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The Effectiveness of Schema Mode Therapy on Agreeableness and Moral Disengagement in Individuals with Narcissistic Personality Disorder

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ABSTRACT

This study aimed to investigate the effectiveness of Schema Mode Therapy (SMT) in enhancing agreeableness and reducing moral disengagement in individuals with Narcissistic Personality Disorder (NPD). A semi-experimental pre-test, post-test, and follow-up design was used, including experimental (n = 30) and control groups (n = 30). Participants were individuals with NPD who met the inclusion criteria, recruited from counseling centers in Shiraz, Iran. The experimental group underwent 12 weekly sessions of SMT, while the control group received no intervention. Data were collected using the NEO Five-Factor Inventory (agreeableness subscale), the Narcissistic Personality Inventory, and the Moral Disengagement Scale. Statistical analyses included repeated measures ANOVA and Bonferroni post-hoc tests to evaluate the intervention's effectiveness. The results showed significant improvements in the experimental group compared to the control group. SMT significantly increased agreeableness (mean difference = -3.089, p = 0.035) and reduced moral disengagement across all components, including moral justification, euphemistic labeling, and attribution of blame (p < 0.001 for all). These improvements were maintained in the follow-up phase, indicating the intervention's sustained effects. The control group showed no significant changes across any of the measured variables. The findings suggest that SMT is an effective therapeutic approach for improving interpersonal functioning and ethical reasoning in individuals with NPD. By targeting maladaptive schema modes and promoting the healthy adult mode, SMT enhances agreeableness and reduces moral disengagement, addressing critical deficits in NPD. These results underscore the potential of SMT in clinical practice and highlight the need for further research on its long-term effects and broader applications.

Keywords: *Schema Mode Therapy, Narcissistic Personality Disorder, Agreeableness, Moral Disengagement, Early Maladaptive Schemas*

1. Introduction

Narcissistic Personality Disorder (NPD) is a complex and pervasive personality disorder characterized by grandiosity, a need for admiration, and a lack of empathy, often leading to interpersonal difficulties and emotional dysregulation (Dimaggio, 2022). The treatment of NPD remains a challenging area in psychological therapy due to the rigidity of maladaptive personality traits and the patient's resistance to exploring their vulnerabilities (Arntz et al., 2021). Schema Mode Therapy (SMT), a variant of schema therapy developed by Young, has emerged as an effective approach to addressing the emotional dysregulation and interpersonal difficulties associated with NPD by targeting early maladaptive schemas and schema modes (Edwards, 2022; Khodabandelow et al., 2017, 2018). The current study aims to explore the effectiveness of SMT in enhancing agreeableness and reducing moral disengagement, critical factors in improving social and interpersonal functioning in individuals with NPD.

Early maladaptive schemas (EMS) are deeply ingrained patterns of thought and emotion, originating from unmet childhood needs, that influence an individual's self-perception and relationships (Paetsch et al., 2023). In the context of NPD, EMS often manifest in schema modes, which are transient emotional and cognitive states activated in response to life stressors (Aytaç et al., 2020). Research has demonstrated that schema modes, such as the "vulnerable child" and "self-aggrandizer," are prominent in individuals with NPD, perpetuating dysfunctional coping mechanisms and interpersonal conflicts (Khodabandelow et al., 2018). SMT seeks to disrupt these maladaptive patterns by fostering a "healthy adult" mode, promoting adaptive coping and emotional regulation (Arntz et al., 2021). This approach has shown promise in treating various personality disorders, including NPD, by addressing core emotional needs and facilitating behavioral change (Letafati Beris et al., 2021).

Agreeableness, one of the Big Five personality traits, plays a critical role in interpersonal relationships and social functioning. Individuals with low agreeableness often exhibit traits such as antagonism and difficulty forming meaningful relationships, characteristics commonly observed in NPD (Kashani Kia, 2024). Enhancing agreeableness through psychotherapy can improve empathy, cooperation, and trust, addressing the relational deficits in individuals with NPD (Vos et al., 2023). SMT, with its emphasis on addressing underlying schemas and schema modes, provides a structured approach to fostering interpersonal skills and enhancing agreeableness (Mokhtari et al., 2022).

