Review article

Effectiveness of Narrative Therapy in Addressing Psychological Challenges: A Systematic Review of Randomised Controlled Trials

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Abstract

Background: Evidence on the effectiveness of Narrative Therapy remains limited and varies across age groups, psychological conditions, and cultural contexts; therefore, a systematic review is needed to integrate findings across studies for a more comprehensive understanding. **Objective:** This review aims to evaluate the effectiveness of Narrative Therapy in reducing psychological problems across all age groups based on evidence from previously published studies. **Methods:** A systematic review was conducted on 20 articles with Randomized Controlled Trial (RCT) designs obtained from major academic databases. Study selection was performed using strict inclusion and exclusion criteria. Research participants included children ($\leq$17 years), adolescents (18–25 years), adults (26–59 years), and older adults ($\geq$60 years) from various clinical and community settings across different countries. **Results:** Of the 20 studies analyzed, 18 showed significant results ($p < .05$) with moderate to large effect sizes (Cohen's d = .5–1.6), while 2 studies were not significant. The highest recorded p-value was .019, and the highest t-value was -9.46 ($p < .001$). The greatest effectiveness was observed among children with anxiety and trauma survivors, along with improvements in self-efficacy, self-image, social relationships, and quality of life. **Conclusion:** Narrative Therapy is effective in reducing psychological symptoms such as depression, anxiety, PTSD, and loneliness, while enhancing self-efficacy, self-image, and quality of life across ages and cultures. The therapy is flexible, adaptive, and relevant for psychiatric nursing practice, making it a recommended evidence-based intervention in both clinical and community settings. These findings have practical implications for mental health services and policy development in post-pandemic contexts, particularly in resource-limited settings.

Keywords: Narrative Therapy, Psychological Problems, Mental Health Intervention, Identity Reconstruction, Empowerment, Systematic Review

1. Introduction

Psychological trauma, including conditions like post-traumatic stress disorder (PTSD), is recognized as a major contributor to the global health burden. The World Health Organization evaluates this burden using disability-adjusted life years (DALYs), a comprehensive metric that represents both premature deaths and years spent living with disabilities (Ferrari et al., 2024). The Global Burden of Disease (GBD) 2024 report, which examines 288 causes of death, 371 diseases and injuries, and 88 risk factors across 204 countries, identifies trauma-related disorders as a significant factor in DALYs, especially among at-risk populations (Hoppen et al., 2021). The effects of trauma go beyond immediate medical treatment; persistent psychological issues lead to ongoing service requirements (O'Donnell & Greene, 2021). In children, trauma heavily impacts healthcare requirements and diminishes quality of life, thus elevating DALY figures (Grummitt et al., 2024). Improvements in trauma care protocols, like advanced trauma life support training, have lowered death rates but have not completely eradicated the psychological impact (Kumar et al., 2025). Long-term monitoring initiatives emphasize the necessity for thorough prevention and rehabilitation approaches (Stenehjem et al., 2021).

The mental health landscape has grown more complex since COVID-19 emerged. A systematic review and meta-analysis reported that during the pandemic, the prevalence of stress, anxiety, and depression reached 29.6%, 31.9%, and 33.7%, respectively (Salari et al., 2020). Among elderly refugees, 68% reported COVID-19-related anxiety (Anwar et al., 2023). Children and adolescents faced a sharp increase in new psychiatric diagnoses, reflecting widespread impacts on psychosocial development (Bilu et al., 2023; Magson et al., 2021). Research in Indonesia confirms that during the pandemic, 20.8% of adults experienced depression and 25.4% stress, with young people at the highest risk (Izzatika et al., 2021). These results align with studies on midlife crisis, which show that job and future uncertainty during COVID-19 exacerbated psychosocial vulnerability among young adults (Putri et al., 2022). Ironically, mobility restrictions and social distancing reduced engagement with mental health services; many avoided healthcare facilities, causing reported cases of some disorders to appear artificially lower (Duden et al., 2022; Flodin et al., 2023). For example, in Lithuania, no significant rise was observed in PTSD or adjustment disorder, possibly due to delayed diagnoses or service response differences (Kazlauskas et al., 2021). The pandemic also led to new mental health conditions, including increased diagnoses of eating

disorders (Taquet et al., 2022) and elevated psychological distress from prolonged isolation (Brooks et al., 2020). These trends highlight the need for policy adaptations to meet post-pandemic mental health challenges.

In mental health interventions, NT emphasizes externalizing issues and reshaping meaning through personal narratives. Theoretically, narrative transformation promotes identity change and enhances self-efficacy. Evidence indicates that self-efficacy plays a crucial role in developing professional identity among nursing students (Mei et al., 2022) and in linking professional identity with perceived competence (Yao et al., 2021). Among disaster volunteers, trauma centrality mediates the connection between coping self-efficacy and post-traumatic growth, suggesting that how individuals incorporate traumatic experiences into their identities affects their recovery potential (Arpaci et al., 2024). Similar patterns are observed in studies on emotional regulation and psychological symptoms (Chung & Shakra, 2022).

