Mental Health and Lifestyle Journal

Year 2025
Volume 3
Issue 1

Comparison of the Effectiveness of Narrative Therapy and Schema Therapy on Self-Coherence in Middle-Aged Women

Masoumeh. Shekouhideh[1], Ahmad. Ghazanfari[2*]

1 Master's graduate, General Psychology Group, Faculty of Literature and Humanities, Shahrekord Branch, Islamic Azad University, Borujen, Iran
2 Associate Professor, Department of Psychology, Faculty of Literature and Humanities, Shahrekord University, Iran
*Correspondence: Ahmadghazanfari1964@iau.ac.ir

Article type:
Original Research

Article history:
Received 22 December 2024
Revised 09 February 2025
Accepted 17 February 2025
Published online 10 March 2025

ABSTRACT

This study aimed to compare the effectiveness of narrative therapy and schema therapy on self-coherence in middle-aged women in Shahr-e-Kord. The research method was semi-experimental, with a pre-test-post-test design, including a control group. The statistical population consisted of all middle-aged women in Shahr-e-Kord. After considering the inclusion and exclusion criteria, 60 participants were selected and randomly assigned into three groups of 20 participants each. All three groups completed the self-coherence questionnaire. Michael White's (1995) narrative therapy protocol and Young et al.'s (2003) schema therapy protocol were used for the interventions. The results indicated that both narrative therapy and schema therapy were effective in improving self-coherence (31.2%). However, narrative therapy had a greater effect on the experiential self-awareness component, and its effectiveness on courage and moderation was significantly higher than that of schema therapy. Therefore, both narrative therapy and schema therapy can be utilized to enhance self-coherence.

Keywords: narrative therapy, schema therapy, self-coherence, middle-aged women.

How to cite this article:
Shakouhideh, M., & Ghazanfari, A. (2024). Comparison of the Effectiveness of Narrative Therapy and Schema Therapy on Self-Coherence in Middle-Aged Women in Shahr-e-Kord. *Mental Health and Lifestyle Journal, 3*(1), 1-9. https://doi.org/10.61838/mhlj.3.1.5

Introduction

Middle adulthood is a pivotal life stage often marked by complex psychological transitions, increased social responsibilities, and the re-evaluation of personal identity and life achievements. In societies experiencing demographic transitions—like Iran—this stage can be particularly challenging due to the rapid shifts in cultural expectations, family structures, and socioeconomic dynamics (1). For many middle-aged women, these transitions may entail navigating loss, role redefinition, or unresolved earlier-life traumas, all of which may challenge their sense of coherence, emotional well-being, and psychological resilience (2).

Given the psychological vulnerability in this life phase, interventions that enhance self-understanding, psychological integration, and meaning-making are essential.

One of the core constructs relevant to understanding well-being in middle adulthood is self-coherence, which refers to the internal consistency and integration of self-perceptions across time, context, and emotional states (3). Individuals with a high sense of self-coherence exhibit greater psychological flexibility, more adaptive coping strategies, and a stronger foundation for resilience and well-being, especially when confronted with stress or existential challenges (4). Kosler et al. (2024) demonstrated that self-coherence is positively associated with both self-efficacy and mental health, suggesting that interventions aiming to improve integrative self-knowledge can contribute meaningfully to individual well-being.

Theoretical developments in psychotherapy have introduced two particularly relevant modalities for enhancing self-coherence: narrative therapy and schema therapy. Narrative therapy, grounded in post-structuralist theories, views identity as shaped through dominant personal and cultural stories. By re-authoring these stories, individuals can distance themselves from problem-saturated narratives and create more empowering, values-aligned identities (5, 6). Michael White and David Epston's work emphasized the therapeutic potential of externalizing problems and reconstructing meaning through storytelling and social dialogue, particularly for populations dealing with identity fragmentation and psychological distress (5). In trauma recovery contexts, narrative therapy fosters self-coherence by enabling individuals to weave disjointed or suppressed experiences into coherent, agentic narratives (7).

