1.7.2. Temporal scope

The data collection was carried out during September 2025, a period which marks the beginning of the new academic year and follows approximately three months after the university break; this timing was strategically selected to create an interval between formal instruction and the start of new lectures, thereby minimizing the potential influence of recently acquired scientific knowledge, particularly that which is directly related to the topic of narcissistic personality.

1.8. Characteristics of the Study Sample

The study sample was selected through purposive sampling and consisted of 34 female students enrolled in the second year of the clinical psychology master's program, who were therefore on the verge of university graduation; their ages ranged from 21 to 30 years, and all participants were unmarried.

1.9. Study Tools and Procedures

This study explores the content and structure of social representations of the narcissistic spouse by identifying its central and peripheral elements. We employed standard methods in the field, including the free association technique within Verges (1992) sequential evocation framework, as advocated by Anna Maria Sylvana; this approach allows researchers to map the semantic universe of social representations.

Accordingly, we posed the following question to the study sample: “What are the five words or phrases that come to mind automatically, quickly, and without control when you hear the term ‘narcissistic spouse’?”

Subsequently, in a second sequential step, we asked the participants to

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rank their five provided words or phrases from most to least important; this two-step procedure enables the analysis of frequency, the order of importance, and the intersection between them, thereby revealing the core structural elements of the social representation related to the narcissistic spouse.

The statistical processing of the collected data was performed using EVOC, a program for lexical analysis (2005 version), which facilitated the categorization of the elements constituting the social representations into four distinct areas, as follows:

- The first category comprises the central core, containing the most frequently cited and most important elements;
- The second category consists of the first peripheral elements, which are the most frequent but least important;
- The third category includes the contrasting elements, which are the least frequent yet most important;
- The fourth category contains the second peripheral elements, which are the least frequent and least important (Khalifa, 2012).

1.10. Attitude

Determining the general attitude of the study sample—that is, the second-year master's students in clinical psychology—towards the topic of the narcissistic spouse is crucial, specifically in terms of whether their view is negative, positive, neutral, or mixed; accordingly, we conducted a lexical analysis of the obtained words and phrases, which revealed that all the provided terms were negative in nature, demonstrating a complete absence of any positive attitudes. The results, as presented in the table, confirm that all perceptions related to the narcissistic spouse are uniformly negative within the study sample, thereby indicating an overwhelmingly negative social representation of this topic among the students.

1.11. Associative Network Technique

To study the structure and organization of the social representations associated with our subject, and to identify indicators of polarity and neutrality within the meanings linked to these perceptions, we employed the

associative network technique designed by researcher Anna Maria Silvana De Rosa in 1995. The calculation for the indices is as follows:

$$\text{Polarity Index} = (\text{Number of positive words} - \text{Number of negative words}) \div (\text{Number of positive words} + \text{Number of negative words})$$

$$\text{Neutrality Index} = (\text{Number of neutral words}) \div (\text{Total number of words})$$

where both indices range from +1 to -1.

2. Presentation and Analysis of Results

2.1. First Question: What is the content of the social representations of the narcissistic spouse among Master's 2 clinical psychology students?

Following the analysis of student responses, we identified a corpus of 18 words; the results, including the average ranking for each term, are summarized in the table below:

Table No. (1): Content of the social representations of the narcissistic spouse among Master's 2 clinical psychology students.

No.	Words or Phrases	Frequency	Mean Rank
01	Selfish	33	3.00
02	Love of control/Controlling	23	3.04
03	Violent	11	3.18
04	Arrogant	11	2.54
05	Possessive	8	2.75
06	Resentful	5	3.00
07	Liar	4	3.75
08	Neglects his wife	4	3.25
09	Lack of empathy	4	2.25
10	Irresponsible	3	2.33
11	Psychologically manipulative	3	2.00
12	Does not like to be criticized	3	4.00
13	Exploitative	3	3.00
14	Complex	2	4.50
15	Angry/Nervous	2	4.00

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16	Lack of self-confidence	2	3.00
17	Constantly critical of his wife	2	2.00
18	Manipulative	2	1.00

Source: Prepared by the researcher.

This table delineates the content of the social representations of the narcissistic husband among the second-year master's students in clinical psychology. The importance of each word or phrase to the participants is expressed by its average rank; it is crucial to note that the ranking operates on an inverse scale, where a lower numerical rank denotes higher importance. Consequently, Rank 1 is the most important and Rank 5 the least important, meaning that a more important word possesses a lower average rank.