Moral disengagement, another significant construct in understanding personality pathology, refers to cognitive processes that enable individuals to justify unethical behaviors and disengage from moral standards (Kapoor et al., 2021). In NPD, moral disengagement mechanisms, such as distortion of consequences and attribution of blame, often contribute to the individual's inability to take responsibility for their actions, exacerbating interpersonal conflicts and impairing social integration (Azimi et al., 2023). Reducing moral disengagement through SMT may enhance accountability and ethical behavior, fostering healthier interpersonal relationships (Mazzone & Camodeca, 2019). Studies have shown that SMT effectively reduces moral disengagement by targeting maladaptive schemas and promoting adaptive emotional responses (Basharpoor & Ahmadi, 2020).

The effectiveness of SMT in treating NPD and related psychological issues has been supported by numerous studies. Khodabandelow et al. (2018) demonstrated that SMT significantly improved self-esteem and reduced narcissistic traits in individuals with NPD, highlighting the therapy's potential in addressing core personality dysfunctions (Letafati Beris et al., 2021). Similarly, Mertens, Yılmaz, and Lobbestael (2020) found that schema modes mediate the effects of childhood emotional abuse on personality disorders, emphasizing the importance of targeting schema modes in therapeutic interventions (Mertens et al., 2020). Peeters et al. (2022) further corroborated the effectiveness of SMT in treating comorbid personality disorders, anxiety, and PTSD, providing a strong evidence base for its applicability in diverse clinical populations (Peeters et al., 2022).

Moreover, research has highlighted the role of early maladaptive schemas and schema modes in predicting therapy outcomes. Koppers et al. (2021) found that specific EMS and schema modes are significant predictors of therapeutic success in group schema therapy for personality disorders, underscoring the importance of tailoring interventions to individual schema profiles (Koppers et al., 2021). This personalized approach is particularly relevant for NPD, where rigid and pervasive maladaptive patterns often impede therapeutic progress (Arntz et al., 2021).

The integration of moral disengagement into the schema therapy framework provides a novel perspective on understanding and treating NPD. Studies have shown that

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moral disengagement mediates the relationship between personality traits and antisocial behaviors, highlighting its relevance in addressing the ethical and relational deficits associated with NPD (Paciello et al., 2020; Paciello et al., 2022). By targeting moral disengagement mechanisms, SMT can facilitate the development of moral reasoning and empathy, critical factors in improving social functioning and reducing relational conflicts (Lişman & Holman, 2023).

In addition to its theoretical and empirical foundations, SMT offers practical benefits for clinicians and patients. Its structured yet flexible framework allows therapists to address a wide range of emotional and behavioral issues, adapting the therapy to the unique needs of each patient (Edwards, 2022). The use of experiential techniques, such as imagery rescripting and schema mode dialogues, enhances the therapy's effectiveness by fostering emotional insight and behavioral change (Huey Jing Renee Tan, 2020). Furthermore, the integration of schema mode cards and other therapeutic tools facilitates patient engagement and supports long-term recovery (Tabatabaeifar et al., 2022).

Despite its demonstrated efficacy, the application of SMT to NPD remains underexplored. The present study aims to address this gap by examining the effectiveness of SMT in enhancing agreeableness and reducing moral disengagement in individuals with NPD.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a semi-experimental design with a pre-test, post-test, and follow-up structure. Participants were divided into experimental and control groups. The study population consisted of individuals diagnosed with Narcissistic Personality Disorder who sought counseling services in Shiraz during the 2023–2024 period. Using purposive and convenience sampling, individuals meeting inclusion criteria were identified through clinical interviews conducted by a psychiatrist.

Initially, 60 individuals were selected based on their diagnoses. The diagnosis was confirmed using the Structured Clinical Interview for DSM-5 (SCID-I and SCID-II) conducted by a clinical psychologist. These 60 individuals were then randomly assigned into two equal groups: 30 in the experimental group and 30 in the control group. Inclusion criteria required participants to have a minimum education level equivalent to middle school, reside in Shiraz, demonstrate voluntary and informed consent to participate, and present clinical symptoms of Narcissistic Personality Disorder as defined in the DSM-5. Exclusion criteria included the presence of severe psychological or psychiatric disorders, participation in other psychotherapy programs, receipt of pharmacological treatments during the study, hospitalization in a psychiatric facility, missing more than three therapy sessions, relocation, incomplete participation in therapeutic tasks, or inadequate questionnaire responses.