From the perspective of identity shift, social labels can influence self-efficacy. For example, in correctional environments, viewing oneself as a "student" instead of an "inmate" boosts civic engagement and confidence (Lerman & Sadin, 2023). Trauma-informed training for healthcare workers has also been shown to improve self-efficacy (Haverkamp et al., 2023). On the other hand, exposure to secondary trauma is linked to lower professional confidence (Syed Ali et al., 2023), and secondary traumatic self-efficacy predicts attitudes toward trauma-informed practice (Miller Itay & Turliuc, 2023). Overall, these insights emphasize NT's ability to foster a positive identity and psychological resilience by increasing self-efficacy.

RCT publications on NT have shown a rising trend. From 2010 to 2015, few RCTs focused specifically on NT, but since 2016, the number has grown along with increased interest in trauma-focused therapies (summary of RCTs 2016–2020). This upward trend is expected to continue, with an estimated 10–15 NT RCTs published annually by 2025, including digital versions to address post-pandemic mental health needs (summary of RCTs 2021–2025). Nevertheless, several methodological reviews highlight common issues in psychotherapy RCTs, such as poor controls, high dropout rates, inconsistent intervention fidelity, incomplete adverse effect reporting, and selection bias (Bertolín-Guillén, 2024; Crotty et al., 2024; Cuijpers et al., 2021; Melo-Carrillo et al., 2023). These flaws weaken the validity of results and hinder meta-analyses, underscoring the importance of assessing methodological quality.

Similarly, not using proper comparators or attention controls can obscure the true sources of clinical change (Crotty et al., 2024). Premature dropout hampers accurate assessment of therapy effectiveness (Melo-Carrillo et al., 2023), and variations in NT implementation reduce the comparability of study results (Cuijpers et al., 2021). The absence of adverse event reporting hampers risk-benefit analysis (Cuijpers et al., 2021), while weak randomization can introduce selection bias (Bertolín-Guillén, 2024). These methodological concerns highlight the importance of conducting a systematic review using the Risk of Bias 2 (RoB-2) framework to ensure reliable evidence synthesis.

Among these challenges, there is a pressing need for affordable, adaptable, and culturally appropriate interventions. NT provides a distinctive approach, available in individual, group, or online formats especially relevant during social distancing. Besides reducing symptoms, NT may improve life meaning and interpersonal relationships, essential for addressing post-pandemic social isolation. However, its effectiveness has not been fully summarized for 2020–2025, a period characterized by increased post-pandemic research and digital mental health innovations. The lack of an updated review limits practitioners, researchers, and policymakers from assessing evidence with high standards. Additionally, no review explicitly connects identity shift and self-efficacy mechanisms to NT outcomes, despite their potential role as key therapeutic mediators.

Building on this background, the manuscript seeks to: (1) evaluate NT's effectiveness on PTSD, depression, anxiety, and stress symptoms in RCTs from 2020 to 2025; (2) determine evidence quality through JBI Critical Appraisal Tools and GRADE frameworks; (3) analyze how delivery mode (face-to-face, group, digital) and cultural context influence outcomes; and (4) examine the roles of identity shift and self-efficacy as mechanisms of change. By offering a methodologically rigorous synthesis, this article aims to lay a strong scientific foundation for developing narrative-based mental health policies and practices that adapt to the changing landscape of trauma and post-pandemic psychological effects.

2. Research Methods

The researchers performed a systematic review of English-language publications from 2020 to 2025. The online search took place in April 2025 across three major databases: ScienceDirect,

PubMed, and ProQuest, excluding gray literature. The search used three keywords: "Narrative Therapy," "Psychological Distress," and "Mental Health Problems." Initially, each term was searched separately, then combined with the Boolean operator "AND" to yield more precise results.

Inclusion and Exclusion Criteria (PICOS)

Article selection was systematic and strict, following predefined inclusion criteria. Only studies on narrative therapy for psychological issues were considered. All articles from the initial search were re-evaluated and selected based on the specified inclusion and exclusion criteria.

The inclusion criteria for this systematic review included: (1) studies focusing on narrative therapy for psychological issues; (2) participants such as children (≤17 years), adolescents (18-25 years), adults (26-59 years), and older adults (≥60 years); (3) articles available in full text; (4) publications from 2020 to 2025; and (5) study types accepted were randomized controlled trials (RCTs).

The exclusion criteria included: (1) articles discussing psychological therapies other than the narrative approach; (2) non-research publications, like editorials, commentaries, literature reviews, or scientific statements; (3) articles not published in English; and (4) studies that were cross-sectional, longitudinal, or case studies.

Table 1. PICOS criteria and justification for variable selection.

