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Effectiveness of Acceptance and Commitment Therapy on Self-Care Behaviors and Internalized Shame in Women with Narcissistic Personality Disorder

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A B S T R A C T

Objective: The present study aimed to determine the effectiveness of Acceptance and Commitment Therapy (ACT) in improving self-care behaviors and reducing internalized shame in women with Narcissistic Personality Disorder (NPD).

Materials and Methods: This semi-experimental study was conducted using a pre-test–post-test design with a control group. The research population consisted of women diagnosed with Narcissistic Personality Disorder who referred to psychological service centers and clinics in Tehran during the spring of 2024. A total of 30 individuals were selected through purposive sampling and were randomly assigned to experimental and control groups. The experimental group received Acceptance and Commitment Therapy across ten 90-minute sessions, while the control group received no intervention. The research instruments included the Self-Care Behaviors Scale and the Internalized Shame Scale. Data were analyzed using Chi-square tests, multivariate analysis of covariance (MANCOVA), and Bonferroni post hoc tests.

Findings: The results indicated that the groups did not differ significantly in terms of gender, age, and education level ($p > .05$). Moreover, compared to the control group, Acceptance and Commitment Therapy significantly improved self-care behaviors and reduced internalized shame ($p < .001$).

Conclusion: Based on the findings, Acceptance and Commitment Therapy can be considered an effective method for improving self-care behaviors and reducing internalized shame in women with Narcissistic Personality Disorder.

Keywords: *Acceptance and Commitment Therapy, Self-Care Behaviors, Internalized Shame, Personality Disorder, Narcissistic Personality.*

1. Introduction

Acceptance and Commitment Therapy (ACT) is one of the third-wave cognitive-behavioral therapies that emphasizes the acceptance of unpleasant internal experiences rather than avoidance, and commitment to personal values for building a meaningful life. This therapy follows six key processes, including acceptance, cognitive defusion, contact with the present moment, self-as-context, values clarification, and committed action (Piskorz-Ryń et al., 2024). The goal of Acceptance and Commitment Therapy is to enhance individuals' psychological flexibility and enable them to move toward their valued goals despite painful thoughts and feelings.

The results of previous studies on the effectiveness of Acceptance and Commitment Therapy in improving self-care behaviors and reducing internalized shame in women with Narcissistic Personality Disorder have been reported inconsistently, and only a few studies have directly addressed this issue. Nevertheless, some evidence points to the effectiveness of this therapy (Abdollahzadeh & Kabiri-Nasab, 2019; Amini & Hassanzadeh, 2021; Sadeghi & Yousefi, 2021; Tayebi & Ouraki, 2023). Furthermore, internalized shame, which refers to a persistent feeling of worthlessness, inadequacy, and rejection, is another key indicator in the psychological structure of these patients. An experimental study showed that individuals with Narcissistic Personality Disorder experience a significant increase in feelings of shame and disgust when confronted with their facial image, which is associated with their negative self-image. Internalized shame is a chronic and persistent sense of worthlessness, inadequacy, and non-acceptance that an individual harbors toward the self. This feeling often originates from traumatic childhood experiences such as rejection, humiliation, or neglect and becomes ingrained in the individual's self-schema. Those who experience internalized shame are typically self-critical, sensitive to rejection, and prone to intense feelings of guilt (Abdollahzadeh & Kabiri-Nasab, 2019; Amini & Hassanzadeh, 2021; Sadeghi & Yousefi, 2021). Internalized shame is directly associated with disorders such as impaired self-care behaviors, anxiety, and personality disorders, particularly Narcissistic Personality Disorder (Lagerström et al., 2025; Park & Lee, 2024).