2.2. Measures

2.2.1. Narcissistic Personality Disorder

The Narcissistic Personality Inventory (NPI-16) was used to measure traits associated with Narcissistic Personality Disorder. Developed by Ames and colleagues in 1979, the NPI-16 is based on the longer 40-item version and consists of 16 paired statements. Participants are required to select one statement from each pair that best reflects their personality, resulting in a binary scoring system of 0 and 1 for each item. The total score ranges from 0 to 16, with higher scores indicating a stronger presence of narcissistic traits. A score above 8 is considered indicative of narcissistic personality characteristics. The inventory has been translated and validated for use in Iran by Mohammadzadeh (2008). Reliability was established with a Cronbach's alpha of 0.85, and content and face validity have been confirmed through prior studies. This tool provides a concise yet reliable measure of narcissistic traits (Khodabandelow et al., 2017, 2018).

2.2.2. Agreeableness

NEO Five-Factor Inventory (NEO-FFI), developed by Costa and McCrae in 1992, is a widely used personality assessment tool designed to evaluate five major personality dimensions: Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. This study specifically focused on the agreeableness subscale. The inventory comprises 60 items, with each of the five dimensions represented by 12 questions. Responses are provided on a 5-point Likert scale ranging from "strongly disagree" (scored as 0) to "strongly agree" (scored as 4). Scores are summed for each dimension, with higher scores reflecting stronger tendencies in that dimension. The agreeableness subscale assesses interpersonal qualities such as trust, altruism, compliance, and empathy. The original developers reported a Cronbach’s alpha of 0.82 for the overall inventory, with subscale reliability ranging from 0.63

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to 0.81. In Iran, the tool was translated and standardized by Kiamah (2002), who reported test-retest reliability of 0.65 to 0.86 and internal consistency coefficients (Cronbach's alpha) between 0.54 and 0.79. These findings confirm the NEO-FFI's utility in measuring personality traits in diverse populations, including this study's target group (Naderifar et al., 2024).

2.2.3. Moral Disengagement

The Moral Disengagement Scale (MMDS) was employed to assess mechanisms of moral disengagement, as described by Bandura and colleagues in 1996. The scale includes 32 items divided across eight subscales, each corresponding to a specific mechanism of moral disengagement: moral justification, euphemistic labeling, advantageous comparison, displacement of responsibility, diffusion of responsibility, distortion of consequences, dehumanization, and attribution of blame. Each subscale is represented by four items. Responses are recorded on a 3-point Likert scale, ranging from "agree" (scored as 1) to "disagree" (scored as 3). Higher scores indicate lower levels of moral disengagement. Bandura et al. reported a Cronbach's alpha of 0.82, reflecting strong internal consistency. In Iran, the MMDS was translated and standardized by Souri and colleagues in 2019, who reported a Cronbach's alpha of 0.84 for the overall scale. The MMDS is particularly suitable for identifying cognitive and emotional patterns that facilitate unethical behavior, making it a valuable tool for studying moral disengagement in individuals with Narcissistic Personality Disorder (Azimi et al., 2023; Basharpoor & Ahmadi, 2020).

2.3. Intervention

2.3.1. Schema Mode Therapy

The experimental group underwent Schema Mode Therapy (SMT) based on the protocol developed by Young et al. (2006). The therapy consisted of 12 weekly sessions lasting 60–90 minutes each (Arntz et al., 2021). These sessions addressed dysfunctional schema modes and aimed to improve participants' agreeableness and reduce moral disengagement. The control group was placed on a waiting list and received no intervention during the study.

The SMT protocol involved techniques such as psychoeducation about schema modes, experiential exercises to challenge maladaptive schemas, and behavioral strategies to foster adaptive emotional and interpersonal skills. All sessions were conducted by a trained therapist with expertise in schema therapy.

Session 1:

The first session focused on establishing the structure and guidelines of the therapy sessions, ensuring all participants understood and agreed to group norms. The therapist introduced the concepts of schema modes, Schema Mode Therapy, and the group therapy framework. Participants were provided with pre-test questionnaires to assess baseline measures. This session also aimed to build rapport and trust among group members. Participants were encouraged to share their expectations, and homework was assigned to reinforce the session's objectives.