Components	Operational definition of the study	Examples of measurement tools/indicators	Justification of the core results set (CRB)	Key references
P (Population)	Children (≤17 years), adolescents (18–25 years), adults (26–59 years), and older adults (≥60 years) diagnosed with PTSD, depression, anxiety, or stress according to the DSM-5/ICD-11 criteria.	CAPS-5; PCL-5; CRIES-8 for children; BDI-II; HAI.	These scales are included in the COS PTSD-Depression to ensure consistency of results across trials (Allen et al., 2021; Steil et al., 2023).	Allen et al. (2021); Steil et al. (2023); Susanty et al. (2022)
I (Intervention)	All modalities of Narrative Therapy: NET, SNT, Strengths-Based NAT, Digital Writing NAT (in-person, group, online).	Intervention manual; session duration and frequency; fidelity indicators.	Allows for subgroup analysis based on the application format/modality.	Bohus et al. (2020); Qian et al. (2020)
C (Comparison)	Waiting list, usual care, psychological placebo, or active intervention (EMDR, PE, or psychoeducation).	Standardized control protocol.	Evaluate the relative effectiveness and reduce the performance bias.	Wright et al. (2024)
O (Outcomes)	**Primary outcome**: Change in PTSD/depression/anxiety/stress symptom scores **Secondary outcomes**: Social functioning, quality of life, self-efficacy, intervention acceptability, and dropout rate	Δ CAPS-5 score; Δ BDI-II score; WHOQOL-BREF; General Self-Efficacy Scale	Based on the COS recommendations to improve clinical and patient relevance (Gkintoni et al., 2024)	Maddox et al. (2024); Marín-Cavestany et al. (2025)
S (Study design)	Randomized controlled trials (RCTs) in English, published between January 2020 and December 2025, with a sample size ≥ 10 per group.	-	Limited to high-quality causal designs.	Lunny et al. (2021); Page et al. (2021)

Quality Assessment

To evaluate the methodological quality of the selected articles, the Joanna Briggs Institute (JBI) Critical Appraisal Tool was employed, which is appropriate for the study types included in this systematic review. Although a 60% threshold was initially used to define higher methodological quality, studies scoring below this cutoff were still included due to their relevance to the review question. Overall, the quality assessment showed that 15 of the 20 studies scored ≥60% on the JBI criteria, with the remaining 5 scoring below this mark (see Table 2). The quality of the studies was considered when interpreting the results. The selection and assessment were performed independently by two reviewers, and articles of questionable quality were re-evaluated to maintain consistency and methodological rigor.

Literature Search Strategy

A total of 2331 articles were collected from online databases: 646 from ScienceDirect, 1524 from ProQuest, and 161 from PubMed. After removing 80 duplicates, 2251 articles remained. Based on their titles and abstracts, 2026 articles were selected, and 914 of these were available in full text. Following full-text evaluation, 814 articles that did not meet the research objectives were

excluded. This process resulted in 20 articles fitting the criteria for analysis. Figure 1 illustrates the article selection process and provides details of the 20 articles reviewed.
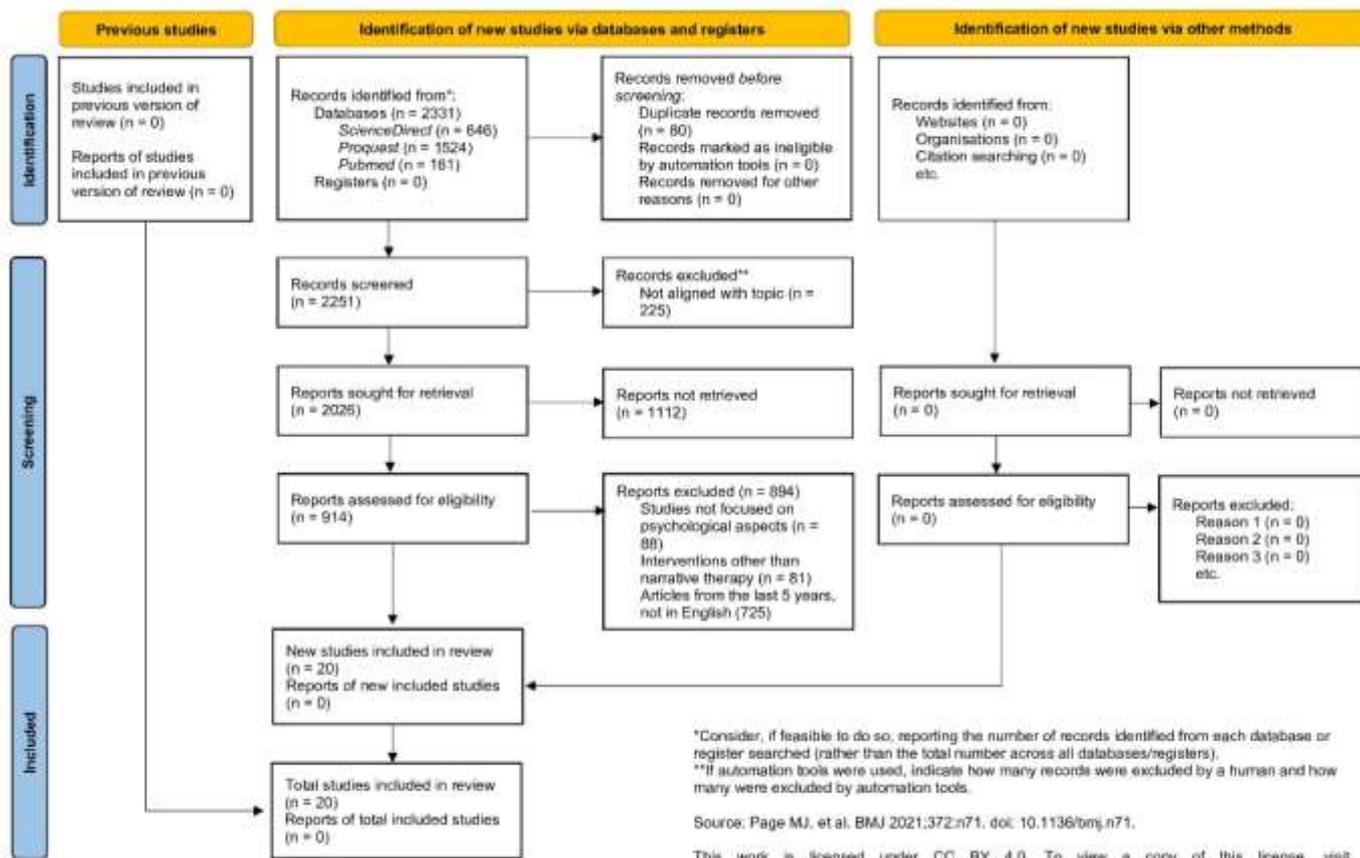

