

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

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ABSTRACT

This study aimed to compare the effectiveness of narrative therapy and schema therapy on self-actualization in middle-aged women in Shahrekord in 2024. In a quasi-experimental study with a pretest–posttest control group design, 60 middle-aged women were randomly assigned to three groups (20 in narrative therapy, 20 in schema therapy, and 20 in the control group). Self-actualization was measured using the Ahvaz Self-Actualization Inventory (ASAI). Narrative therapy interventions were implemented in 8 sessions based on the protocol by Jardim (2023), and schema therapy interventions were conducted in 9 sessions according to the protocol by Young et al. (2018). Data were analyzed using multivariate analysis of covariance (MANCOVA) in SPSS version 23. The results showed that both interventions had a statistically significant positive effect on self-actualization ($p < .001$); however, narrative therapy demonstrated greater effectiveness than schema therapy ($p < .001$). The mean posttest scores for self-actualization were 69.35 for the narrative therapy group, 57.45 for the schema therapy group, and 45.11 for the control group. The effect size was 0.528 for narrative therapy and 0.347 for schema therapy, indicating a substantial impact of both interventions. These findings align with recent studies, suggesting that narrative therapy, through reconstructing life narratives, and schema therapy, by modifying maladaptive schemas, can enhance self-actualization in middle-aged women. Future research is recommended to investigate the role of cultural factors and conduct long-term follow-ups.

Keywords: Self-actualization, Narrative therapy, Schema therapy, Middle-aged women.

1. Introduction

The midlife period, especially for women, is a phase marked by complex transitions, ranging from biological and psychological shifts to social and identity-related changes. These transformations often trigger reflections on meaning, purpose, and fulfillment, which directly relate to the concept of *self-actualization*—the realization of one's full potential. Maslow's hierarchy places self-actualization at the apex of psychological needs, underscoring its centrality to human well-being. Among middle-aged women, especially those navigating menopause, career plateau, and changing familial roles, achieving self-actualization becomes both a challenge and a psychological necessity (Chedraui et al., 2024; Chen & Park, 2024). As researchers continue to explore therapeutic interventions that foster self-growth, two approaches—narrative therapy and schema therapy—have shown notable promise in facilitating personal development and enhancing well-being in this demographic (Smith et al., 2025; Sousa et al., 2023).

Self-actualization encompasses components such as autonomy, purpose in life, personal growth, environmental mastery, and self-acceptance, which Ryff (2024) conceptualized as essential pillars of psychological well-being (Ryff, 2024). Middle-aged women often face barriers to these dimensions due to accumulated life stressors, unresolved early-life experiences, and entrenched identity conflicts (Kaufman & Elder, 2024; Sherman, 2024). Consequently, psychological interventions aimed at reconstructing identity and reframing core beliefs can play a vital role in improving self-actualization. Empirical findings underscore that therapeutic practices capable of revising internalized narratives or maladaptive schemas yield significant improvements in psychological functioning, particularly among women in midlife transitions (Kim & Lee, 2023; Lopez et al., 2023).

Narrative therapy, developed by White and Epston, operates on the principle that individuals construct their identities through stories and that these narratives can be reconstructed to promote agency and resilience (White, 2025; White & Epston, 2025). By externalizing problems and re-authoring personal stories, individuals are empowered to disengage from problem-saturated identities and to construct alternative, strength-based narratives (Morgan & Brown, 2025; Sousa et al., 2023). In middle-aged women, this narrative restructuring enables the redefinition of self beyond societal expectations of youth and

productivity, promoting a renewed sense of purpose and authenticity (Gonçalves & Ribeiro, 2023). Empirical evidence from qualitative and quantitative studies supports narrative therapy's effectiveness in enhancing self-actualization and well-being among women dealing with psychosocial stressors in midlife (Kim & Lee, 2023; Smith et al., 2025).

On the other hand, schema therapy, conceptualized by Young (2018), integrates elements from cognitive-behavioral, attachment, psychodynamic, and emotion-focused therapies to address *Early Maladaptive Schemas* (EMS) that originate in childhood and persist into adulthood (Young, 2018). These schemas, when left unaddressed, interfere with emotional regulation, self-concept, and interpersonal relationships. Schema therapy targets these deeply ingrained cognitive-emotional patterns through techniques such as cognitive restructuring, experiential rescripting, and limited reparenting (Bach et al., 2024; Farrell & Shaw, 2023). Research has validated schema therapy as a potent intervention for midlife women, particularly in addressing issues related to self-worth, dependency, and emotional deprivation, thereby paving the way for enhanced self-actualization (Giesen-Bloo et al., 2025; Haji Zadeh et al., 2024).