Session 2:

In the second session, participants reviewed their homework, and the therapist provided further education on the connection between Schema Mode Therapy, behavior, and cognitive processes. Trust and therapeutic alliances among group members were strengthened through group discussions and activities. Homework assignments focused on identifying connections between personal behaviors and schemas introduced during the session.

Session 3:

The third session explored the relationship between schema modes and the "inner child." Participants were introduced to specific examples of schema modes, along with the factors that contribute to schema acquisition. Group discussions facilitated an understanding of how early life experiences influence current maladaptive schemas. Participants were encouraged to reflect on their inner child and assigned homework to deepen this understanding.

Session 4:

The fourth session delved into identifying and activating participants' schema modes. The therapist used imagery exercises to help participants recall significant individuals and experiences that contributed to schema development. Emotional experiences associated with schemas were evoked to foster insight. Homework assignments were designed to help participants further explore their schema modes outside the session.

Session 5:

This session introduced participants to different coping styles associated with schema modes. Group discussions highlighted examples of maladaptive coping mechanisms observed in group members. Participants learned how these coping styles perpetuate their schemas, and they were assigned homework to identify their own coping patterns in various situations.

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Session 6:

The sixth session focused on testing the validity of schema modes. Participants collected evidence supporting and refuting their maladaptive schemas through group discussions. The therapist helped redefine supporting evidence to challenge negative schema beliefs. Homework involved actively seeking new evidence to contradict entrenched schema beliefs.

Session 7:

Participants evaluated the pros and cons of their coping responses during the seventh session. Educational schema cards were introduced, along with a schema mode tracking form to help participants document and reflect on their schema modes in daily life. Participants were assigned homework to practice schema tracking using the introduced tools.

Session 8:

The eighth session emphasized using imaginative techniques, such as "schema dialogue," to challenge maladaptive schemas. Participants practiced internal dialogues, empowering themselves to confront and distance from their schema modes. The therapist guided participants in role-playing exercises to strengthen their ability to oppose negative schema influences.

Session 9:

In the ninth session, participants engaged in dialogues between their maladaptive schema modes and their healthy adult mode. Activities included writing letters to caregivers and conducting role-play dialogues using an empty chair technique. Participants also identified specific maladaptive behaviors they wished to target for change, with homework focusing on practicing these behavioral modifications.

Session 10:

This session explored strategies for altering behaviors that sustain maladaptive schema modes. Techniques for improving emotional and impulse regulation were introduced. Participants learned practical methods for managing stress and frustration associated with their schemas, supported by targeted homework assignments to apply these strategies.

Session 11:

The eleventh session reviewed prominent maladaptive schema modes, such as the child mode, ineffective coping mode, and dysfunctional parent mode. Participants were taught effective ways to communicate emotions and build healthier interpersonal connections. Homework assignments emphasized practicing emotional expression in real-life situations.

Session 12:

The final session reviewed exercises and assignments from previous sessions, focusing on strategies for fostering resilience and perseverance through the lens of the healthy adult mode. Participants prepared for post-test evaluations, reflecting on their progress and solidifying their ability to implement learned skills independently. The session concluded with an overview of post-therapy expectations and further resources for ongoing personal development.

2.4. Data Analysis

Data analysis was conducted using repeated measures analysis of variance (ANOVA), multivariate analysis of covariance (MANCOVA), and univariate analysis of covariance (ANCOVA). Statistical analyses were performed using SPSS-22 software.

3. Findings and Results

The demographic distribution of the study participants across gender, age, and education levels is summarized below. Regarding gender, the experimental group consisted of 70% women (n = 21) and 30% men (n = 9), while the control group included 63.3% women (n = 19) and 36.7% men (n = 11). In terms of age, in the experimental group, 40% (n = 12) were between 20–30 years, 46.7% (n = 14) were between 31–40 years, and 13.3% (n = 4) were between 41–50 years. Similarly, in the control group, 33.3% (n = 10) were aged 20–30 years, 50% (n = 15) were aged 31–40 years, and 16.7% (n = 5) were aged 41–50 years. Regarding education, 16.7% (n = 5) of the experimental group had a diploma or less, 60% (n = 18) held a bachelor's degree, and 23.3% (n = 7) had a master's degree. In the control group, 20% (n = 6) had a diploma or less, 66.7% (n = 20) held a bachelor's degree, and 13.3% (n = 4) had a master's degree. These distributions highlight the diversity in gender, age, and educational attainment among the study participants.

