Comparison of the Effectiveness of Narrative Therapy and Schema Therapy on the Character Strengths of Middle-Aged Women

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ABSTRACT

Objective: This study aimed to compare the effectiveness of narrative therapy and schema therapy in enhancing character strengths among middle-aged women.

Methods and Materials: A quasi-experimental design with a pretest-posttest control group structure was employed, involving 60 middle-aged women randomly assigned to three groups: narrative therapy, schema therapy, and a control group. The Values in Action Inventory of Strengths (VIA-S) by Seligman and Peterson (2004) was used to measure character strengths, demonstrating high reliability (Cronbach's alpha: 0.75–0.97). Interventions included 8 sessions of narrative therapy and 9 sessions of schema therapy, conducted in group settings. Data were analyzed using multivariate covariance analysis (MANCOVA) in SPSS version 23.

Findings: Both narrative therapy and schema therapy significantly enhanced character strengths, with a large effect size of 0.396. Narrative therapy was more effective in improving courage (mean difference: 9.75, $p < .001$) and temperance (mean difference: 8.75, $p < .001$) compared to schema therapy. Schema therapy showed comparable efficacy in enhancing wisdom, humanity, justice, and transcendence, with no significant differences between the two therapies in these domains. The control group exhibited minimal changes in character strengths between pretest and posttest.

Conclusion: Both narrative therapy and schema therapy are effective in enhancing character strengths among middle-aged women, with narrative therapy demonstrating superior efficacy in improving courage and temperance. These findings underscore the importance of tailored therapeutic approaches in promoting psychological well-being and resilience in this demographic. The study contributes to the growing body of research on positive psychology and therapeutic interventions, highlighting the role of character strengths in personal growth and mental health.

Keywords: Narrative therapy, schema therapy, character strengths, middle-aged women

1.   Introduction

The concept of character strengths, as a core component of positive psychology, has gained significant attention in recent years for its role in fostering psychological well-being, resilience, and personal growth (Peterson & Seligman, 2023). Character strengths, defined as positive traits that contribute to individual flourishing, encompass virtues such as wisdom, courage, humanity, justice, temperance, and transcendence (Infurna et al., 2023; Peterson & Seligman, 2023). These strengths are not only integral to personal development but also play a pivotal role in coping with adversity, enhancing life satisfaction, and promoting mental health across diverse populations (Infurna et al., 2023; Peterson & Seligman, 2023; Soria-Reyes, 2023; Tesfai et al., 2023).

Middle-aged women, in particular, represent a demographic that faces unique psychological challenges, including role transitions, caregiving responsibilities, and age-related stressors (Infurna et al., 2023). These challenges often intersect with societal expectations, health concerns, and emotional demands, making this life stage a critical period for psychological intervention. Enhancing character strengths in middle-aged women can serve as a protective factor against mental health issues, fostering resilience and a sense of purpose during this transformative phase (Infurna et al., 2023; Soria-Reyes, 2023).

Therapeutic approaches such as narrative therapy and schema therapy have emerged as effective modalities for addressing psychological distress and promoting personal growth (Gonçalves & Ribeiro, 2023; Haji Zadeh et al., 2024; Kiani Pour et al., 2024; Kianipour et al., 2018). Narrative therapy, rooted in the idea that individuals construct meaning through stories, focuses on reshaping personal narratives to foster empowerment and self-awareness (Fazeli et al., 2022; Gonçalves & Ribeiro, 2023). By externalizing problems and reauthoring life stories, narrative therapy enables individuals to gain new perspectives and develop adaptive coping strategies (Fazeli et al., 2022).

Schema therapy, on the other hand, targets maladaptive schemas—deep-seated cognitive and emotional patterns—that contribute to psychological distress (Aghili et al., 2020; Alizadeh et al., 2022; Eisazadeh et al., 2020; Haji Zadeh et al., 2024; Kiani Pour et al., 2024; Kianipour et al., 2018; Nasiri et al., 2019). By identifying and modifying these schemas, schema therapy aims to enhance emotional regulation, self-compassion, and psychological capital (Aghili et al., 2020; Alizadeh et al., 2022; Eisazadeh et al.,

2020; Nasiri et al., 2019; Nazari et al., 2022). Both therapies have demonstrated efficacy in improving mental health outcomes, yet their comparative effectiveness in enhancing character strengths remains underexplored, particularly among middle-aged women (Gonçalves & Ribeiro, 2023; Haji Zadeh et al., 2024).