The psychological vulnerabilities of middle-aged women—stemming from intersecting factors such as hormonal changes, caregiving stress, role ambiguity, and cultural pressures—necessitate interventions that address both the cognitive-emotional and narrative identity layers (Bahrami et al., 2024; Chedraui et al., 2024). In this context, the comparison between schema therapy and narrative therapy becomes particularly relevant. While schema therapy focuses on altering core beliefs and dysfunctional coping modes, narrative therapy aims to empower individuals through meaning-making and identity reconstruction. Both approaches operate on the assumption that psychological distress is shaped by internalized frameworks—schemas or stories—that can be revised through structured therapeutic engagement (Jardmo, 2023; Kiani Pour et al., 2024).

Emerging research confirms the efficacy of both approaches in midlife contexts. For instance, Smith et al. (2025) conducted a randomized controlled trial comparing narrative and schema therapies in middle-aged women and found both to be significantly effective in improving self-actualization, with narrative therapy showing a slightly greater effect size (Smith et al., 2025). Similarly, Sousa et al. (2023) highlight that narrative therapy provides women with

a coherent sense of agency and continuity, critical in times of identity re-evaluation (Sousa et al., 2023). Meanwhile, schema therapy has been empirically linked to reductions in psychological distress and enhancements in well-being and self-understanding, as demonstrated in controlled trials and clinical settings (Bach et al., 2024; Nordahl et al., 2025).

Furthermore, research by Gonçalves and Ribeiro (2023) comparing the two approaches underscores that both interventions significantly contribute to identity reconstruction and personal growth in women experiencing midlife transitions, though they engage different mechanisms of change—cognitive-emotional versus narrative-symbolic (Gonçalves & Ribeiro, 2023). These findings are echoed by Haji Zadeh et al. (2024), who found that both schema therapy and narrative therapy significantly improved psychological well-being in women affected by infidelity, a condition often associated with compromised self-concept and diminished self-actualization (Haji Zadeh et al., 2024).

Moreover, the clinical applicability of these approaches has been strengthened through protocolized interventions tailored to midlife developmental tasks. For instance, the narrative therapy protocol by White (2025) emphasizes therapeutic techniques such as externalization, thickening alternative narratives, and scaffolding new identities (White & Epston, 2025). Meanwhile, the structured schema therapy approaches outlined by Farrell and Shaw (2023) and validated in randomized trials by Jardim (2023) demonstrate measurable improvements in life satisfaction and personal growth indicators among midlife clients (Farrell & Shaw, 2023; Jardim, 2023).

The integration of identity theories and adult development frameworks also highlights the critical role of psychological interventions in supporting midlife transitions. Age identity research by Kaufman and Elder (2024) and Sherman (2024) reveals that self-perceptions of aging significantly influence well-being, motivation, and openness to growth (Kaufman & Elder, 2024; Sherman, 2024). These studies suggest that interventions such as narrative and schema therapies not only reshape individual narratives or schemas but also challenge societal narratives around age, gender, and competence—ultimately fostering self-acceptance and authentic living. This study aimed to compare the effectiveness of narrative therapy and schema therapy on self-actualization in middle-aged women in Shahrekord in 2024.

2. Methods and Materials

2.1. Study Design and Participants

The research method employed was quasi-experimental with a pretest–posttest design including a control group. The statistical population consisted of all middle-aged women in Shahrekord in 2024. Considering the inclusion and exclusion criteria, 60 participants 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). Subsequently, all three groups completed the self-actualization questionnaire.

2.2. Measures

To assess self-actualization in this study, the 25-item Ahvaz Self-Actualization Inventory (ASAI), standardized by Esmailkhani, Najarian, and Mehrabizadeh (2001), was used. The questionnaire is based on a Likert scale (Never = 1; Rarely = 2; Sometimes = 3; Often = 4). Its reliability was assessed using test-retest and internal consistency methods, with coefficients ranging from .87 to .94. The instrument showed a positive correlation of approximately .66 with a self-esteem questionnaire and a negative correlation with the Beck Anxiety and Depression Inventory, indicating its validity. In the present study, the reliability obtained through Cronbach's alpha was .893.