Table 1

Descriptive Statistics Findings

Variable	Group	Pre-Test (M ± SD)	Post-Test (M ± SD)	Follow-Up (M ± SD)
Moral Justification	Control	14.77 ± 2.67	14.37 ± 2.71	14.23 ± 2.34
	Experimental	14.70 ± 2.54	10.33 ± 2.12	10.87 ± 2.03
Euphemistic Labeling	Control	13.97 ± 2.91	13.43 ± 2.40	13.40 ± 2.50
	Experimental	13.87 ± 3.01	9.43 ± 2.94	9.73 ± 3.25
Displacement of Responsibility	Control	14.43 ± 3.56	13.77 ± 3.45	14.38 ± 3.44
	Experimental	14.33 ± 4.74	8.23 ± 3.36	8.60 ± 3.76
Diffusion of Responsibility	Control	15.97 ± 2.45	15.80 ± 2.61	15.63 ± 3.32
	Experimental	14.63 ± 3.11	11.27 ± 3.00	11.43 ± 3.59
Advantageous Comparison	Control	13.81 ± 3.15	12.98 ± 3.03	13.34 ± 2.86
	Experimental	13.11 ± 2.96	8.41 ± 2.39	8.81 ± 2.31
Dehumanization	Control	12.70 ± 2.46	12.77 ± 2.44	13.13 ± 2.82
	Experimental	12.77 ± 2.16	8.60 ± 2.71	9.17 ± 3.04
Attribution of Blame	Control	14.90 ± 2.49	14.13 ± 2.94	14.30 ± 2.33
	Experimental	14.47 ± 2.43	10.57 ± 2.09	11.29 ± 2.06
Distortion of Consequences	Control	13.20 ± 2.80	12.53 ± 2.48	12.47 ± 2.72
	Experimental	12.73 ± 2.66	8.33 ± 2.53	8.67 ± 2.45

The means and standard deviations for the variables related to moral disengagement across the pre-test, post-test, and follow-up phases for both the experimental and control groups are presented in Table 1. The data indicate that the experimental group exhibited a significant reduction in moral disengagement variables following the intervention compared to the control group. These reductions persisted in the follow-up phase, whereas changes in the control group remained relatively minor.

The assumptions for statistical analyses were thoroughly checked and met prior to conducting the inferential tests. Normality of the data was assessed using the Shapiro-Wilk test, which indicated no significant deviations from normality for the key variables in both the experimental (n = 30) and control groups (n = 30). Homogeneity of variances was evaluated using Levene's test, confirming equal variances across groups for agreeableness ($F = 0.987$, $p = 0.326$) and moral disengagement components (all $p > 0.05$). Additionally, independence of observations was ensured through the study design, and multicollinearity checks revealed no issues, with variance inflation factors (VIFs) below 1.5 for all variables. These results validate the suitability of the data for conducting the applied statistical tests.

Table 2

Between-Subjects Effects for Agreeableness and Moral Disengagement Components

Variable	Sum of Squares	df	Mean Square	F	Sig.
Agreeableness	429.356	1	429.356	4.640	0.035
Moral Justification	278.756	1	278.756	20.910	0.001
Euphemistic Labeling	301.606	1	301.606	15.047	0.001
Displacement of Responsibility	651.321	1	651.321	18.392	0.001
Diffusion of Responsibility	506.689	1	506.689	21.845	0.001
Advantageous Comparison	480.494	1	480.494	25.690	0.001
Dehumanization	325.356	1	325.356	17.480	0.001
Attribution of Blame	245.467	1	245.467	17.050	0.001
Distortion of Consequences	358.422	1	358.422	20.605	0.001

The results of the between-subjects effects analysis for agreeableness and moral disengagement components are summarized in the table. The F value for agreeableness ($F = 4.640$, $p < 0.05$) indicates a statistically significant difference between the control and schema mode therapy groups. Similarly, the F values for all components of moral disengagement, including moral justification ($F = 20.910$), euphemistic labeling ($F = 15.047$), displacement of responsibility ($F = 18.392$), diffusion of responsibility ($F = 21.845$), advantageous comparison ($F = 25.690$), dehumanization ($F = 17.480$), attribution of blame ($F = 17.050$), and distortion of consequences ($F = 20.605$), were

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highly significant ($p < 0.001$). These results demonstrate that the schema mode therapy group showed significant improvements compared to the control group in both agreeableness and moral disengagement components (Table 2).