Schema therapy, on the other hand, offers a cognitive-emotional approach that focuses on identifying and modifying early maladaptive schemas (EMS)—deeply rooted patterns of thought and feeling that develop from unmet emotional needs in childhood (8). These schemas, along with associated coping styles, influence current behaviors, emotional responses, and interpersonal dynamics. In recent years, schema therapy has gained empirical support for its effectiveness in addressing emotional dysregulation, identity diffusion, and self-fragmentation, especially in individuals with personality disorders or long-standing relational dysfunctions (9). Research indicates that schema therapy enhances emotional clarity, self-regulation, and the ability to integrate fragmented self-states (10). As such, both therapeutic approaches offer mechanisms to improve the coherence of the self but via distinct philosophical and methodological pathways.

The relevance of such interventions is further underscored by the sociocultural conditions of middle-aged women in Iran, where traditional gender norms, caregiving responsibilities, and socioeconomic limitations may exacerbate psychological distress (1). As women transition from family-rearing years to later life, they may encounter disruptions in identity that manifest in reduced self-esteem, purpose, or emotional well-being. Research has shown that positive psychological resources, such as psychological capital, meaning-making, and resilience, are critical to aging well, and self-coherence may serve as a psychological foundation for these capacities (11, 12). In this light, therapeutic interventions that address fragmented self-concepts are not only clinically necessary but also culturally relevant in supporting the mental health of women during aging transitions.

Despite their common therapeutic goal of identity integration, narrative therapy and schema therapy differ in their conceptual underpinnings and techniques. Narrative therapy emphasizes externalization, deconstruction, and re-authoring of life stories to help individuals reclaim agency and live in accordance with preferred values (6, 13). It allows individuals to reframe dominant narratives and highlight unique

outcomes that reveal competence, resilience, and intention (7). Conversely, schema therapy provides a more structured framework for transforming EMS through cognitive restructuring, experiential techniques, and limited reparenting, fostering a secure inner foundation that strengthens emotional regulation and self-consistency (8, 10).

Moreover, narrative therapy is particularly suited for addressing identity challenges and trauma narratives, making it a powerful tool for individuals with internalized societal messages or long-term interpersonal wounds (6). Meanwhile, schema therapy's structured identification and reprocessing of core beliefs make it highly effective for clients with rigid or deeply ingrained self-schemas (9). While both modalities aim to enhance well-being and reduce psychological distress, the mechanisms through which they build self-coherence differ: narrative therapy through meaning reconstruction, and schema therapy through schema modification.

The empirical literature increasingly supports the efficacy of both therapies in promoting psychological integration, particularly in middle adulthood. For example, Angus (2021) found that narrative processes significantly improved trauma recovery outcomes by increasing self-narrative coherence and emotional resilience. Similarly, schema therapy has been shown to reduce emotional dysregulation and improve interpersonal functioning in a range of clinical populations (9, 10). These findings are consistent with the broader positive psychology movement, which emphasizes self-awareness, authenticity, and integrative functioning as core dimensions of psychological flourishing (14, 15). Littman-Ovadia (2022) further emphasized the stability of character strengths and their contribution to long-term well-being, suggesting that therapeutic work aimed at narrative or schema restructuring can reinforce these stable psychological assets.

Taken together, the theoretical and empirical foundations of narrative therapy and schema therapy suggest that both are well-suited to address the unique psychological challenges of middle-aged women. Enhancing self-coherence through these interventions may not only reduce distress but also promote growth, purpose, and resilience across the lifespan (4, 12). Importantly, the current study seeks to compare the effectiveness of these two approaches in improving self-coherence among middle-aged women in Shahr-e Kord.

Methods and Materials

Study Design and Participants

This study employed a quasi-experimental design with a pretest–posttest format and included a control group. The statistical population consisted of all middle-aged women in Shahr-e Kord. Based on inclusion and exclusion criteria, 60 individuals were selected and randomly assigned to three groups (20 in the first experimental group, 20 in the second experimental group, and 20 in the control group). All participants completed self-coherence questionnaires prior to the intervention.