Research has highlighted the importance of character strengths in various contexts, including coping with chronic illnesses, migration-related stress, and workplace challenges (Khodabakhash et al., 2015; Tesfai et al., 2023). For instance, Khodabakhash et al. (2015) found that positive psychotherapy, which emphasizes character strengths, significantly reduced depression symptoms and enhanced character strengths in cancer patients (Khodabakhash et al., 2015). Similarly, Tesfai et al. (2023) demonstrated that character strengths play a crucial role in the coping mechanisms and flourishing of forced migrants (Tesfai et al., 2023). These findings underscore the universal relevance of character strengths in promoting psychological well-being across diverse populations.

Despite the growing body of literature on character strengths, there is a notable gap in research focusing on middle-aged women and the comparative efficacy of therapeutic interventions in this population. Middle-aged women often face unique stressors, such as menopause, caregiving for aging parents, and balancing career and family responsibilities, which can impact their psychological well-being (Infurna et al., 2023). Interventions that specifically target character strengths in this demographic could provide valuable tools for navigating these challenges and fostering resilience (Soria-Reyes, 2023).

In summary, this research bridges the gap between therapeutic interventions and character strengths, focusing on a demographic that faces unique psychological challenges. By comparing narrative therapy and schema therapy, the study aims to provide empirical evidence for the most effective approach in enhancing character strengths among middle-aged women. The present study seeks to address this gap by comparing the effectiveness of narrative therapy and schema therapy in enhancing character strengths among middle-aged women.

2.   Methods and Materials

2.1.   Study design and Participant

The present study employed a quasi-experimental design with a pretest-posttest and control group structure. The statistical population comprised all middle-aged women

(aged 55–65 years) residing in Shahrekord, Iran, in 2024, totaling 28,500 individuals. Based on inclusion and exclusion criteria, 60 participants were selected through purposeful sampling. These participants were randomly assigned to three groups: 20 in the first experimental group (narrative therapy), 20 in the second experimental group (schema therapy), and 20 in the control group. The inclusion criteria included middle-aged women scoring one standard deviation below the mean on measures of self-cohesion, self-actualization, and character strengths. Exclusion criteria comprised individuals with severe psychiatric disorders or those who did not complete the intervention sessions. Prior to the study, participants were informed about the research objectives and benefits. All groups completed the research questionnaires at both pretest and posttest stages.

2.2. Measures

2.2.1. Character Strengths

The primary tool used in this study was the Values in Action Inventory of Strengths (VIA-S), developed by Seligman and Peterson (2004). This questionnaire consists of 24 items assessing six dimensions of character strengths: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. Items are rated on a 5-point Likert scale ranging from 1 (completely unlike me) to 5 (completely like me). Total scores range from 24 to 120, with higher scores indicating greater character strengths. The VIA-S has demonstrated robust psychometric properties, with Cronbach's alpha coefficients reported as 0.91 in Seligman and Peterson's (2004) original study and 0.88 in Iranian research contexts. The scale's subscales also exhibited high internal consistency, with Cronbach's alpha values of 0.97 for wisdom and knowledge, 0.88–0.91 for courage, 0.87–0.91 for humanity, 0.75–0.78 for justice, 0.78–0.79 for temperance, and 0.87–0.89 for transcendence.

2.3. Interventions

To implement the acceptance and commitment-based schema therapy, treatment sessions were conducted based on the protocol developed by Young and colleagues (2023).