Women with Narcissistic Personality Disorder, who may engage in self-destructive behaviors and suffer from social anxieties, can experience significant improvements in their self-care behaviors through the application of ACT (Shah et al., 2025; Wülfing et al., 2025). In this context, self-care refers to engaging in positive behaviors related to physical and mental health that contribute to reducing healthcare costs, enhancing quality of life, and alleviating internalized shame (Pereira, 2025; Zuriati et al., 2024). Particularly in patients with Narcissistic Personality Disorder, who may avoid treatment acceptance and self-care due to psychological and social sensitivities, the use of Acceptance and Commitment Therapy can help them accept their internal symptoms and disorders, leading to improvements in self-care behaviors and reductions in internalized shame (Fjermestad-Noll et al., 2020; Sadeghi & Yousefi, 2021).

Personality disorders, including Narcissistic Personality Disorder, are recognized as chronic conditions whose symptoms begin during adolescence or childhood and remain relatively stable and inflexible throughout life. These disorders represent enduring behavioral and intrapsychic patterns that deviate from cultural norms and can cause significant personal distress and impairments in social, occupational, and interpersonal functioning (Dimaggio, 2022; Kertzman et al., 2022). Narcissistic Personality Disorder is one of the personality disorders that has attracted significant attention, particularly in clinical psychology and personality research. It was first introduced by Freud (1914) as a clinical construct and later expanded by Kernberg (1955) and Kohut (1971) (Aslinger et al., 2022; Szalay et al., 2024).

In this disorder, individuals with narcissistic traits exhibit grandiose fantasies and behaviors that begin in early adulthood. Specifically, they display intolerance to criticism, often responding with indifference or anger. Since Narcissistic Personality Disorder has retained its classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), it is widely recognized as a highly prevalent psychiatric disorder. Research has demonstrated that this disorder leads to reduced quality of life, disrupted interpersonal relationships, and increased social costs (Puri et al., 2024).

In individuals with Narcissistic Personality Disorder, a lack of emotional empathy and a tendency toward maladaptive behaviors, including aggression and interpersonal dysfunction, are commonly observed. Furthermore, these individuals may face reduced life satisfaction and an increased risk of self-harm and suicide (Turan, 2024).

Existing treatments for Narcissistic Personality Disorder, particularly psychotherapy, have yielded modest results. These challenges are largely due to issues such as a lack of

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emotional empathy and resistance to treatment, which pose difficulties for therapists in the assessment and diagnosis of this disorder. However, Acceptance and Commitment Therapy (ACT), as a novel and comprehensive approach to treating personality disorders, may assist individuals with Narcissistic Personality Disorder. By focusing on the acceptance of unpleasant internal experiences and commitment to adaptive actions, this therapy can help these individuals accept negative emotions, modify maladaptive behaviors, enhance their quality of life, and improve interpersonal functioning (Sadeghi & Yousefi, 2021).

In ACT, individuals are encouraged to actively face negative emotions rather than escaping or attempting to alter them and to act based on their values. This process is particularly beneficial for individuals with Narcissistic Personality Disorder, who often avoid genuine interpersonal relationships and are highly sensitive to criticism. Moreover, through ACT, individuals can strengthen their self-care capabilities and adopt healthier perspectives toward social relationships and interactions (Abdollahzadeh & Kabiri-Nasab, 2019). Therefore, the present study aims to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) in improving self-care behaviors and reducing internalized shame in women with Narcissistic Personality Disorder.

2. Methods and Materials

2.1. Study design and Participant

This study employed a semi-experimental design with pre-test, post-test, and two-month follow-up, along with a control group. The target population included all clients referred to a specialized psychology clinic in Tehran in 2024 who were diagnosed with Narcissistic Personality Disorder. The sample size was determined using Cohen's table. With a confidence level of 95%, an effect size of 0.30, and a statistical power of 0.83, the required sample size for each group was set at 12 participants. However, considering the possibility of sample attrition and to enhance the generalizability of the results, the sample size was increased to 15 participants per group. Initially, 30 participants were selected through convenience sampling, and then randomly assigned using a simple random method (lottery) into two groups: an experimental group (15 participants) and a control group (15 participants).

