



The Effectiveness of Schema Therapy Focused on Mindset on Self-Esteem and Impulsivity in Individuals with Narcissistic Personality Disorder

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ABSTRACT

In the complex world of clinical psychology, narcissistic personality disorder is recognized as a problem that can impact various aspects of an individual's personal and social life. The current study aimed to determine the effectiveness of schema therapy focused on mindset on self-esteem and impulsivity in individuals diagnosed with narcissistic personality disorder. This quasi-experimental research was conducted with a pre-test, post-test, and follow-up design, including a control group. The population of the study comprised all individuals visiting counseling centers in Bushehr who were diagnosed with narcissistic personality disorder by psychiatrists or clinical psychologists. The sample included 30 individuals, selected through purposive sampling and randomly assigned into two groups of 15 each, experimental and control. Data were collected using the Coopersmith Self-Esteem Inventory, Narcissistic Personality Inventory, and Barratt Impulsiveness Scale, and analyzed using repeated measures analysis of variance with SPSS software version 26. The results showed significant differences between the mean scores of pre-test, post-test, and follow-up for variables of impulsivity and self-esteem ($P < .01$). Schema therapy significantly altered the post-test and follow-up scores compared to the pre-test ($P < .01$), and these changes persisted during the follow-up period. It can be concluded that schema therapy focused on mindset is effective in enhancing self-esteem and reducing impulsivity among individuals with narcissistic personality disorder, suggesting its utility in addressing issues in narcissistic individuals.

Keywords: *Schema therapy focused on mindset, self-esteem, impulsivity, narcissistic personality disorder.*

1. Introduction

In the intricate world of clinical psychology, narcissistic personality disorder is recognized as a problem that can significantly affect various aspects of an individual's personal and social life (1). Self-esteem, which refers to an individual's evaluation of their own worth, can be complexly affected in those with narcissistic personality disorder (2). Such individuals may exhibit high self-esteem on the surface, while struggling with underlying feelings of insecurity and inadequacy (3). Narcissistic personality disorder, characterized by long-term patterns of grandiosity, a need for admiration, and a lack of empathy, is one of the personality disorders that can impact an individual's self-esteem (4). People with this disorder may show signs of high confidence superficially, but this confidence often rests on fragile bases and unrealistic self-perceptions (5). Narcissistic personality disorder, marked by long-standing patterns of grandiosity, a need for admiration, and an absence of empathy, can also be significantly associated with impulsivity (6). Impulsivity, defined as the tendency to perform actions swiftly and without deep thought, can lead to rash decisions and negative consequences in personal and social life (7). Schema therapy focused on mindset, as a novel therapeutic approach, attempts to identify and modify maladaptive mental schemas to help individuals control their impulsive behaviors (2).

Self-esteem in individuals with narcissistic personality disorder can manifest in two forms, overt and covert (8). Overt self-esteem is characterized by external expressions of self-aggrandizement and efforts to attract attention and admiration. In contrast, covert self-esteem refers to internal feelings of insecurity and doubt about oneself, which may not be readily observable (9). Schema therapy focused on mindset, which centers on changing beliefs and maladaptive mental schemas, has been proposed as a therapeutic approach that can be effective in improving the covert self-esteem of individuals with this disorder (1). This paper examines the effectiveness of this therapy in enhancing self-esteem in individuals with narcissistic personality disorder, analyzing results from individual case studies that demonstrate the potential of schema therapy focused on mindset to increase covert self-esteem in these individuals (10).

Studies have shown that schema therapy can be effective in reducing impulsivity and enhancing self-esteem in individuals, which can aid in treating those with emotional disorders such as narcissistic personality disorder (7). Impulsivity, which means the inclination to act on things suddenly and without thinking about the consequences, can manifest in various forms in individuals with narcissistic personality disorder (11). Narcissistic individuals may display impulsive behaviors due to their intense need for attention and admiration (12, 13). They might quickly engage in actions to attract attention and approval from others, which could harm themselves or others (14). For example, a narcissistic individual might impulsively decide to make an expensive purchase to showcase an image of wealth and success, even if such a purchase is illogical or detrimental to their financial situation (15). Additionally, they may act impulsively in their interpersonal relationships, quickly entering into or ending emotional relationships without considering their partner's feelings or needs (16).

Treatment of individuals with narcissistic personality disorder and impulsivity can include psychotherapy, where the individual learns to better understand their behaviors and learn how to control their impulses (17). This can help them gradually replace impulsive behaviors with more constructive actions, overall enhancing their quality of life (18).