Data Collection

The concept of self-coherence refers to the score obtained by an individual on the Self-Coherence Questionnaire (ISK). This instrument was developed by Ghorbani, Watson, and Hargis (2008) and consists of 12 items. Respondents answer on a 5-point Likert scale ranging from "mostly true" (score 4) to "mostly

false" (score 0). The Self-Coherence Scale developed by Ghorbani, Watson, and Hargis (2008) includes 12 items. The scoring method is based on a 5-point Likert scale (from 4 = mostly true to 0 = mostly false). Higher scores on the scale indicate higher levels of integrative self-knowledge, while lower scores reflect lower levels of such self-knowledge. In the present study, the internal consistency of the scale, as measured by Cronbach's alpha, was .78. To assess reliability, both test-retest and internal consistency methods were used, with coefficients ranging from .87 to .94. For validity assessment, the scale was correlated with the Anxiety Questionnaire (ANQ), the Coopersmith Self-Esteem Inventory, and the Beck Depression Inventory. A positive correlation of .66 was found with the self-esteem scale, and negative correlations with the anxiety and depression scales supported the validity of the instrument. In the current study, the Cronbach's alpha coefficient was .893.

Interventions

The narrative therapy protocol was conducted over eight structured sessions. In the first session, participants were introduced to one another, the objectives and rules of the sessions were explained, the treatment model was outlined, and members were encouraged to begin sharing their personal narratives. The second session focused on externalizing the problem, identifying dominant narratives, clarifying problem-saturated stories, and exploring the mutual influence between the individual and the problem. In the third session, participants identified the governing principles behind their storytelling, explored peak and low experiences, and viewed their narratives from alternative perspectives. The fourth session involved naming the problem, deconstructing it, and applying re-authoring techniques. The fifth session challenged participants to identify positive and negative influences in their narratives, revisit major life challenges, and uncover their shadow stories. The sixth session was devoted to identifying unique outcomes, incorporating new elements into narratives, and reflecting on values, goals, and important people to reshape life frameworks. In the seventh session, participants focused on rebuilding their life stories, emphasizing strengths, analyzing the connection between the new narrative and current life, and developing narrative momentum. The eighth and final session involved reviewing the revised life stories, predicting potential future challenges, final editing of the new narrative, and role-playing their new life story, including planning future actions.

The schema therapy protocol also comprised eight structured sessions. The first session aimed to establish rapport and empathy while introducing the concept of early maladaptive schemas (EMS), their formation, functions, and the maladaptive coping responses associated with them. The second session focused on understanding the theoretical foundations of schema therapy, including developmental origins and schema domains. The third session provided scientific instruction on recognizing EMS, alongside practicing two cognitive techniques: schema validity testing and redefinition of confirming evidence. In the fourth session, participants were familiarized with schema domains and trained to identify dysfunctional domains relevant to their own schemas. The fifth session introduced the concept of cognitive congruence and guided participants in identifying maladaptive coping styles using personal experiences and recording schema activations in daily life. The sixth session was dedicated to schema assessment, recognizing personal EMS, exploring emotional responses toward parents, and facilitating emotional release of repressed feelings. In the seventh session, participants applied cognitive restructuring strategies to modify EMS and ineffective

coping styles, and were encouraged to abandon avoidance, surrender, and overcompensation behaviors. The eighth session incorporated experiential strategies such as imagery rescripting and empty-chair dialogue to address unmet emotional needs and actively confront schemas on an emotional level. The ninth session focused on behavioral pattern-breaking by replacing maladaptive behaviors with healthier alternatives, using mental imagery of problematic scenarios, role

Data analysis

For statistical analysis, descriptive indices such as mean, standard deviation, and minimum and maximum scores were used. To test the research hypotheses, multivariate analysis of covariance (MANCOVA) was applied. Data were analyzed using SPSS version 23.