Figure 1. PRISMA Flow Diagram for Literature Identification and Selection

3. Results and Discussion

3.1. Results

A review of 20 randomized controlled trials highlighted the effectiveness of narrative therapy across various clinical and community settings in different countries. This approach reliably decreases psychological symptoms like depression, anxiety, and loneliness, while boosting self-esteem, self-efficacy, and social support. Each study was detailed with information on the author, country, design, sampling method, therapy duration, and key results with statistical data to evaluate its impact thoroughly.

Table 2. Summary of included articles (n = 20)

Author and Country	Method	Findings	Score JBI
Tang et al. (2025) Hong Kong	WNT vs. EFP vs. telephone calls; 90 vs. 90 vs. 90 elderly community members in Hong Kong; three-group randomized clinical trial; stratified random sampling; 6 weeks (±30 minutes/session, once a week).	Wisdom-Enhancement Narrative Therapy (WNT) resulted in a significant decrease in loneliness in 43% of participants, an increase in life satisfaction in 12%, and a slight decrease in 5%. Effect size: $\beta = -.55$; $p = .019$; Cohen's $d = .60$, indicating a moderate effect on reducing social loneliness.	46,2%
Smaik et al. (2023) Yordania	NET vs. MA-WL; 20 vs. 20 Syrian refugees (aged 18–64 years, PTSD); two-group RCT; random allocation (1:1); 10 weekly sessions, 60–120 minutes each.	Narrative Exposure Therapy (NET) demonstrated statistically and clinically significant effectiveness, yielding a moderate effect on PTSD ($t = -10.00$, $p < .001$, Cohen's $d = .73$) and depression ($t = -6.00$, $p < .001$, $d = .79$), as well as a large effect on anxiety ($t = -9.46$, $p < .001$, $d = .97$). The intervention proved to be feasible, culturally acceptable, and achieved 100% adherence and retention rates, indicating strong potential for large-scale implementation.	76,9%