The experimental group underwent eight 45-minute sessions, delivered twice weekly over five consecutive weeks. In the first session, participants were introduced to the group, therapeutic goals, schema therapy framework, and emotional awareness, and completed pre-assessment questionnaires. The second session included a review of initial content, assessment of coping styles, problem conceptualization based on schema therapy, and introduction to ACT principles, along with assigned homework. In the third session, cognitive techniques were used to challenge dominant schemas, while metaphors were employed to highlight the inefficacy of controlling negative events and to teach openness to unpleasant experiences. Relaxation techniques and new homework were also introduced. The fourth session focused on practicing cognitive defusion and nonjudgmental observation of thoughts. The fifth session emphasized mindfulness and self-as-context through metaphors (e.g., chessboard metaphor). The sixth session explored the developmental roots of maladaptive schemas and clarified emotional needs, followed by values identification and ranking. The seventh session addressed practical strategies for overcoming barriers to valued living, using metaphors and action planning. Finally, in the eighth session, participants were encouraged to abandon maladaptive coping strategies, practice adaptive behaviors, summarize learned skills, share personal outcomes, plan for relapse prevention, and complete post-intervention assessments.

2.4. Data Analysis

Descriptive statistics, including means, standard deviations, minimum, and maximum scores, were used to summarize the data. To test the research hypotheses, multivariate covariance analysis (MANCOVA) was employed, controlling for pretest scores. All statistical analyses were conducted using SPSS version 23.

3. Findings and Results

Most participants in the experimental group were homemakers (52.3%), while the majority in the control group were unemployed (33.4%).

Table 1

Mean (SD) of Character Strength Component Scores

Variable	Group	Pretest M (SD)	Posttest M (SD)
Wisdom and Knowledge	Narrative Therapy	6.21 (2.23)	12.25 (2.25)
	Schema Therapy	5.21 (2.25)	9.27 (2.27)
	Control	5.44 (2.32)	5.49 (2.26)
Courage	Narrative Therapy	5.22 (2.35)	12.31 (2.28)
	Schema Therapy	5.22 (2.34)	9.32 (2.35)
	Control	5.67 (2.29)	5.58 (2.26)
Humanity	Narrative Therapy	6.34 (2.40)	11.22 (2.38)
	Schema Therapy	5.31 (2.32)	9.25 (2.23)
	Control	5.79 (2.34)	5.58 (2.27)
Justice	Narrative Therapy	5.28 (2.33)	10.29 (2.22)
	Schema Therapy	5.28 (2.21)	9.36 (2.20)
	Control	5.88 (2.20)	5.72 (2.24)
Temperance	Narrative Therapy	5.68 (2.22)	9.28 (2.25)
	Schema Therapy	5.44 (2.26)	9.28 (2.28)
	Control	5.38 (2.29)	5.48 (2.32)
Transcendence	Narrative Therapy	4.27 (1.89)	8.65 (2.32)
	Schema Therapy	5.65 (2.27)	9.42 (2.32)
	Control	5.89 (2.36)	5.67 (2.33)
Character Strengths	Narrative Therapy	34.70 (8.24)	64.50 (18.88)
	Schema Therapy	30.65 (7.90)	54.75 (22.37)
	Control	30.65 (30.90)	30.79 (7.64)

Table 1 presents the mean and standard deviation of the research variables for both experimental and control groups. As observed, the control group showed minimal differences between pretest and posttest scores, whereas the experimental groups demonstrated significant changes in posttest scores compared to pretest.

Table 2

Results of Multivariate Covariance Analysis on Posttest Mean Scores of Character Strength Components

Dependent Variables	Sum of Squares	Df	Mean Square	F	Sig.	Effect Size
Wisdom and Knowledge	0.097	1	0.097	0.005	<.005	0.644
Courage	0.291	1	0.291	0.016	<.005	0.532
Humanity	0.990	1	0.990	0.117	.009	0.434
Justice	2.233	1	2.233	0.239	.018	0.468
Temperance	0.007	1	0.007	0.000	.004	0.393
Transcendence	123.458	1	123.458	11.547	.0001	0.322

As shown in Table 2 the differences between the experimental and control groups in posttest scores for wisdom and knowledge, courage, humanity, justice, temperance, and transcendence were statistically significant ($p < .001$). Thus, the second partial hypothesis is supported. Effect sizes were 0.644 for wisdom and knowledge, 0.532 for courage, 0.434 for humanity, 0.468 for justice, 0.393 for temperance, and 0.322 for transcendence.