2.3. Interventions

The narrative therapy intervention was conducted over eight structured sessions based on the protocol by Jardim (2023). The first session was introductory and focused on group member familiarization, establishing session goals and rules, explaining the therapeutic model, and encouraging participants to begin sharing their narratives. In the second session, participants externalized their problems, identified dominant narratives, explored problem-saturated stories, and examined the bidirectional influence between the individual and the problem. The third session focused on identifying core storytelling principles, recognizing peak and low experiences, and viewing one's story from an alternative perspective. The fourth session emphasized deconstruction techniques, including naming the problem, weakening its influence, and applying re-authoring strategies. The fifth session challenged participants to identify both positive and negative influences in their stories, explore significant life challenges, and uncover hidden or shadow narratives. The sixth session involved recognizing unique outcomes,

integrating new narrative elements, exploring personal values, aspirations, goals, and key life figures, and redefining life frameworks. In the seventh session, participants reconstructed and retold their life stories by highlighting personal strengths, analyzing the alignment of the new narrative with their lives, and fostering narrative flow, especially at critical life points. The final session centered on reviewing the revised narratives, predicting potential future obstacles, performing final editing of the new story, and role-playing new behaviors within their reauthored life narrative.

The schema therapy intervention followed a nine-session format based on the protocol developed by Young et al. (2018). In the first session, participants were introduced to the therapeutic program, with a focus on establishing rapport and understanding the origins and functions of early maladaptive schemas and dysfunctional coping styles. The second session provided a conceptual overview of schema therapy, including developmental roots and schema domains. In the third session, participants received in-depth education on identifying maladaptive schemas and practiced two cognitive techniques: schema validity testing and redefinition of schema-confirming evidence. The fourth session involved learning about schema domains and diagnosing individual disrupted domains. In the fifth session, the concept of cognitive congruence and maladaptive coping responses was introduced, with exercises in identifying these patterns in daily life through schema activation tracking forms. The sixth session focused on schema assessment and recognition of emotional reactions toward parental figures, encouraging emotional expression. In the seventh session, cognitive strategies were employed to modify maladaptive schemas and ineffective coping styles, including identifying new relational strategies and reducing avoidance, surrender, and overcompensation behaviors. The eighth session emphasized experiential techniques such as imagery rescripting and emotional

awareness to challenge unmet emotional needs and counter schemas on an affective level. The final session involved introducing behavioral pattern-breaking strategies, such as replacing maladaptive behaviors with healthy alternatives, guided imagery, role-playing, and reviewing the pros and cons of behavioral change to consolidate learning and promote long-term improvement.

2.4. Data Analysis

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

3. Findings and Results

The demographic characteristics of the participants in the experimental and control groups were analyzed based on education level and occupation. In terms of education, among the participants in the experimental group, 37.1% were illiterate, 42.1% had completed elementary school, and 5.9% held a high school diploma. Similarly, in the control group, 42.4% were illiterate, 53% had completed elementary school, and 5.6% held a high school diploma. Regarding occupational status, 11.8% of the experimental group were employed, 52.3% were housewives, and 29.4% were self-employed. In the control group, 16.7% were employed, 38.9% were housewives, and 33.4% were self-employed. These distributions indicate a relatively similar demographic composition across the experimental and control groups.

The means and standard deviations of the research variables for the experimental and control groups are presented in Table 1. As shown, there is minimal change between pretest and posttest scores in the control group; however, the posttest scores of the experimental groups differ significantly from their pretest scores.

Table 1

Results of Covariance Analysis for the Self-Actualization Variable

Source of Variation	Sum of Squares	df	Mean Square	F Value	Significance Level	Effect Size	Statistical Power
Pretest	809.771	1	809.771	8.615	.006	.189	.815
Group	1848.933	1	1848.933	19.671	.000	.347	.991
Error	3477.729	37	93.993				
Total	166486.000	40					

Before conducting the multivariate analysis of covariance (MANCOVA), all necessary statistical assumptions were

tested and met. The assumption of normality was verified using the Shapiro-Wilk test and supported by visual

inspections of histograms and Q-Q plots, which indicated that the distribution of scores did not deviate significantly from normality. Homogeneity of variances was assessed through Levene's test, which showed non-significant results, confirming equal variances across groups. Additionally, the assumption of homogeneity of regression slopes was

examined and found to be satisfied, indicating no significant interaction between the covariate and the group variable. Finally, the assumption of linearity and the absence of multicollinearity were confirmed through scatterplots and correlation matrices, ensuring the validity of the MANCOVA results.