Table 3

Bonferroni Post-Hoc Tests for Agreeableness and Moral Disengagement Components

Variable	Group 1	Group 2	Mean Difference	Standard Error	Sig.
Agreeableness	Control	Experimental	-3.089	1.434	0.035
Moral Justification	Control	Experimental	2.489	0.544	0.001
Euphemistic Labeling	Control	Experimental	2.589	0.667	0.001
Displacement of Responsibility	Control	Experimental	3.804	0.887	0.001
Diffusion of Responsibility	Control	Experimental	3.356	0.718	0.001
Advantageous Comparison	Control	Experimental	3.268	0.645	0.001
Dehumanization	Control	Experimental	2.689	0.643	0.001
Attribution of Blame	Control	Experimental	2.336	0.566	0.001
Distortion of Consequences	Control	Experimental	2.822	0.622	0.001

The pairwise comparisons between the control and schema mode therapy groups, as presented in Table 3, reveal significant differences for agreeableness and all components of moral disengagement. The schema mode therapy group exhibited significantly higher agreeableness scores (mean difference = -3.089, $p < 0.035$) compared to the control group. Additionally, the therapy group demonstrated significantly lower scores in moral disengagement components, including moral justification (mean difference = 2.489, $p < 0.001$), euphemistic labeling (mean difference = 2.589, $p < 0.001$), displacement of responsibility (mean difference = 3.804, $p < 0.001$), diffusion of responsibility (mean difference = 3.356, $p < 0.001$), advantageous comparison (mean difference = 3.268, $p < 0.001$), dehumanization (mean difference = 2.689, $p < 0.001$), attribution of blame (mean difference = 2.336, $p < 0.001$), and distortion of consequences (mean difference = 2.822, $p < 0.001$). These findings highlight the effectiveness of schema mode therapy in enhancing agreeableness and reducing moral disengagement among participants in the experimental group.

4. Discussion and Conclusion

This study investigated the effectiveness of Schema Mode Therapy (SMT) in enhancing agreeableness and reducing moral disengagement among individuals with Narcissistic Personality Disorder (NPD). The findings demonstrated significant improvements in the experimental group compared to the control group. Participants undergoing SMT showed higher agreeableness scores and lower moral disengagement scores across all measured components, including moral justification, euphemistic labeling, displacement of responsibility, diffusion of responsibility, advantageous comparison, dehumanization, attribution of blame, and distortion of consequences. These results support the hypothesis that SMT is an effective intervention for addressing the interpersonal and ethical challenges associated with NPD.

The improvement in agreeableness aligns with previous studies demonstrating the capacity of SMT to foster emotional regulation and interpersonal skills. Kashani Kia (2024) highlighted that schema-based interventions are effective in enhancing cooperative and empathetic behaviors, essential components of agreeableness (Kashani Kia, 2024). By targeting maladaptive schema modes, such as the "self-aggrandizer" and "vulnerable child," SMT facilitates the development of the "healthy adult" mode, empowering individuals to engage in healthier relational patterns (Arntz et al., 2021; Edwards, 2022). Furthermore, the focus on repairing unmet emotional needs through experiential techniques such as imagery rescripting has been shown to improve interpersonal functioning, corroborating the findings of this study (Letafati Beris et al., 2021).

The reduction in moral disengagement observed in this study is consistent with research highlighting the role of SMT in addressing cognitive distortions and unethical behaviors. Moral disengagement mechanisms, such as moral justification and attribution of blame, are often rooted in early maladaptive schemas and activated during interpersonal conflicts (Azimi et al., 2023). SMT addresses these mechanisms by challenging distorted beliefs and promoting ethical reasoning, as evidenced in studies on similar populations (Basharpoor & Ahmadi, 2020; Kapoor et al., 2021). For instance, Paciello et al. (2022) reported that

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schema therapy effectively reduces moral disengagement by fostering self-reflection and accountability, findings that strongly support the present results (Paciello et al., 2022).