The subsequent structural analysis involved a lexical grouping of words sharing the same meaning, from which frequency and rank thresholds were calculated to categorize the elements:

- The **frequency limit** was calculated as the total number of occurrences divided by the number of distinct words (i.e., $124 / 18 = 6.88$); therefore, words with a frequency ≥ 6.88 are considered high-frequency, while words with a frequency < 6.88 are low-frequency.
- The **rank limit** was calculated as the sum of all average ranks divided by the number of words (i.e., $55.6 / 18 = 3.08$); thus, words with a mean rank ≤ 3.08 have a low rank, indicating high importance to the sample, whereas words with a mean rank > 3.08 have a high rank, indicating lower importance.

2.2. The structure of social representations according to the central core theory

The results were classified in the following table after statistical processing of the data:

Table No. (2): The structure of social representations of the narcissistic couple in clinical psychology applications for Master's degree students.

	Importance
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Frequency	Strong (Low Rank)	Weak (High Rank)
Strong (High Frequency)	Quadrant I: Central Core • Selfish • Love of control/Controlling • Arrogant • Possessive	Quadrant II: First Peripheral Elements • Violent
Weak (Low Frequency)	Quadrant III: Contrasting Elements • Resentful • Lack of empathy • Irresponsible • Psychologically manipulative • Exploitative • Lack of self-confidence • Constantly critical of his wife • Manipulative	Quadrant IV: Second Peripheral Elements • Liar • Neglects his wife • Does not like to be criticized • Complex • Angry/Nervous

Source: Prepared by the researcher.

The following table illustrates that:

- The **first quadrant** constitutes the **central core** of the representation, comprised of elements with high frequency and high importance (i.e., a low average rank); these foundational elements are: selfish, love of control, arrogant, and possessive.
- The **second quadrant** contains the **first peripheral** elements, characterized by high frequency but low importance (i.e., a high rank), and consists of a single element: violent.
- The **third quadrant** represents the **contrasting** elements, which are of high importance (low rank) yet low frequency; this set includes the words: resentful, lack of empathy, irresponsible, psychologically

manipulative, exploitative, lack of self-confidence, constantly critical of his wife, and manipulative.

- The **fourth quadrant** comprises the **second peripheral** elements, marked by both low frequency and low importance (high rank); it included the words: liar, condescending to his wife, does not like to be criticized, complex, and angry/nervous.

2.3. Attitude

A key objective was to determine the general attitude of the study sample—the second-year master's students in clinical psychology—towards the narcissistic husband, specifically to ascertain whether their view was negative, positive, neutral, or mixed. A lexical analysis of the elicited words and phrases led to a definitive conclusion: all terms were negative in nature, revealing a complete absence of any positive or neutral attitudes. The results table confirms that perceptions of the narcissistic spouse are uniformly negative within the sample; therefore, the social representation of this topic among these students is conclusively and overwhelmingly negative.

2.4. Technical Association Network

To analyze the structure and organization of the social representations in our study, specifically by identifying indicators of polarity and neutrality within the associated meanings, we employed the associative network technique developed by researcher Anna Maria Silvana De Rosa (1995). The following indices were calculated:

- Polarity Index = $(\text{Number of positive words} - \text{Number of negative words}) \div (\text{Number of positive words} + \text{Number of negative words})$
- Neutrality Index = $(\text{Number of neutral words}) \div (\text{Total number of words})$

Both indices yield values on a scale from +1 to -1.

Table (3): Results of the associative chain network.

Analytical Results Table

Category	Word Frequency
Negative	124
Positive	0
Neutral	0
Symbolic	0
Total	124
Polarity Index	-1.00
Neutrality Index	0.00

Source: Prepared by the researcher.

3. Analysis and Discussion of Results

The presentation of the various results obtained in this current study clearly indicates that second-year master's students in clinical psychology at the University of Ain Temouchent maintain specific social representations regarding the narcissistic spouse; a sequential analysis using the free association technique allowed us to identify both the components and the structure of these representations, where we analyzed their constituents by following the dimensions described by Moscovici—namely, information, the field of representation, and orientation.

- a. Information:** We found that the second-year master's students in clinical psychology shared a number of common ideas about the narcissistic spouse, which they described using behavioral, emotional, and relational-social terms.
- b. Field of representation.**
- c. Orientation:** The analysis of results demonstrated a generally negative emotional orientation toward the topic of the narcissistic spouse among the students, with a complete absence of any positive orientation.