The goal of therapy in schema therapy focused on mindset is to aid in forming a healthy adult mindset (19). Perhaps identifying early maladaptive schemas in the first stage and modifying them using schema therapy focused on mindset techniques in the second stage, can be effective in reducing symptoms in patients with narcissistic personality disorder (20). The present article investigates the effectiveness of schema therapy focused on mindset in improving self-esteem in individuals with narcissistic personality disorder. The aim of this study is to identify and evaluate strategies that can help these individuals achieve a more realistic and positive self-image, thereby experiencing more genuine and stable self-esteem. This research can assist psychological and psychiatric professionals in providing more effective interventions for the treatment of narcissistic personality disorder and enable individuals with this disorder to pursue personal growth and improve their interpersonal relationships. This study is designed to offer

strategies for therapists and clinical psychologists to aid them in better understanding and more effective intervention towards improving the quality of life of individuals with narcissistic personality disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental design with a pre-test, post-test, and follow-up, including a control group. The population consisted of all individuals visiting counseling centers in Bushehr, identified by psychiatrists or clinical psychologists at the centers as having narcissistic personality disorder (NPD). The sample included 30 individuals selected through purposive sampling and randomly assigned into two groups of 15, experimental and control. The experimental group received schema therapy based on mindfulness across ten 90-minute sessions, conducted weekly, while the control group did not receive any intervention. Inclusion criteria for participation in the study were a definitive diagnosis of NPD by a psychiatrist or clinical psychologist, age between 18 to 60 years, informed and written consent to participate in the study, a minimum education level of high school diploma, and the absence of other mental disorders that could affect the results of the study. Exclusion criteria included non-adherence to therapy sessions and frequent absences, use of psychotropic drugs or substances that could affect treatment outcomes, the occurrence of any acute mental disorder requiring immediate intervention, and significant life changes that could impact treatment, such as losing a job or the death of a loved one.

Ethical considerations for the current study included: Before starting, participants received a written consent form. Before commencing, participants (volunteers) were informed about the study subject and methodology. Private and personal information of the participants will be protected. Results were interpreted for them if desired. If any disorders were observed, necessary guidance for follow-up was provided to the participants. Participation in the research did not impose any financial burden on the participants. This research does not conflict with the religious and cultural norms of the subjects and the community.

2.2. Measures

2.2.1. Self-Esteem

Created by Stanley Coopersmith in 1967, this is one of the most famous and widely used tools for assessing self-esteem. The questionnaire consists of 58 two-choice ("yes" and "no") questions, including four subscales: general self-esteem, social self-esteem (peers), familial self-esteem (parents), and educational self-esteem. Scoring is done by assigning one point to "yes" answers and zero points to "no" answers. There are also 8 lie detector questions that are not included in the total score calculation. The Coopersmith Self-Esteem Inventory has demonstrated acceptable validity and reliability, with a Cronbach's alpha coefficient for the overall score reported at 0.88. Internal consistency ranges from 0.68 to 0.90, and test-retest reliability after five weeks is 0.88 and after three years is 0.70. Validity was checked by correlating the scores with those from the Eysenck Personality Questionnaire, with a correlation coefficient of 0.814 indicating acceptable criterion validity for the Coopersmith Self-Esteem Inventory (21, 22).

2.2.2. Narcissistic Personality

Introduced by Raskin and Hall in 1979 and designed to measure individual differences in the non-clinical population. The questionnaire structure is dichotomous, requiring respondents to choose one of two options that best match their characteristics. The current form of the Narcissistic Personality Inventory contains 40 questions. Raskin reported a reliability coefficient of 0.80 using the split-half method in 1979, and in 1988, using method A, achieved an overall reliability of 0.83 for the Narcissistic Personality Inventory. In Javadi's study, the reliability coefficients were 0.82 for females and 0.84 for males; a retest in Iran using the test-retest method yielded a coefficient of 0.91. In the study by Peivastegar et al. (2011), the reliability coefficients for the adaptive narcissism scale was 0.81 and for the maladaptive narcissism scale was 0.69 using the split-half method (23, 24).

2.2.3. Impulsiveness

Developed by Barratt and colleagues in 1990, it measures three aspects of impulsivity: cognitive, motor, and non-

planning. The questionnaire consists of 30 questions, rated on a scale from 1 ("never") to 4 ("always"), with the lowest score being 30 and the highest 120. Barratt and colleagues validated the face, content, and construct validity of the impulsiveness scale, which was confirmed to fit a three-factor model, and reported a Cronbach's alpha of 0.89. In a study by Javid et al., exploratory factor analysis using the principal components method and varimax rotation was conducted. The results revealed three factors named non-planning impulsiveness, motor impulsiveness, and cognitive impulsiveness. The convergent validity of the questionnaire was confirmed by calculating the correlation coefficients among the subscales. The overall validity of the impulsiveness questionnaire was analyzed using both Cronbach's alpha and test-retest methods, yielding coefficients of 0.81 and 0.77, respectively (25-27).