Table 3

Bonferroni Post Hoc Test Results for Posttest Scores of Character Strength Components by Group

Dependent Variable	Groups	Mean Difference	Standard Error	Significance Level
Wisdom and Knowledge	Narrative Therapy vs. Schema Therapy	1.70	4.42	1
	Narrative Therapy vs. Control	14.15	6.17	.001
	Schema Therapy vs. Control	12.37	4.98	.0001
Courage	Narrative Therapy vs. Schema Therapy	9.75	3.16	.0001
	Narrative Therapy vs. Control	6.21	3.40	.0001
	Schema Therapy vs. Control	8.45	2.75	.001
Humanity	Narrative Therapy vs. Schema Therapy	0.372	1.88	1
	Narrative Therapy vs. Control	6.69	2.03	.006

Justice	Schema Therapy vs. Control	5.79	1.68	.0001
	Narrative Therapy vs. Schema Therapy	1.68	4.40	1
	Narrative Therapy vs. Control	12.15	6.17	.001
	Schema Therapy vs. Control	10.37	4.98	.0001
Temperance	Narrative Therapy vs. Schema Therapy	8.75	3.16	.0001
	Narrative Therapy vs. Control	7.24	3.42	.0001
	Schema Therapy vs. Control	8.44	2.74	.001
Transcendence	Narrative Therapy vs. Schema Therapy	1.70	4.23	1
	Narrative Therapy vs. Control	8.15	4.17	.001
	Schema Therapy vs. Control	8.37	4.22	.0001

Table 3 indicates that both narrative therapy and schema therapy were equally effective in enhancing wisdom and knowledge, humanity, justice, and transcendence, with no significant differences between them. However, narrative therapy was significantly more effective than schema therapy in improving courage and temperance, though both interventions were effective overall.

4.   Discussion and Conclusion

The findings of this study reveal that both narrative therapy and schema therapy significantly enhanced character strengths among middle-aged women, with each approach demonstrating unique efficacy in specific domains. Consistent with previous research, both therapies were effective in promoting psychological well-being, though narrative therapy showed greater effectiveness in improving courage and temperance, while schema therapy yielded comparable outcomes in other domains (Gonçalves & Ribeiro, 2023; Haji Zadeh et al., 2024). These results align with the theoretical underpinnings of each therapy, as narrative therapy's focus on reauthoring personal stories may particularly bolster strengths related to courage and self-regulation (Fazeli et al., 2022), whereas schema therapy's emphasis on restructuring maladaptive schemas appears to have a broader impact on various character strengths (Aghili et al., 2020; Alizadeh et al., 2022).

The significant improvement in character strengths observed in both groups underscores the importance of these therapeutic modalities in fostering resilience and personal growth among middle-aged women. This is particularly relevant given the unique challenges faced by this demographic, such as role transitions, caregiving responsibilities, and age-related stressors (Infurna et al., 2023). Enhancing character strengths can serve as a protective mechanism against psychological distress, promoting a sense of purpose and well-being during this life stage (Soria-Reyes, 2023). The effectiveness of both therapies in this study supports their potential as valuable tools in clinical practice for middle-aged women.

The superior efficacy of narrative therapy in enhancing courage and temperance can be attributed to its focus on empowering individuals to rewrite their life narratives. By externalizing problems and reframing experiences, narrative therapy enables individuals to confront challenges with greater confidence and self-control (Fazeli et al., 2022). This aligns with findings from Gonçalves and Ribeiro (2023), who demonstrated that narrative therapy facilitates identity reconstruction and personal growth by encouraging individuals to adopt more adaptive and empowering narratives (Gonçalves & Ribeiro, 2023). The emphasis on courage in narrative therapy may also resonate with middle-aged women navigating life transitions, as it encourages them to embrace change and take proactive steps toward self-improvement.

Schema therapy's effectiveness in enhancing a broad range of character strengths is consistent with its comprehensive approach to addressing maladaptive schemas and promoting emotional regulation (Aghili et al., 2020; Alizadeh et al., 2022; Eisazadeh et al., 2020; Nasiri et al., 2019; Nazari et al., 2022). By targeting deep-seated cognitive and emotional patterns, schema therapy helps individuals develop healthier coping mechanisms and a more positive self-concept (Aghili et al., 2020). This is particularly relevant for middle-aged women, who may carry long-standing schemas related to societal expectations, gender roles, and past experiences. The therapy's focus on healing these schemas aligns with its ability to foster strengths such as wisdom, humanity, and transcendence, which are essential for emotional well-being and interpersonal relationships (Pezirkianidis et al., 2022).