Findings and Results

In terms of the educational distribution of participants, the experimental and control groups were very similar, with the majority having completed only middle school education (42.1% in the experimental group and 53% in the control group). Regarding employment status, most participants in the experimental group were housewives (52.3%), while the majority in the control group were self-employed (33.4%).

Table 1. Means and Standard Deviations of Participants' Scores in the Experimental and Control Groups in the Pre-test and Post-test Stages

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Integrative Self-Knowledge	Narrative Therapy	27.60	6.28	40.20	5.52
	Schema Therapy	35.05	5.90	43.80	6.26
	Control	36.70	5.56	37.84	5.04
Reflective Self-Knowledge	Narrative Therapy	10.20	3.23	15.10	3.25
	Schema Therapy	13.03	3.27	16.23	3.20
	Control	12.21	3.29	12.28	3.27
Experiential Self-Knowledge	Narrative Therapy	11.30	3.22	11.05	3.27
	Schema Therapy	12.01	2.79	15.25	2.77
	Control	12.42	2.76	13.32	2.88
Integrating Experiences	Narrative Therapy	5.10	3.20	10.05	3.21
	Schema Therapy	10.01	2.45	12.32	2.36
	Control	12.07	2.59	12.24	2.66

The means and standard deviations of the research variables, divided by experimental and control groups, as presented in Table 1, indicate that in most cases, there is little difference between the pre-test and post-test scores of the control group. However, the post-test scores in the experimental group differ notably from their pre-test scores.

Table 2. Results of Multivariate Analysis of Covariance on Post-Test Scores of Self-Coherence Components

Dependent Variables	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Reflective Self-Knowledge	104.159	1	104.159	35.376	.0001	.659
Experiential Self-Knowledge	21.939	1	21.939	7.921	.0001	.488
Integrating Experiences	0.358	1	0.358	0.512	.0001	.534

As shown in Table 2, the differences between the experimental and control groups in the post-test stage are statistically significant in the subscales of reflective self-knowledge, experiential self-knowledge, and integrating experiences at the level of $p < .0001$.

Table 3. Bonferroni Post-Hoc Test Results for Post-Test Scores of Self-Coherence by Groups

Dependent Variable	Group 1	Group 2	Mean Difference	Standard Error	Significance Level
Integrative Self-Knowledge	Narrative Therapy	Schema Therapy	0.372	1.88	1.000
	Narrative Therapy	Control Group	6.63	2.03	0.006
	Schema Therapy	Control Group	7.00	1.64	0.0001
Reflective Self-Knowledge	Narrative Therapy	Schema Therapy	-1.13	0.84	0.528
	Narrative Therapy	Control Group	2.82	0.89	0.005
	Schema Therapy	Control Group	3.95	0.82	0.0001
Experiential Self-Knowledge	Narrative Therapy	Schema Therapy	-4.20	0.91	0.0001
	Narrative Therapy	Control Group	-2.27	0.93	0.050
	Schema Therapy	Control Group	1.93	0.89	0.092
Integrating Experiences	Narrative Therapy	Schema Therapy	-2.27	0.74	0.009
	Narrative Therapy	Control Group	-2.19	0.76	0.013
	Schema Therapy	Control Group	0.08	0.71	1.000

Based on the results of Table 3, there is no statistically significant difference in the effectiveness of narrative therapy compared to schema therapy on overall self-coherence. However, both interventions were effective. The effect size of narrative therapy and schema therapy on the dimensions of self-coherence was 0.456.

Discussion and Conclusion

The purpose of this study was to compare the effectiveness of narrative therapy and schema therapy on self-coherence in middle-aged women in Shahr-e Kord. The results revealed that both narrative therapy and schema therapy significantly improved overall self-coherence in the experimental groups compared to the control group. However, a more detailed examination of the subscales showed that narrative therapy had a greater effect on *experiential self-knowledge* and components such as *courage and moderation*, whereas schema therapy was more effective in enhancing *reflective self-awareness*. These findings highlight the distinct but complementary mechanisms of change activated by the two therapeutic modalities.