Sele et al. (2023) Norwegia	SNT vs. PE vs. STAIR; 30 vs. 32 vs. 30 patients with CPTSD (ICD-11); three-arm RCT; independent block randomization; approximately 12 weeks of group sessions followed by 8 weeks of individual sessions (60–90 minutes per session, once weekly).	Prolonged Exposure (PE) produced greater reductions in PTSD symptoms compared to Schema Therapy for Negative Themes (SNT) (p = .016) and achieved a higher rate of loss of PTSD diagnosis (p = .007). SNT showed limited effectiveness, with 11% of participants losing the PTSD diagnosis and 42% the CPTSD diagnosis, as well as relatively small symptom improvements (19% for PTSD; 22% for CPTSD), though it remained beneficial for some patients (Hedges' g = .34–.47 vs. .64–.81 for PE).	76,9%
Sackeim et al. (2022) Amerika Serikat	Narrative intervention (narrative video + reflective writing) vs. usual care; 112 vs. 103 patients undergoing outpatient abortion; two-arm RCT; 1:1 randomization using sequentially sealed envelopes; 4-minute video plus free-writing session prior to the abortion procedure.	Demographic characteristics, such as race, influenced perceived stigma and psychological distress. Black participants reported significantly lower levels of stigma and psychological distress (p = .001 and p = .02, respectively).	76,9%
Jiang et al. (2025) Hong Kong	Tele-NT (Wisdom-Enhancement Narrative Therapy) vs. Tele-EP (Empathy-Focused Intervention) vs. ACG (active control group – routine telephone calls); 97 vs. 95 vs. 95 community-dwelling older adults in Hong Kong (total n = 287); three-arm RCT; computer-generated 1:1 randomization; 4-week duration with 8 telephone sessions (twice weekly, 30 minutes per session).	Wisdom-Enhancement Narrative Therapy (Tele-NT) was shown to be effective in reducing loneliness among older adults compared to the control group (β = –.55; p = .019; d = .60), particularly in the domain of social loneliness. The intervention also significantly improved social support (p < .001) and sleep quality (p < .001).	69,2%
Gong et al. (2022) Tiongkok	Narrative Therapy combined with Pilates vs. control (no intervention); 21 vs. 21 adolescents with internet addiction from four community centers in Yiyang; two-arm RCT; proportional allocation based on age, gender, and addiction severity; 8-week duration, once weekly (45–60 minutes per session).	The intervention group showed a significant reduction in internet addiction scores (t = −6.42; p < .001) and significant improvements in mental health (t = 9.64; p < .001) and positive affect (p < .001) compared to the control group. The therapy also significantly reduced anxiety, depression, social dysfunction, and loss of interest (all p < .001).	53,8%
Appalasamy et al. (2020) Malaysia	Video-based Narrative Intervention vs. usual care; 15 vs. 15 post-stroke outpatients from two hospitals in Malaysia; two-arm RCT; simple random sampling; 4-week duration involving educational and reflective video sessions of approximately 20 minutes each, twice weekly.	The intervention significantly improved medication self-efficacy (mean difference = 4.3, p = .002) and enhanced patients' psychological control (p < .05). No adverse effects or declines in treatment adherence were observed during the intervention period.	61,5%
Zhu et al. (2025) Tiongkok	Strength-Based Narrative Therapy (SNT) vs. control (no intervention); 42 vs. 43 community-dwelling older adults with depressive symptoms in Huoju, Changsha; two-arm RCT; convenience sampling; 12-week duration with one session per week.	After 12 weeks, the intervention group showed significantly lower depression scores (HAMD-17) compared to the control group (t = −3.666, p = .001). Mental state scores (MMSE) were significantly higher (t = 2.662, p = .011), and quality of life (SF-12) showed significant improvement (F = 8.863, p = .005). The therapeutic effects remained significant following long-term intervention.	61,5%
Karibwende et al. (2023) Rwanda	Narrative Therapy (NT) vs. waitlist control; 36 vs. 36 orphans aged 6–12 years with ADHD and anxiety residing in SOS Villages Rwanda; two-arm parallel quasi-experimental RCT; purposive sampling; 10-week duration with one session per week.	Analysis revealed significant reductions in anxiety symptoms (F = 23.838, p < .001, ηp² = .254) and ADHD symptoms (F = 24.641, p < .001, ηp² = .260). Post-intervention t-tests were significant for both anxiety (t = 5.4, p < .001, d = 1.28) and ADHD (t = 6.7, p < .001, d = 1.60), indicating large effect sizes, with no significant pre-test differences between groups.	76,9%
Dutta et al. (2022) Singapura	Narrative e-Writing Intervention (NeW-I) vs. waiting list; 13 vs. 13 parent-caregivers of children with Chronic Life-Threatening Illnesses (CLTI); two-arm RCT; convenience sampling; 4-week duration with one online writing session per week followed by therapist feedback.	At least 85% of participants reported finding the intervention helpful, 76% experienced increased social support, 62% reported decreased depression, and 57% noted enhanced hope. The effects were described as large (estimated Cohen's d ≈ .8–1.0 based on ≥50% improvement), although p-values and t-statistics were not reported due to the descriptive nature of the analysis.	46,2%
Lely et al. (2022) Belanda	Narrative Exposure Therapy (NET) vs. Present-Centered Therapy (PCT); 18 vs. 15 outpatients aged 55–81 years with PTSD; two-arm RCT; purposive sampling; 11-session intervention delivered once every 1–2 weeks.	Narrative Exposure Therapy (NET) significantly reduced PTSD symptoms (d = .54, p < .01), depression (d = .51, p = .03), and general psychopathology (d = .74, p = .001) among older adults with PTSD. However, no significant changes were observed in resilience.	76,9%
Xue et al. (2025) China	Online Narrative Therapy (NT) vs. control (psychological stress leaflet); 46 vs. 46 clinical nurses with positive PTSD screening (score ≥ 33); two-arm RCT; random sampling; 8-week duration with one individual video call session per week (45–60 minutes each).	The NT group showed significant reductions in total PTSD scores (Z = −2.235, p = .025), stress (Z = −2.130, p = .033), anxiety (Z = −2.850, p = .004), and depression (Z = −2.434, p = .015) compared to the control group. The proportion of participants with positive	76,9%