It is important to reference Abric's proposition regarding the components of social representations, which consist of a stable central core and more malleable peripheral elements that, while less rigid, serve to complement the core. In our findings, we observed that the elements forming the central core include a specific set of characteristics: selfishness, love of control, arrogance, and possessiveness, where these descriptors pertain to the

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personality dynamics of the narcissistic spouse, as well as his behavioral and relational aspects, according to the study sample's social representations, as this central core expresses a negative view in which the narcissistic spouse is perceived as a selfish individual who is primarily self-concerned, arrogant, considers himself superior to others, loves to control others, and is possessive. While some might consider the latter two terms synonymous, a closer examination of their linguistic meaning and behavioral analysis reveals that control acts as a method or strategy reflecting his underlying possessiveness within the relationship. This dynamic explains the narcissistic husband's perspective toward his wife and the institution of marriage, as he views his life partner as personal property; this perception may manifest as pathological jealousy and the restriction of the other's freedom, and may even escalate into violent behavior to impose control and fulfill his desire to possess his wife.

The description above elucidates the core components of the social representations of the narcissistic husband among female students on the verge of graduating with a master's degree in clinical psychology; these are the primary elements that come to mind when they consider the subject, and they express what is deemed most significant for diagnosing the disorder within our research sample; however, it is crucial to compare these socially derived characteristics with the objective scientific facts used in clinical diagnosis; to achieve this, we referred to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), from which we derived the following conclusions:

Table (4): Components of Social Representations of the Narcissistic Spouse and Their Correspondence with DSM-5 Criteria

Components of Social Representations	Corresponding DSM-5 Criteria
Central Core Components	
• Selfish • Love of	Not explicitly listed as symptoms

control/Controlling • Possessiveness	
Arrogant	• Has a grandiose sense of self-importance (exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements). • Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people or institutions. • Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. • Requires excessive admiration. • Has a sense of entitlement (unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations). • Shows arrogant, haughty behaviors or attitudes.
First Peripheral Components	
• Violent	Not listed as a symptom.
Second Peripheral Components	
• Liar • Neglects his wife • Does not like to be criticized • Complex • Angry/Nervous	Not listed as symptoms.
Contrasting Elements	
• Exploitative • Lack of empathy	• Is interpersonally exploitative: takes advantage of others to achieve his or her

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	own ends. • Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
• Resentful • Irresponsible • Psychologically manipulative • Lack of self-confidence • Constantly critical of his wife • Manipulative	Not listed as symptoms.

Source: Prepared by the researcher.

Based on this comparative analysis between the DSM-5 and the social representations of second-year clinical psychology master’s students, we conclude that the core elements of their representations of the narcissistic spouse show notable correspondence with established scientific criteria—particularly grandiosity, which manifests in the DSM-5 through several distinct facets. While traits such as selfishness, control, and possessiveness are not explicitly listed as diagnostic criteria, they may be understood as behavioral outcomes of core narcissistic symptoms; for instance, Criterion B6 (interpersonal exploitation) and B7 (lack of empathy) reflect underlying selfishness, whereas controlling and possessive tendencies may be linked to Criterion B2 (fantasies of unlimited success, power, or ideal love), wherein the individual seeks to possess a partner as part of an idealized relational narrative, as well as Criterion B5 (entitlement), in which possessiveness and control express a demand for special treatment and automatic compliance.

The central core of the social representations held by master’s students aligns meaningfully with the DSM-5 criteria for narcissistic personality disorder, albeit with the students’ additional descriptors—such as love of control, possessiveness, and selfishness—representing either manifestations

or consequences of formally recognized symptoms, even if not directly itemized in the diagnostic manual. This suggests that students possess scientifically informed representations, likely shaped by their academic training, yet also underscores which features they perceive as most diagnostically salient, despite the fact that formal diagnosis requires the presence of five out of nine symptoms.

Regarding peripheral elements of representation, we identified only one—violence—which, although absent from the DSM-5, may arise as a behavioral consequence when other narcissistic traits (such as possessiveness) are challenged or unmet. It is important to note, however, that this cannot be generalized to all cases, nor should it be considered an inherent personality trait, as it may constitute a situational reaction. Consequently, peripheral elements such as violence do not directly correspond to the diagnostic criteria for narcissistic personality disorder.