The study's findings also resonate with research on the broader effectiveness of SMT in treating personality disorders. Khodabandelow et al. (2018) demonstrated that SMT significantly improves self-esteem and reduces narcissistic traits, mechanisms closely tied to moral disengagement and agreeableness (Khodabandelow et al., 2018). Similarly, Koppers et al. (2021) emphasized that specific schema modes predict therapy outcomes, suggesting that the targeted intervention used in this study effectively addressed the maladaptive modes associated with NPD (Koppers et al., 2021). The present results extend this understanding by showing that SMT not only improves self-related traits but also fosters ethical behavior and interpersonal harmony.

The role of experiential techniques, such as schema dialogues and the use of schema mode cards, cannot be overstated in explaining these results. Edwards (2022) emphasized that such techniques enhance emotional insight and promote behavioral change, essential for improving both agreeableness and moral reasoning. These tools likely contributed to the participants' ability to confront and challenge their maladaptive schemas, ultimately leading to the observed improvements. Additionally, the structured nature of SMT, which integrates cognitive, behavioral, and experiential strategies, provides a comprehensive framework for addressing the multifaceted nature of NPD (Aytaç et al., 2020).

The findings also shed light on the interconnectedness of moral disengagement and personality traits. Dimaggio (2022) noted that individuals with NPD often exhibit cognitive distortions that allow them to justify unethical behaviors and maintain their grandiose self-image. By targeting these distortions, SMT helps individuals align their behavior with ethical standards, enhancing social and relational functioning (Dimaggio, 2022). Furthermore, the reduction in moral disengagement observed in this study aligns with research showing that addressing cognitive distortions through therapy promotes empathy and reduces relational conflicts (Lişman & Holman, 2023; Mertens et al., 2020).

Despite its promising findings, this study has several limitations. First, the sample size was relatively small, limiting the generalizability of the results. Future studies should consider larger and more diverse samples to confirm the findings across different populations. Second, the study relied on self-reported measures for assessing moral disengagement and agreeableness, which may be subject to social desirability bias. The inclusion of objective behavioral assessments could strengthen the validity of future research. Third, the follow-up period was relatively short, making it difficult to determine the long-term effects of SMT on agreeableness and moral disengagement. Longer follow-up periods would help assess the sustainability of the observed improvements. Finally, the study did not consider potential moderating variables, such as the severity of narcissistic traits or comorbid disorders, which might influence the therapy's effectiveness.

Future research should address the limitations identified in this study by incorporating larger and more diverse samples, including participants from different cultural and socioeconomic backgrounds. Researchers should also explore the impact of SMT on other personality traits and behavioral outcomes to provide a more comprehensive understanding of its therapeutic potential. Longitudinal studies with extended follow-up periods are needed to evaluate the durability of the observed effects and identify factors that contribute to sustained improvements. Additionally, examining the role of specific schema modes and maladaptive schemas in mediating the outcomes of SMT could enhance the precision of therapeutic interventions. Finally, comparative studies investigating the efficacy of SMT against other therapeutic approaches, such as dialectical behavior therapy or cognitive behavioral therapy, could provide valuable insights into its relative effectiveness.

Clinicians working with individuals with NPD should consider incorporating SMT into their therapeutic repertoire, given its demonstrated effectiveness in enhancing agreeableness and reducing moral disengagement. The use of experiential techniques, such as imagery rescripting and schema dialogues, should be emphasized to foster emotional insight and behavioral change. Tailoring interventions to the unique schema profiles of each patient is essential for maximizing therapeutic outcomes. Moreover, clinicians should integrate tools such as schema mode cards and structured exercises to enhance patient engagement and facilitate long-term recovery. Training programs for therapists should focus on developing expertise in SMT techniques to ensure effective implementation in clinical practice. Lastly, regular follow-up sessions and booster interventions could help maintain the therapeutic gains achieved through SMT.

Authors' Contributions

Authors contributed equally to this article.

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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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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