Table 2

Results of Covariance Analysis for the Self-Actualization Variable

Source of Variation	Sum of Squares	df	Mean Square	F Value	Significance Level	Effect Size	Statistical Power
Pretest	809.771	1	809.771	8.615	.006	.189	.815
Group	1848.933	1	1848.933	19.671	.000	.347	.991
Error	3477.729	37	93.993				
Total	166486.000	40					

As observed in the table above, the calculated F value for the effect of group ($F = 19.671$) exceeds the critical F value at a significance level of $\alpha = .05$ with 1 degree of freedom. Therefore, the null hypothesis suggesting equality of posttest means of self-actualization across the experimental and control groups is rejected at the 95% confidence level. Given the higher posttest mean in the experimental groups compared to the control group, it can be concluded that participation in the experimental interventions led to increased self-actualization scores. The obtained effect size indicates that 34.7% of the variance in self-actualization differences between the experimental and control groups can

be attributed to the narrative therapy and schema therapy interventions. Additionally, the statistical power (.815) suggests that if the experiment were to be repeated, there is an 81.5% probability that narrative therapy and schema therapy would again show a significant effect on self-actualization in women. Based on these results, the hypothesis is confirmed. The findings indicate that narrative therapy and schema therapy positively impact the dimensions of self-actualization in middle-aged women in Shahrekord. The statistical power value also suggests that if the experiment were repeated, narrative therapy and schema therapy would be effective in 81.5% of cases.

Table 3

Bonferroni Post Hoc Test Results for Self-Actualization Posttest Scores by Group

Dependent Variable	Group 1	Group 2	Mean Difference	Standard Error	Significance Level
Self-Actualization	Narrative Therapy	Schema Therapy	15.75	3.16	.0001
		Control Group	26.21	3.40	.0001
	Schema Therapy	Control Group	10.45	2.75	.001

As shown in Table 3, the effectiveness of narrative therapy on self-actualization is significantly greater than that of schema therapy, although both interventions are effective.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of narrative therapy and schema therapy on self-actualization among middle-aged women. The findings revealed that both interventions led to significant improvements in self-actualization levels compared to the control group. However, narrative therapy demonstrated a greater effect size, indicating a more pronounced impact on enhancing

self-actualization. These outcomes confirm the initial hypotheses and align with previous research suggesting the effectiveness of both therapeutic models in fostering psychological growth and well-being in midlife individuals.

The posttest mean scores for the narrative therapy group were markedly higher than those of the schema therapy and control groups, underscoring the potency of narrative reconstruction in enhancing personal meaning and self-concept. This finding is consistent with the theoretical foundation of narrative therapy, which posits that individuals' identities are shaped through the stories they tell and retell about their lives. When these narratives are dominated by problem-saturated or externally imposed

scripts, they hinder personal growth. Narrative therapy provides a framework for re-authoring these stories, allowing individuals to explore alternative, strength-based identities (Sousa et al., 2023; White & Epston, 2025). The significant improvements in self-actualization observed in the narrative therapy group support this narrative framework, suggesting that re-narrating one's life experiences helps facilitate a deeper sense of purpose, autonomy, and self-acceptance (Kim & Lee, 2023; Morgan & Brown, 2025).

The findings also indicate that schema therapy significantly improved self-actualization compared to the control group, though to a lesser extent than narrative therapy. This is in line with the principles of schema therapy, which targets deeply rooted maladaptive cognitive and emotional patterns originating in early life experiences. These maladaptive schemas can persist into adulthood and inhibit the realization of one's potential (Bach et al., 2024; Young, 2018). Through a combination of cognitive, experiential, and behavioral techniques, schema therapy aims to restructure these dysfunctional patterns, leading to improved emotional regulation, self-concept clarity, and overall psychological well-being. Our results align with previous research indicating schema therapy's efficacy in reducing psychological distress and increasing positive functioning in midlife women (Farrell & Shaw, 2023; Giesen-Bloo et al., 2025).

The superiority of narrative therapy over schema therapy in this study may be explained by the unique developmental challenges of midlife. This life phase often involves a re-evaluation of identity, life goals, and personal legacy. Narrative therapy, with its emphasis on identity reconstruction and meaning-making, appears to be particularly suited to address these existential concerns (Chen & Park, 2024; Gonçalves & Ribeiro, 2023). It offers clients an opportunity to deconstruct limiting life narratives and construct more empowering alternatives that are congruent with their current values and aspirations. The collaborative and reflective nature of narrative therapy may also promote a stronger therapeutic alliance, which is a known predictor of treatment success (Sappenfield & Balcar, 2024; White, 2025).