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		PTSD and anxiety cases also decreased significantly (p < .05).	
Fan et al. (2021) China	Narrative Exposure Therapy (NET) combined with personal psychological treatment vs. control (personal psychological treatment only); 56 vs. 55 patients with COVID-19 exhibiting post-traumatic stress symptoms (PTSS); two-arm RCT; random sampling; 8-week duration with 1–2 sessions per week, each lasting 90–120 minutes.	The NET group showed significantly greater reductions in total PTSS compared to the control group ($F(1,109) = 36.300$, $p < .001$), including the dimensions of re-experiencing ($F = 28.282$, $p < .001$), avoidance/numbing ($F = 8.470$, $p = .004$), and hyperarousal ($F = 9.643$, $p = .002$). No significant differences were observed in depression, anxiety, or sleep quality ($p > .05$). The effects ranged from moderate to strong ($\eta p^2 = .115$–.143).	76,9%
Chow et al. (2023) Hong Kong	Train of Life Narrative Therapy (ToL-NT) vs. Treatment as Usual (TAU)/psychoeducation; 100 vs. 100 stroke survivors and their caregivers from five regional hospitals; double-blind RCT (1:1); stratified random sampling using the minimization method (based on age, gender, stroke type, and side of hemiplegia); 8 sessions, 2 hours per week for 8 weeks.	Results from the Actor–Partner Interdependence Model (APIM) indicated significant improvements in survivors' self-esteem ($t = –2.146$, $p < .05$) and reductions in depression ($t = –1.841$) following ToL-NT compared with the control group. Positive effects were also observed in well-being and hope, with an adjusted $R^2 = .516$, suggesting a strong model fit.	84,6%
Shakeri et al. (2020) Iran	Group Narrative Therapy (GNT) vs. control (routine psychiatric care); 13 vs. 13 patients with amphetamine dependence; two-arm RCT; convenience sampling followed by 1:1 random allocation at Farabi Hospital and Kermanshah Rehabilitation Center; 10 sessions, one per week, approximately 90 minutes each.	The GNT group showed significant reductions in depression ($t = 5.47$, $p < .001$) and anxiety ($t = 5.30$, $p < .001$) compared to the control group ($t = 1.90$, $p = .08$ and $t = 2.03$, $p = .06$, respectively). No significant change was observed in quality of life ($t = .71$, $p = .487$). The therapy demonstrated strong effects on emotional symptoms but not on quality of life.	61,5%
Moreira et al. (2022) Portugal	Cognitive-Narrative Therapy (CNT) vs. Treatment as Usual (TAU); 8 vs. 11 adult female survivors of Intimate Partner Violence (IPV) residing in a shelter house; longitudinal RCT; randomized sampling with 1:1 allocation using the Research Randomizer tool; 4 therapy sessions over 4 weeks (60 minutes per session).	No significant differences were found between groups; however, positive effects were observed for depression (Cohen's $d = .43$, $p = .39$), PTSD ($d = .19$, $p = .70$), and borderline symptoms ($d = .18$, $p = .72$). In contrast, a small negative effect was found for total CPTSD ($d = –.28$, $p = .58$). The therapy demonstrated short-term effectiveness in reducing depressive and PTSD symptoms.	53,8%