2.3. Intervention

2.3.1. Schema Therapy Based on Mindset

The schema therapy protocol based on mindset, founded on the theory by Jeffrey Young, addresses personality disorders and other chronic psychological issues. This therapeutic approach focuses on changing maladaptive schemas that often form during childhood and persist into adulthood. Therapy sessions in schema therapy based on mindset are divided into two phases: 1. Schema Identification: In this phase, the therapist uses various tools including interviews, questionnaires, and mental imagery to identify the patient's maladaptive schemas, coping styles, schema mindsets, and self-destructive life patterns. 2. Change Phase: After identification, the therapist uses cognitive, experiential, and behavioral pattern-breaking techniques to help the patient modify maladaptive schemas and replace them with healthier behaviors. Throughout the therapy, specific communication techniques such as empathic confrontation and re-parenting are used to help the patient resist maladaptive schemas and achieve positive changes (1, 5, 11).

The schema therapy protocol based on mindset is structured session by session as follows: First session: Initial assessment and medical history, identification of current problems, review of psychological and medical history. Sessions two to four: Identification of schemas, using questionnaires and interviews to identify maladaptive schemas, determining coping styles, and self-destructive patterns. Sessions five to seven: Coping skills training, teaching cognitive techniques to counter maladaptive schemas, practicing new skills in sessions and in real-life settings. Sessions eight to ten: Working on schema modes, identifying and working on different schema modes, using experiential techniques to change schema modes. Sessions eleven to thirteen: Re-parenting and empathic confrontation, working on parental relationships and their impact on schemas, practicing empathic confrontation to strengthen resistance to maladaptive schemas. Sessions fourteen to sixteen: Reinforcing skills and self-efficacy, strengthening coping skills and self-efficacy, reviewing progress and setting long-term goals. Sessions seventeen and beyond: Follow-up and ongoing support, follow-up sessions to support positive changes, adjusting the treatment plan based on individual needs.

2.4. Data Analysis

In the descriptive analysis, statistical indices for each of the research variables were calculated. In the inferential statistics section, the analysis of variance with repeated measures and SPSS software version 26 was used.

3. Findings and Results

The mean and standard deviation of the ages of participants were 39.26 ± 7.3 for the control group and 38.01 ± 6.49 for the experimental group.

Table 1 presents the mean (standard deviation) of research variables in both experimental and control groups at different stages:

Table 1

Mean (Standard Deviation) of Research Variables in Experimental and Control Groups

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Impulsivity	Experimental	50.46	5.30	26.86	8.33	29.13	11.07

Self-esteem	Control	50.13	8.05	49.40	8.69	49.86	8.72
	Experimental	21.73	4.12	29.40	6.83	30.86	7.14
	Control	22.06	4.57	22.53	4.39	22.86	4.95

According to Table 1, the mean scores of the experimental group in variables of impulsivity and self-esteem showed a greater decrease at post-test compared to the control group. This change remained more significant during the follow-up stage. To determine effectiveness, the basic assumptions of the covariance test were examined first. The normality of the distribution of scores was measured using the Shapiro-Wilk test, and the results were not significant, concluding that the distribution of the scores for the dependent variables is normal. The homogeneity of variance errors was examined using Levene's test. The results of Levene's test showed that variance errors in

impulsivity ($F = 7.375, P = .285$) and self-esteem ($F = 1.132, P = .296$) were not significant at the .05 level, thereby making the groups comparable. The results of the Box's M test for the homogeneity of variance-covariance were statistically not significant, meaning that the assumption of homogeneity of the covariance matrix was met. Also, the significant interaction level between the group and pre-test for impulsivity and self-esteem was not significant ($P > .05$), indicating that the assumption of homogeneity of regression slopes is satisfied and necessary. Conditions for covariance analysis are met.

Table 2

Results of the Multivariate Test Statistic in Multivariate Analysis of Variance

Test	Pillai's Trace	Wilks' Lambda	Hotelling's Trace	Largest Root	F Value	df1	df2	Significance
Effect	.857	.143	5.996	5.996	80.952	2	27	.001

According to Table 2, significance levels for all four multivariate statistics including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Largest Root are significant at the .001 level ($P < .01$); as evident from the table, the

schema therapy intervention had an overall effect on the dependent variables. Subsequently, the results of the covariance analysis for the dependent variables are presented.