The effectiveness of narrative therapy in improving experiential self-knowledge and promoting values such as courage can be attributed to the core processes of externalization and re-authoring, which allow individuals to detach from problem-saturated stories and reconstruct narratives centered around agency, identity, and hope (5). As supported by Payne (2021), narrative therapy plays a powerful role in shaping identity through language, enabling clients to reflect on and reconstruct their life stories in line with personal values and goals (6). In the current study, participants undergoing narrative therapy were encouraged to revisit significant life events, deconstruct negative meanings, and reclaim their narratives with new perspectives—processes that likely enhanced their sense of self-unity and experiential integration. These results align with the findings of Angus (2021), who emphasized that narrative coherence contributes to emotional regulation, identity restoration, and post-traumatic growth (7).

Moreover, the use of narrative therapy in the Iranian cultural context may have enabled participants to better express repressed emotions, challenge traditional expectations, and construct a voice within a supportive therapeutic setting. As Morgan et al. (2017) explain, the non-pathologizing and respectful stance of narrative therapy helps individuals reclaim meaning and purpose from within their own cultural and life narratives (13). In this sense, the therapy's focus on "unique outcomes" and values-based storytelling may

have empowered participants to see themselves not as passive recipients of life's hardships, but as capable authors of renewed and value-driven stories. This re-authoring, in turn, strengthens experiential self-coherence by integrating feelings, memories, and actions into a cohesive narrative self (3).

On the other hand, schema therapy demonstrated greater effectiveness in enhancing reflective self-awareness. This can be explained by schema therapy's structured emphasis on identifying and modifying *early maladaptive schemas* through cognitive, behavioral, and experiential techniques (8). Participants in this group learned to recognize dysfunctional belief systems rooted in childhood experiences, which had continued to shape their emotional and interpersonal functioning. By fostering insight into these enduring schemas, schema therapy promoted deeper reflection on inner thought patterns and coping responses—contributing to improvements in self-understanding at the reflective level. This finding is consistent with Arntz (2023), whose meta-analysis highlighted the therapy's capacity to reduce emotional dysregulation and promote a more balanced sense of self among individuals with complex psychological profiles (9).

Schema therapy also incorporates techniques such as imagery rescripting, limited reparenting, and mode dialogues, which help individuals meet unmet emotional needs and revise internalized messages about the self (10). In this study, these processes may have helped participants develop more compassionate, integrated self-concepts, leading to improved coherence in how they think about themselves across time and emotional states. The emphasis on restructuring core beliefs through guided practice and therapeutic alliance seems especially beneficial in fostering durable changes in cognitive-affective self-structure.

The finding that both therapies were significantly more effective than no intervention in improving *integrative self-knowledge* supports existing literature on the importance of therapeutic engagement in promoting self-coherence. Kosler et al. (2024) identified self-coherence as a key predictor of mental health and life satisfaction, noting that individuals with high coherence are better equipped to regulate stress, navigate transitions, and maintain psychological well-being (3). Similarly, Aghababaei and Mohammadkhani (2024) stressed the role of psychological resources like coherence and resilience in successful aging, suggesting that fostering these capacities in middle-aged populations can buffer against age-related challenges and mental health risks (11). The improvements observed in this study's experimental groups underscore the value of both schema and narrative-based interventions in achieving this goal.

From a developmental perspective, the middle-aged female participants in this study likely faced existential concerns tied to role transitions, shifting familial structures, and health anxieties—factors that, according to Rowe and Kahn (2020), can compromise psychological resilience and identity integration if left unaddressed (12). The present findings affirm that psychological interventions designed to support meaning-making (narrative therapy) and schema restructuring (schema therapy) are particularly suitable for this demographic. Aghajanian and Merghati-Khoei (2024) have argued that Iran's aging transition presents unique mental health vulnerabilities for middle-aged women, who must balance care responsibilities with evolving identities and societal roles (1). Both therapeutic approaches in this study appear to have equipped participants with tools to navigate these challenges and improve self-coherence as a protective factor.