Inclusion criteria consisted of full consent to participate in therapy sessions, no other diagnosed illnesses (confirmed through participant self-report), a minimum education level of middle school or higher, no use of psychiatric medications (such as fluoxetine or sertraline), and no receipt of psychological services (such as anxiety treatment) in the past three months. Exclusion criteria included absence from more than two sessions, diagnosis of psychiatric disorders such as social anxiety disorder or other conditions, simultaneous participation in other psychological workshops, and withdrawal from the study. Ethical principles observed in this study included obtaining informed consent, explaining the research method and objectives to participants, ensuring confidentiality of the information obtained, and granting participants the freedom to leave the study at any time. For data collection, in addition to a demographic information form (including age, gender, education level, and marital status), the study utilized the self-report Internalized Shame Scale and Self-Care Behaviors Questionnaire at three stages: pre-test (before intervention), post-test (after intervention), and follow-up (two months after completion of the intervention). Sampling took place in February 2024, the intervention began in late March 2024 and continued through June, with the follow-up phase completed by late September. There was no attrition among the participants, and the intervention was offered free of charge. Participants were informed that they could withdraw from the study at any time and seek psychological services. After the study ended, participants in the control group received free psychological services from a clinical psychologist.

2.2. Measures

2.2.1. Internalized Shame

The Internalized Shame Scale (ISS) was developed by Cook (1987) and consists of 30 items organized into two subscales: "Shyness" (24 items) and "Self-Esteem" (6 items). Responses are given on a five-point Likert scale (Never = 0, Seldom = 1, Sometimes = 2, Often = 3, Always = 4). Higher scores indicate stronger feelings of worthlessness, inadequacy, humiliation, emptiness, and loneliness, while lower scores reflect higher self-confidence. Cook (1987) reported Cronbach's alpha coefficients of 0.94 for the Shyness subscale and 0.90 for the Self-Esteem subscale. For concurrent validity, correlations between the ISS and measures of happiness and codependency were found to range from 0.61 to 0.79. Rajabi and Abbasi (2011) also reported Cronbach's alpha coefficients of 0.90 for the total scale, 0.89 for men, and 0.91 for women. Regarding content validity, results indicated a content validity index

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above 0.70. In the present study, the internal consistency of the ISS was calculated at 0.79 using Cronbach's alpha.

2.2.2. *Self-Care*

The Self-Care Ability Scale (SCAS) was developed by Johnson (2006). This scale consists of 33 items measured under a single subscale. Specific subcomponents include medication use (3 items), diet (1 item), self-monitoring (2 items), healthcare (2 items), and mental status (6 items). Scoring is based on a six-point system, where "Never" is scored as 0, "Sometimes" as 1, and "Always" as 3. It should be noted that items 13, 30, 31, and 33 are reverse scored. Johnson (2006) reported validity and reliability coefficients of 0.86 and 0.88, respectively, and a Cronbach's alpha of 0.81. In the study by Ferdman and Cutler (2018), validity and reliability coefficients were reported as 0.83 and 0.82, respectively. The scoring range of the SCAS is between 0 and 22, with higher scores indicating greater self-care behaviors.