Zarra-Nezhad et al. (2023) Iran	CCGPT vs. Narrative vs. Combined vs. Waitlist control; 12 vs. 12 vs. 12 vs. 12 preschool children aged 2.5–4 years diagnosed with Separation Anxiety Disorder (SAD); four-arm RCT with random allocation to four groups; sampling technique: convenience or clinical recruitment; 8-week duration with one session per week (60 minutes per session).	All interventions (CCGPT, Narrative, and Combined) significantly reduced total SDQ, emotional, conduct, and peer problem scores compared to the control group ($p < .05$). The largest effects were observed in the Combined ($z = –4.69$, $p < .001$) and CCGPT ($z = –3.32$, $p = .005$) groups. Narrative Therapy was also effective in enhancing prosocial behavior ($z = 3.50$, $p = .003$) and reducing total difficulties ($z = –2.78$, $p = .034$), although it did not produce a significant effect on SAD-specific symptoms.	53,8%
Sun et al. (2022) China	Narrative Therapy + Standard Care vs. Standard Care only; 47 vs. 46 patients with oral cancer aged 18–65 years; two-arm RCT; random sampling; 7-week duration with one session per week (30–40 minutes per session).	Narrative Therapy significantly reduced stigma and enhanced self-esteem and social support among patients with oral cancer ($F = 34.401$–144.893, $p < .001$), with meaningful pre- to post-intervention improvements ($t = 11.668$, $p < .001$), demonstrating its effectiveness in promoting psychosocial well-being.	76,9%
Chan & Lau (2025) Hong Kong	Narrative Group Therapy vs. Waitlist Control; 17 vs. 21 elementary school students (grades 4–6; total n = 38) diagnosed with dyslexia; two-arm RCT; purposive cluster sampling; 6-session program, 1.5 hours per session.	Narrative Group Therapy significantly improved self-efficacy ($F(1,36) = 7.92$, $p < .01$, $\eta p^2 = .18$; $d = 0.81$) and reduced social anxiety ($F(1,36) = 6.67$, $p < .01$, $\eta p^2 = .16$; $d = .54$) compared to the control group. The intervention's effect on social anxiety was fully mediated by enhanced self-efficacy ($B = .50$, $p < .01 \rightarrow B = –.43$, $p < .001$).	61,5%
Franz et al. (2022) Amerika Serikat	Digital narrative-based bibliotherapy vs. waitlist control; 266 vs. 262 users of *The Mighty* online platform who reported suicidal thoughts in the past 12 months; two-group RCT; online convenience sampling via digital recruitment on social media platforms; therapy duration of 14 days (one narrative per day, approximately 5–10 minutes of reading).	Digital bibliotherapy significantly reduced the "desire to die" over the 14 days ($\beta = –.26$, $p = .001$) and remained significant at the 2-week follow-up ($t = –2.82$, $p = .005$, $d = .33$). Increases in perceived shared experience fully mediated the Intervention effect ($b = –.55$, $p < .001$) and optimism ($b = –.85$, $p < .001$).	61,5%
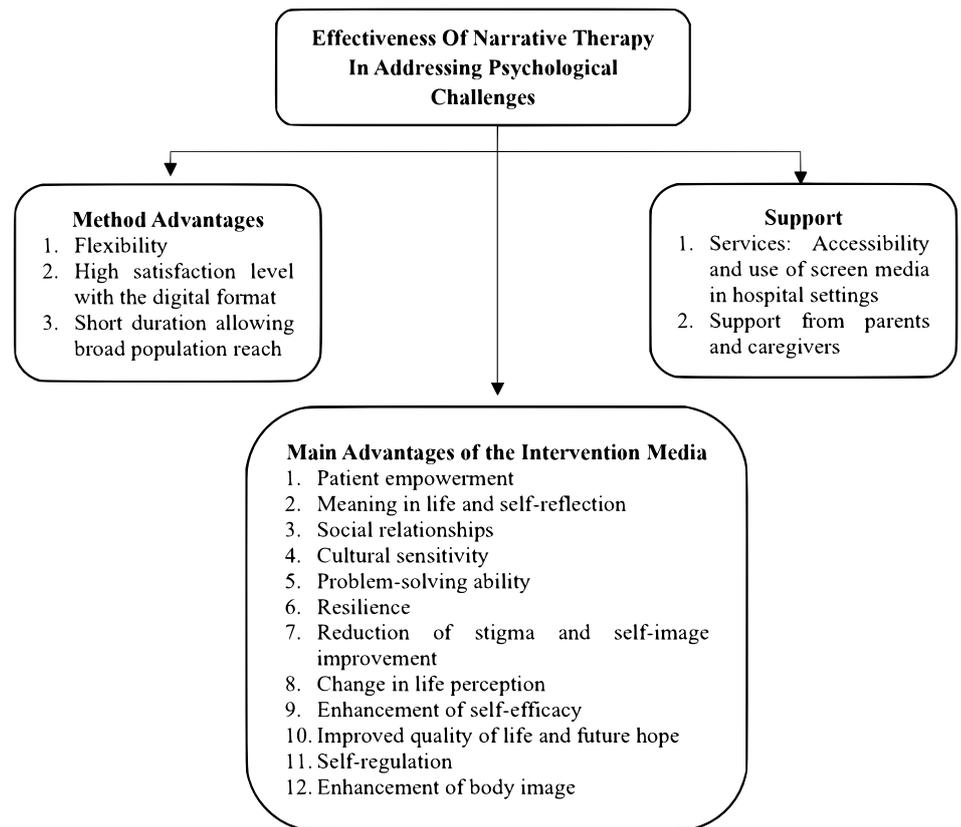
Figure 2. Framework of Digital Narrative Therapy: Media, Support, and Outcome Integration