The peripheral elements, whether primary or secondary, are generally considered less central than the core, yet they frequently emerge during detailed discussion of the subject, and this peripheral system is characterized by its inherent flexibility and susceptibility to change; with reference to Moscovici's theory, it is important to note that the first peripheral elements function to embody abstract core components in observable form, which is precisely what we find in our study with the element of violence, a behavioral manifestation stemming from central core traits such as control or possessiveness. Furthermore, the first peripheral system serves to protect the central core from criticism, while the second peripheral elements, which we will now address, demonstrate even greater flexibility and adaptability to external environmental and experiential factors, as well as a higher receptivity to novel information.

Moving to the components of the second peripheral elements—namely lying, condescension toward his wife, disliking criticism, being complex, and anger/irritability—we find no direct correspondence with DSM-5 criteria, although they may be considered behavioral manifestations or consequences of other symptoms; for instance, lying may result from grandiosity (B1) or fantasies of success and power (B2), and it may also be used as a tool for exploitation (B3), whereas ignoring a spouse could be a

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behavioral outcome of self-importance (B1) or a lack of empathy (B7). Similarly, an aversion to criticism, while not explicitly listed, may stem from grandiosity (B1) and a belief in one's unique status (B3), and the perception of the narcissistic spouse as "complex" conveys a negative view of his psychological instability, even though it is not a diagnostic feature. Finally, anger and irritability, though absent from the DSM-5, may arise from the frustration of their entitlements or expectations as outlined in other criteria.

We also note the complete absence of Criterion B8 (envy) within the students' social representations. Finally, upon analyzing the contrasting elements—such as resentment, irresponsibility, psychological manipulation, and being constantly critical—we find these are not directly mentioned in the diagnostic manual, though they may function as behavioral correlates of the disorder; it is particularly noteworthy that exploitation (B6) and lack of empathy (B7), while clearly present in the DSM-5 and within the contrasting zone of the social representations, did not feature prominently in the students' foremost associations, despite their established diagnostic importance.

According to the DSM-5, a diagnosis of narcissistic personality disorder requires the presence of at least five of the nine specified symptoms; therefore, the second hypothesis—which posited that the content of these social representations would fully correspond to the clinical diagnostic criteria—was not fully realized, as the social representations aligned directly with only one core criterion (grandiosity) and two peripheral criteria (exploitativeness and lack of empathy), while the remaining six criteria were not substantially reflected in the students' conceptualizations.

Regarding the results from the associative network technique, the calculated polarity and neutrality indices revealed a complete absence of positive words (0%), which was equally true for neutral and symbolic words, whereas negative words constituted 100% of the total associations; this indicates unanimous consensus within the sample regarding a negative attitude toward the narcissistic spouse, thereby confirming the first

hypothesis that the social representations held by second-year master's students in clinical psychology express exclusively negative traits and behaviors.

Conclusion

In conclusion, we can assert that individuals form specific perceptions about particular topics based on collective societal understandings; through this research, we have established that common social representations of the narcissistic spouse exist among second-year master's students in clinical psychology at the University of Ain Temouchent. These social representations significantly influence how students perceive the narcissistic spouse and anticipate resulting behaviors, which consequently may affect both their future clinical practices and personal lives—a relationship confirmed by leading theorists in this field and discussed in the theoretical framework of this study; therefore, identifying the social representations of clinically relevant topics among students and even seasoned specialists is crucial, a necessity which justifies the proliferation of studies on various psychological concepts, such as depression, to cite just one example.

It is important to emphasize that social representations are dynamic in nature, capable of evolving through individual and collective experience; since they can negatively impact professionals in fields like psychology, where neutrality, objectivity, and diagnostic accuracy are paramount, their influence is particularly consequential, because while psychologists, required to maintain scientific rigor, are ultimately human beings constantly interacting with a society and culture that consciously and unconsciously shape their perceptions; for instance, they might be influenced by the stereotypical image of the narcissistic personality as merely arrogant, potentially overlooking other clinical manifestations of narcissism that contradict this archetype; and this bias could subsequently influence their choice of therapeutic interventions and clinical decisions.

Consequently, a critical awareness of the influence of social representations is essential, as is the development of strategies to mitigate their impact; despite the use of objective tools, standardized measures, and

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validated tests, we remain vulnerable to the subtle infiltration of our personal impressions, beliefs, and attitudes into professional practice, thus it is necessary to systematically investigate social representations and to foster greater awareness among students and professionals alike regarding the importance of self-reflection, thereby preventing potential distortions in their clinical judgment and ensuring the integrity of their professional conduct.

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