2.3. *Intervention*

2.3.1. *Acceptance and Commitment Therapy*

The intervention protocol consisted of eight structured sessions. In the first session, therapeutic alliance was established, participants were introduced to one another, session rules were set, the principles and goals of Acceptance and Commitment Therapy (ACT) were introduced, initial and final evaluations were discussed, and the pre-test was administered. The second session focused on increasing participants' awareness of emotional control and the consequences of control efforts (experiential avoidance related to post-traumatic symptoms), including exercises such as recording intrusive thoughts, practicing the "unwanted guest" metaphor, the "yellow jeep" thought suppression exercise, and the "hungry tiger" metaphor. In the third session, cognitive defusion related to trauma-specific thoughts was emphasized, along with exercises on present-moment awareness such as mindful breathing and mindful eating with a raisin, examining the power of words on thoughts and actions, teaching the "word prison" concept, labeling thoughts, and the "bus driver" metaphor. The fourth session aimed to strengthen the observer self by introducing different aspects of the self and discussing the role of self-disclosure in communication, using the "chessboard" metaphor. In the fifth session, personal values related to interpersonal relationships were clarified through exercises such as attending one's own funeral visualization, the "values tree" metaphor, and completing the valued life domains questionnaire. The sixth session focused on stimulating committed action, identifying potential obstacles, discussing the link between values and actions, understanding committed action, and planning effective actions for managing trauma symptoms using the "seedling" metaphor. The seventh session emphasized engagement in value-based activities and goal setting aligned with personal values, reviewing homework from the previous session, and discussing short- and long-term goals along with corresponding activities. Finally, the eighth session involved reviewing and summarizing the intervention content, conducting the post-test, and formally concluding the therapy process.

2.4. *Data Analysis*

Data were analyzed using SPSS version 26. The statistical method applied was two-way repeated measures analysis of variance. For examining demographic characteristics, Fisher's exact test was used. The Kolmogorov-Smirnov test was employed to assess the normality assumption. Mauchly's test was used to evaluate the sphericity assumption, and Levene's test was utilized to check the homogeneity of variances. The significance level for all tests was set at 0.05.

3. Findings and Results

The mean and standard deviation of the participants' ages in the experimental and control groups were 43.40 ± 3.92 and 44.07 ± 4.49 years, respectively ($p = .669$). The results of the independent samples t-test for age and Fisher's exact test for education level and marital status showed no statistically significant differences between the experimental and control groups ($p > .05$).

Table 1

Descriptive indicators in psychosomatic patients

Variables	Group	Pre-test Mean ± SD	Post-test Mean ± SD	Follow-up Mean ± SD	Minimum	Maximum
Internalized Shame	Experimental	44.56 ± 3.67	22.40 ± 3.70	22.40 ± 3.70	19	32
Internalized Shame	Control	45.80 ± 2.16	46.48 ± 3.38	46.12 ± 3.19	15	30

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Self-Care Behaviors	Experimental	59.56 ± 3.67	32.40 ± 3.70	32.40 ± 3.70	78	97
Self-Care Behaviors	Control	45.80 ± 2.16	46.48 ± 3.38	46.12 ± 3.19	84	103

Two-way repeated measures analysis of variance was used to analyze the data and examine the hypotheses regarding internalized shame and self-care behaviors. Before conducting the two-way repeated measures ANOVA, its assumptions were tested. The results of the Kolmogorov-Smirnov test indicated that the data distribution was normal at the 95% confidence level ($p > .05$). The results of Levene's test yielded values greater than .05, confirming the assumption of homogeneity of variances across the two groups. Mauchly's test of sphericity showed that the assumption of sphericity was met for internalized shame ($\chi^2 = 3.56$, $p = .358$) and self-care behaviors ($\chi^2 = 16.05$, $p = .055$), thus the sphericity assumption was upheld. Therefore, the sphericity test was used. To assess the equality of covariance matrices, Box's M test was applied; according to the results, the assumption was confirmed for internalized shame (Box's M = 3.051, F = 1.572, p = .514) and self-care behaviors (Box's M = 4.179, F = 3.260, p = .508).

The results of the between-group test indicated that the difference between the experimental and control groups in terms of mean internalized shame ($p = .008$) and self-care behaviors ($p = .024$) was statistically significant. The results of the within-group (time) test indicated that the differences in mean internalized shame ($p < .001$) and self-care behaviors ($p < .001$) were also significant. In other words, the differences in mean scores for internalized shame and self-care behaviors across the three stages of pre-test, post-test, and follow-up were 67% and 78% respectively, and were statistically significant.