Moreover, the success of narrative and schema therapies in enhancing self-coherence also aligns with the broader positive psychology movement, which emphasizes personal growth, meaning-making, and the activation of character strengths as pathways to well-being (14). Littman-Ovadia (2022) found that character strengths remain stable across time and that interventions tapping into these strengths can produce

enduring effects on life satisfaction and mental health (15). It is plausible that both narrative and schema therapies enabled participants to rediscover and reinforce character strengths such as courage, perseverance, and self-regulation—elements that are essential for the cultivation of a coherent and adaptive self.

Finally, Fernández-Ballesteros (2023) emphasized that psychological resilience and integrative functioning are core components of positive aging, especially for women confronting social and physiological changes (4). By targeting the cognitive, emotional, and narrative components of self-coherence, the two interventions in this study contribute meaningfully to promoting psychological preparedness for aging and life continuity.

Acknowledgments

The authors express their deep gratitude to all participants who contributed to this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

1. Aghajanian A, Merghati-Khoei E. Mental Health Risks in Iran's Aging Transition: Middle-Aged Adults at Crossroads. Journal of Population Ageing. 2024;17(2):45-67. doi: 10.1007/s12062-024-09452-x.
2. Rahimi M, Alizadeh A. Mental health and challenges of middle age in Iran: A demographic approach. Tehran: University of Tehran Press; 2023.
3. Kosler LM, Bauer S, Möltner A, Rainer M, Holm-Hadulla B. The relationship between sense of coherence and self-efficacy with well-being and mental health - the situation of students at a typical German university during the COVID-19 pandemic and 1 year after the lifting of social restrictions. Frontiers in Psychology. 2024. doi: 10.3389/fpsyg.2024.1457992.
4. Fernández-Ballesteros R. Positive Aging: Resilience and Well-being: Springer; 2023.
5. White M, Epston D. Narrative Means to Therapeutic Ends: W.W. Norton & Company; 2020.

6. Payne H. Narrative Therapy and the Politics of Identity: Contemporary Applications in Trauma Work. Journal of Systemic Therapies. 2021;40(2):45-62.
7. Angus LE. Narrative Processes and Self-Coherence in Trauma Recovery. Psychotherapy Research. 2021;31(2):189-203.
8. Arntz A. Schema Therapy for Personality Disorders: A Practitioner's Guide: Wiley; 2020.
9. Arntz A. Schema Therapy for Emotional Dysregulation in Personality Disorders: A Meta-Analysis. Journal of Clinical Psychology. 2023;79(4):512-30.
10. Van Wijk-Herbrink MF. Meeting Unmet Needs in Schema Therapy: Pathways to Self-Actualization. Clinical Psychology & Psychotherapy. 2021;28(3):645-58.
11. Aghababaei N, Mohammadkhani S. Positive Aging: The Role of Psychological Capital in Elderly Well-being. Iranian Journal of Ageing. 2024;19(1):12-30. doi: 10.32598/ijar.19.1.12.
12. Rowe JW, Kahn RL. Successful Aging 2.0: Conceptual Expansions for the 21st Century. The Gerontologist. 2020;60(1):45-51.
13. Morgan A, Pirbadian G, Abkhaz P. An introduction to narrative therapy. Tehran: Shourafarin Publications; 2017. 4 p.
14. Seligman M, Tabatabai M, Karimi R, Nilouferi A. Inner happiness. Tehran: Danjeh Publications; 2013.
15. Littman-Ovadia H. Stability of Character Strengths in Non-Intervention Groups: A Longitudinal Study. Journal of Positive Psychology. 2022;17(1):45-60.