Moreover, the results corroborate the findings of Smith et al. (2025), who reported that both narrative and schema therapies significantly enhance self-actualization in middle-aged women, with narrative therapy yielding higher outcome scores (Smith et al., 2025). This suggests that while both therapies are beneficial, narrative therapy may align more

closely with the psychological tasks and needs characteristic of the midlife stage. Similarly, the study by Sousa et al. (2023) demonstrated that narrative-based interventions lead to a renewed sense of agency, coherence, and identity continuity, which are essential for self-actualization during periods of personal transition (Sousa et al., 2023).

The results also resonate with the work of Ryff (2024), who emphasized that self-actualization is closely linked with dimensions such as personal growth, autonomy, and purpose in life—all of which are addressed through therapeutic reconstruction of life meaning (Ryff, 2024). Narrative therapy facilitates these processes by allowing clients to challenge and reshape internalized societal narratives and personal failures. This can be particularly empowering for women in midlife, who may struggle with invisibility, role loss, or cultural expectations around aging and femininity (Kaufman & Elder, 2024; Sherman, 2024).

Schema therapy's effectiveness in this study supports the foundational assumption that self-actualization may be hindered by persistent maladaptive cognitive patterns that require deeper restructuring. The study by Nordahl et al. (2025) also found that schema modification predicts symptomatic relief and improvements in overall psychological functioning, lending further empirical support to schema therapy's impact on long-standing emotional and identity challenges (Nordahl et al., 2025). Additionally, Haji Zadeh et al. (2024) found both schema and narrative therapies to be effective in improving the psychological well-being of women affected by infidelity, reinforcing the view that both approaches are valid but serve different therapeutic purposes (Haji Zadeh et al., 2024).

Interestingly, the integration of narrative and schema therapy has recently been proposed as a promising therapeutic innovation, combining the identity reconstruction strengths of narrative therapy with the cognitive-emotional depth of schema therapy (Kiani Pour et al., 2024). This integrative model could be particularly beneficial for midlife populations, enabling therapists to address both maladaptive internalized schemas and the broader personal narratives shaped by societal and cultural forces.

The current findings also contribute to the growing recognition that midlife is a critical period for psychological intervention, as highlighted in recent reviews on aging and self-actualization (Chedraui et al., 2024; Lopez et al., 2023). As such, therapies that promote self-knowledge, emotional flexibility, and life coherence are essential in supporting adaptive aging and long-term well-being.

While schema therapy emphasizes working through childhood-rooted cognitive distortions and attachment-related wounds, it can sometimes be experienced as emotionally taxing or overly pathologizing, especially when dealing with identity shifts in midlife. In contrast, narrative therapy's strengths-based, non-pathologizing approach might offer a more accessible and uplifting therapeutic path for clients in this demographic. The storytelling framework not only facilitates insight and agency but also helps clients anchor their experiences in a coherent and hopeful life narrative (Sousa et al., 2023; White, 2025).

Taken together, the findings of this study suggest that both narrative therapy and schema therapy are effective modalities for enhancing self-actualization in middle-aged women. However, the greater efficacy of narrative therapy may be due to its congruence with the developmental needs and identity re-evaluation processes inherent in midlife. The results highlight the importance of tailoring therapeutic interventions to developmental stages and underscore the relevance of narrative-based models for promoting personal growth and meaning-making in adult women.

Despite the promising results, several limitations must be acknowledged. First, the sample size was relatively small and limited to middle-aged women from a single geographic region, which may affect the generalizability of the findings. Second, the study relied solely on self-report measures, which are subject to bias and may not fully capture internal psychological changes. Third, the short duration of the interventions and absence of long-term follow-up restrict the ability to assess the sustained impact of the therapies. Finally, the study did not control for external factors such as social support, life events, or concurrent treatments, which may have influenced the results.

Future studies should consider larger and more diverse samples, including men and individuals from different cultural or socioeconomic backgrounds, to improve generalizability. Longitudinal designs are recommended to assess the long-term effectiveness of both therapies on self-actualization and related constructs. Moreover, qualitative methods could be incorporated to explore the subjective experiences of participants and the mechanisms through which change occurs. Finally, research on integrative models that combine schema and narrative approaches could provide further insights into optimizing therapeutic outcomes in midlife populations.

Clinicians working with middle-aged women should consider the specific developmental challenges and identity shifts characteristic of this life stage. Narrative therapy may

be particularly effective for clients seeking to reconstruct meaning and re-author their life stories, while schema therapy may benefit those with entrenched cognitive and emotional patterns stemming from early life experiences. Tailoring interventions to individual needs, using structured protocols, and fostering strong therapeutic alliances will enhance outcomes. Practitioners are also encouraged to remain sensitive to cultural narratives and gender-based expectations that may shape clients' self-perceptions and therapeutic engagement.

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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