The comparative analysis of narrative therapy and schema therapy in this study contributes to the growing body of research on therapeutic interventions for character strengths. While both therapies have been individually studied in various contexts (Aghili et al., 2020; Fazeli et al., 2022; Gonçalves & Ribeiro, 2023; Haji Zadeh et al., 2024), their direct comparison in enhancing character strengths among middle-aged women is novel. The findings suggest

that while both therapies are effective, the choice of intervention may depend on the specific strengths targeted. For instance, narrative therapy may be more suitable for enhancing courage and temperance, while schema therapy could be preferred for a broader range of character strengths.

The results also highlight the importance of tailoring interventions to the unique needs of middle-aged women. This demographic faces distinct psychological challenges, including those related to aging, caregiving, and societal expectations (Infurna et al., 2023). Therapies that focus on empowering individuals and addressing deep-seated schemas can provide valuable tools for navigating these challenges. The study's findings support the integration of both narrative and schema therapy into clinical practice, with a focus on selecting the most appropriate approach based on the client's specific needs and goals.

5.   Limitations and Suggestions

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small, which may limit the generalizability of the results to a broader population of middle-aged women. Future research should aim to include larger and more diverse samples to enhance the external validity of the findings. Second, the study employed a quasi-experimental design with a pretest-posttest structure, which may be susceptible to confounding variables. A randomized controlled trial design could provide stronger evidence of causality and reduce the impact of potential biases.

Another limitation is the reliance on self-report measures for assessing character strengths. While the Values in Action Inventory of Strengths (VIA-S) is a widely used and validated tool, self-report measures may be subject to social desirability bias or inaccuracies in self-perception. Incorporating additional assessment methods, such as observer ratings or behavioral measures, could provide a more comprehensive understanding of character strengths.

The study also focused solely on middle-aged women, which limits the generalizability of the findings to other age groups or genders. Future research should explore the effectiveness of narrative therapy and schema therapy in enhancing character strengths across diverse populations to determine if the observed effects are consistent or vary based on demographic factors.

Future research should address the limitations of this study by employing larger and more diverse samples, utilizing randomized controlled trial designs, and incorporating multiple assessment methods. Longitudinal studies could also provide valuable insights into the sustained effects of narrative therapy and schema therapy on character strengths over time. Additionally, exploring the mechanisms through which these therapies enhance character strengths could deepen our understanding of their efficacy.

Investigating the cultural adaptability of these therapies is another important avenue for future research. While the study was conducted in Iran, the effectiveness of narrative therapy and schema therapy in enhancing character strengths may vary across different cultural contexts. Cross-cultural studies could examine whether the observed effects are consistent or influenced by cultural norms, values, and practices.

Furthermore, future research could explore the integration of narrative therapy and schema therapy into a combined intervention. Given the complementary strengths of these approaches, a hybrid model may offer a more comprehensive and effective way to enhance character strengths. Such a model could leverage the narrative focus on empowering stories with the schema-focused restructuring of maladaptive patterns, providing a holistic approach to psychological well-being.

For mental health practitioners, the findings of this study highlight the value of incorporating narrative therapy and schema therapy into clinical practice, particularly when working with middle-aged women. Practitioners should consider the specific character strengths they aim to enhance and select the most appropriate therapeutic approach accordingly. For clients seeking to improve courage and temperance, narrative therapy may be particularly beneficial, while schema therapy could be recommended for those needing support in a broader range of character strengths.

Practitioners should also be mindful of the unique challenges faced by middle-aged women, such as role transitions, caregiving responsibilities, and age-related stressors. Tailoring interventions to address these challenges while fostering character strengths can enhance the effectiveness of therapy and promote long-term well-being. Additionally, integrating elements of both narrative and schema therapy into a flexible treatment plan may provide a more comprehensive approach to supporting clients in their personal growth journeys.

Finally, mental health professionals should emphasize the importance of character strengths in promoting resilience and psychological well-being. By helping clients identify

and cultivate their strengths, practitioners can empower them to navigate life's challenges with greater confidence and purpose. This strengths-based approach aligns with the principles of positive psychology and can lead to more holistic and enduring therapeutic outcomes.

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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