Table 3

Results of Repeated Measures Analysis of Variance for Research Variables

Variable	Source of Change	Sum of Squares	df	Mean Square	F Value	Significance	Eta Squared
Impulsivity	Time	400.08	1	296.70	261.46	.001	.90
	Time × Group	277.06	2	205.46	181.07	.001	.86
	Group	260.10	2	260.10	4.93	.035	.15
Self-esteem	Time	119.46	1	92.71	148.15	.001	.84
	Time × Group	93.95	2	72.91	116.52	.001	.80
	Group	146.94	2	146.94	41.16	.001	.59

From the data obtained in Table 3, it is observed that after adjusting for pre-test scores, there is a significant effect of the group factor for the variables of impulsivity and self-

esteem. Therefore, it can be concluded that schema therapy has an effect on the variables of impulsivity and self-esteem.

Table 4

Differences in Two-by-Two Comparisons of Pre-test, Post-test, and Follow-up Stages

Variable	Stage 1	Stage 2	Mean Difference of Stages	Standard Deviation	P
Impulsivity	Pre-test	Post-test	26.93	1.611	.001
	Pre-test	Follow-up	29.03	1.167	.001

Self-esteem	Pre-test	Post-test	-8.16	0.897	.001
	Pre-test	Follow-up	-9.80	1.182	.001

As shown in Table 4, there is a significant difference between the mean scores of pre-test, post-test, and follow-up for the variables of impulsivity and self-esteem. This means that schema therapy significantly changed the post-test and follow-up scores compared to the pre-test stage, and this change continued during the follow-up period.

4. Discussion and Conclusion

Schema therapy based on mindset, utilized as a therapeutic approach for individuals with narcissistic personality disorder, can have varying effects on their self-esteem. This therapeutic approach assists patients in identifying and altering negative and maladaptive thought patterns that may impact their self-esteem.

Consistent findings indicate that schema therapy can help individuals with narcissistic traits enhance their covert self-esteem. This increase in self-esteem can improve how they feel about themselves, thereby enhancing their quality of life (18). However, inconsistent findings suggest that schema therapy may have less impact on the overt self-esteem of narcissistic individuals. This may be due to the already high level of overt self-esteem that these individuals possess, making changes in this area more challenging.

In conclusion, schema therapy based on mindset can be a useful tool for improving covert self-esteem in individuals with narcissistic personality disorder. However, to increase overt self-esteem, additional or different approaches may be necessary. Further research is needed to determine the precise effects of this therapeutic approach and how it can be implemented in therapy sessions. This research could help improve existing therapeutic methods and provide better strategies for addressing challenges associated with narcissistic personality disorder. According to current findings, schema therapy based on mindset can be effective in reducing impulsivity and improving covert self-esteem in individuals with narcissistic personality disorder. This type of therapy helps individuals identify and change maladaptive thought and behavior patterns, which can lead to reduced impulsive behaviors and increased covert self-esteem (19).

Consistent findings show that schema therapy based on mindset can help narcissistic individuals gradually control

their impulsive behaviors and replace them with more constructive actions. This treatment can also be effective in improving emotional dysregulation and managing negative emotions (20). However, inconsistent findings state that schema therapy was not effective in increasing overt self-esteem in individuals with narcissistic personality disorder. This may be because overt self-esteem in these individuals is usually high, and the main issue is their low covert self-esteem, which schema therapy can effectively improve (16). Ultimately, schema therapy based on mindset can be considered a useful tool in treating narcissistic personality disorder and reducing associated impulsivity. However, more research is necessary to better understand the effectiveness of this therapeutic approach and to determine the most precise application methods.

Regarding the effectiveness of schema therapy based on mindset for individuals with narcissistic personality disorder, the following limitations and suggestions can be proposed: Short-term studies may not show long-term changes in self-esteem and impulsivity. These studies may focus on specific populations, and results may vary across different cultures and contexts. Narcissistic personality disorder can be accompanied by other mental health issues, making it challenging to assess treatment effectiveness. Conducting studies with larger samples to better evaluate treatment effectiveness. Conducting long-term follow-ups to examine the long-term effects of schema therapy on self-esteem and impulsivity. Conducting studies in more diverse populations to better understand how culture and social contexts affect treatment effectiveness. Utilizing multidimensional therapeutic approaches that consider other aspects of mental health in addition to schema therapy. Given these limitations and suggestions, it can be said that schema therapy based on mindset can be a useful tool in treating narcissistic personality disorder, but more research is needed for a more accurate assessment of its effectiveness. This research should be designed to address existing limitations and consider the proposed suggestions.

Authors' Contributions

F.M. conceptualized the study, designed the research methodology, and supervised the implementation of schema therapy sessions. F.B., the corresponding author, conducted the data analysis using repeated measures analysis of variance, interpreted the results, and led the drafting and revising of the manuscript. Both authors were involved in recruiting participants, collecting data, and ensuring the integrity of the research process. They collaboratively discussed the findings, critically reviewed the manuscript for important intellectual content, and approved the final version for publication.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for research with human subjects as outlined in the Declaration of Helsinki.

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