Furthermore, the results in Table 2 show that the interaction effect of group and time on internalized shame and self-care behaviors was significant ($p < .001$), indicating that the intervention had a significant effect in reducing the mean scores of internalized shame and self-care behaviors at the post-test and follow-up stages in the experimental group compared to the control group.

The effect size or the proportion of variance explained by the between-group, within-group (time), and interaction effects for internalized shame was 77%, meaning that 77% of the variance in internalized shame scores could be explained by these effects. The effect size for self-care behaviors was 71%, meaning that 71% of the variance in self-care behaviors scores could similarly be explained by between-group, within-group, and interaction effects.

Table 2

Results of two-way repeated measures analysis of variance explaining the effect of the independent variable on internalized shame and self-care behaviors

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	p Value	Effect Size
Internalized Shame	Group	205.589	1	205.589	4.688	.033	.27
Internalized Shame	Time	96.572	2	48.286	24.416	< .001	.67
Internalized Shame	Group*Time	120.001	2	60.000	30.888	< .001	.71
Self-Care Behaviors	Group	98.822	1	98.822	15.703	.024	.204
Self-Care Behaviors	Time	92.822	2	46.411	36.997	< .001	.785
Self-Care Behaviors	Group*Time	132.022	2	66.011	18.206	< .001	.653

4. Discussion and Conclusion

The results of the present study showed that Acceptance and Commitment Therapy (ACT) had a significant effect on increasing self-care behaviors and reducing internalized shame in women with Narcissistic Personality Disorder. This finding is consistent with previous studies that demonstrated the effectiveness of ACT in improving psychological indicators such as life expectancy, quality of life, and mental health (Abdollahzadeh & Kabiri-Nasab, 2019; Amini & Hassanzadeh, 2021; Sadeghi & Yousefi, 2021; Tayebi & Ouraki, 2023).

Acceptance and Commitment Therapy, with the goal of reducing experiential avoidance, increasing psychological flexibility, accepting negative emotions, and committing to personal values, helped women with Narcissistic Personality Disorder to accept feelings of shame without resistance and to move toward valued life goals (Tayebi & Ouraki, 2023). Given that one of the salient characteristics of Narcissistic Personality Disorder is difficulty in accepting personal weaknesses and a tendency to deny or suppress distressing

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emotions, ACT, by creating a nonjudgmental acceptance environment, has contributed to the reduction of internalized shame and the enhancement of self-care in these patients.

According to the theoretical framework of Acceptance and Commitment Therapy, experiential avoidance is a major factor in the maintenance of psychological distress. Therapists using this approach encourage patients to engage with, accept, and act in accordance with their values rather than avoiding negative emotions (Sadeghi & Yousefi, 2021). This process enabled patients with Narcissistic Personality Disorder to adopt more effective care behaviors toward their mental and physical health and to derive a sense of self-worth from internal sources rather than relying solely on external validation (Amini & Hassanzadeh, 2021; Norouzian et al., 2024).

The therapeutic intervention in this study utilized techniques such as mindfulness, cognitive defusion, emotional acceptance, values clarification, and committed action, which helped participants gain better awareness of their emotions and strive toward positive and sustainable changes in health-oriented behaviors (Amini & Hassanzadeh, 2021). As a result, Acceptance and Commitment Therapy can be considered an effective approach for reducing psychological distress and enhancing the quality of life in women with Narcissistic Personality Disorder.

5. Limitations and Suggestions

Among the limitations of the present study are the use of non-random purposive sampling, the lack of long-term follow-up to assess the sustainability of the intervention outcomes, and exclusive reliance on self-report measures. For future research, it is recommended to employ random sampling methods, use multi-source assessment tools (such as clinical interviews and observational assessments), and conduct long-term follow-ups. Furthermore, it is suggested that similar studies be conducted with other vulnerable groups, such as patients with other personality disorders, individuals with chronic physical illnesses, and survivors of psychological crises.

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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