Based on the mapping of 20 studies, Narrative Therapy has been extensively applied across diverse clinical and community groups in various countries. Most studies utilized a Randomized Controlled Trial (RCT) design. The study designs ranged from two-arm to four-arm trials, employing random, stratified, or purposive sampling methods tailored to each population, such as community-dwelling older adults (Jiang et al., 2025; Tang et al., 2025), children with anxiety disorders and dyslexia (Chan & Lau, 2025; Zarra-Nezhad et al., 2023), medical patients (Chow et al., 2023; Sun et al., 2022), and individuals with trauma or post-traumatic stress disorder (PTSD) (Fan et al., 2021; Lely et al., 2022; Smaik et al., 2023). Intervention durations ranged from 4 to 12 weeks, with sessions held 1–2 times weekly, each lasting 30–120 minutes. Modalities included in-person sessions, tele-narrative therapy, group sessions, and digital bibliotherapy, reflecting high flexibility and adaptability to participants' needs and delivery platforms.

Quantitatively, 18 out of 20 studies (90%) found statistically significant results (p < .05), with 10 studies (50%) showing p < .001 and 8 studies (40%) reporting significant t-values from 2.13 to 11.67. Two studies Fan et al. (2021) and Sackeim et al. (2022) found no meaningful differences between intervention and control groups. The most substantial effect sizes appeared in children with ADHD and anxiety in Rwanda (t = 6.7; p < .001; d = 1.6) (Karibwende et al., 2023) and Syrian refugees with PTSD (t = 9.46; p < .001; d = .97) (Smaik et al., 2023), indicating that Narrative Therapy produces the strongest outcomes in populations experiencing high emotional distress.

This effectiveness stems from the therapy's focus on meaning reconstruction, self-reflection, and personal empowerment, leading to deeper psychological engagement than passive or educational methods like usual care or waitlist controls. Overall, Narrative Therapy consistently improves self-efficacy, self-esteem, emotion regulation, and quality of life across various age groups and populations, with the greatest success seen in trauma-focused and community-based interventions.

Main Advantages of the Intervention Media

Narrative Therapy is crucial in fostering identity change and redefining life purpose through re-authoring personal stories (Moreira et al., 2022; Zhu et al., 2025). It promotes psychological empowerment, self-reflection, and the restructuring of meaning, helping participants shift from

stories of suffering to those of hope and healing (Appalasamy et al., 2020; Fan et al., 2021). Its effectiveness is evident across various groups, including older adults, individuals with chronic illnesses, and trauma survivors, who show gains in self-awareness, perceived control, and adaptability to life challenges (Chow et al., 2023; Jiang et al., 2025; Smaik et al., 2023).

Statistically, Narrative Therapy demonstrates high effectiveness in alleviating psychological symptoms across diverse populations and age groups. Of the 20 studies reviewed, 18 (90%) yielded statistically significant outcomes ($p < .05$), with 10 studies showing $p < .001$ and 8 reporting significant t-values between 2.13 and 11.67. The strongest effects were observed in children with ADHD and anxiety ($p < .001$; $\eta p^2 = .260$) (Karibwende et al., 2023) and Syrian refugees with PTSD ($t = -9.46$; $p < .001$; $d = .97$) (Smaik et al., 2023). Moderate to strong effects were also noted among adults and older adults suffering from depression, loneliness, and lower quality of life (Cohen's $d = .60$; $p = .019$) (Tang et al., 2025; Zhu et al., 2025). However, two studies from Fan et al. (2021 and Sackeim et al. (2022) found non-significant results, likely due to shorter intervention periods and the primarily educational approach of the therapy.

Beyond reducing symptoms, Narrative Therapy also supports social and cultural recovery, as seen in better social connectedness ($p < .01$) and less stigma ($p = .002$) among older adults and refugees (Sele et al., 2023; Smaik et al., 2023; Tang et al., 2025). Using symbols, language, and local values in culturally adapted approaches has been shown to increase participant engagement and boost the overall effectiveness of interventions (Appalasamy et al., 2020; Karibwende et al., 2023). For medical patients, Narrative Therapy helps improve self-image and body acceptance, especially in those with cancer or traumatic pasts (Sackeim et al., 2022; Sun et al., 2022). Its overall success can be attributed to mechanisms like narrative reflection, cognitive restructuring, and enhanced self-efficacy, which foster emotional resilience and better emotional regulation in various psychological settings.

Methodological and Support Advantages

The success of Narrative Therapy depends not only on the narrative process but also on how it is implemented, the intervention media used, and the social support provided. Using flexible, adaptable, and culturally sensitive approaches has been shown to improve therapeutic results across various populations significantly.

Narrative Therapy is flexible and adaptable to different cultural and situational contexts. It can be delivered through various formats such as individual face-to-face sessions, small groups, and online methods like tele-narrative therapy and digital bibliotherapy, which enhance accessibility and effectiveness, especially in settings with limited resources (Chow et al., 2023; Franz et al., 2022; Gong et al., 2022). Multiple studies show high satisfaction among patients, caregivers, and healthcare providers with digital approaches, highlighting their broad acceptability across different age groups and clinical settings (Dutta et al., 2022).

In addition to methodological strengths, social support and the therapeutic environment further boost treatment outcomes. Family and caregiver participation, as shown in Chow et al. (2023), encouraged empathy, emotional resilience, and lowered depression levels among older adults with PTSD ($p = .01$). The use of video-based and screen-based interventions in hospital settings also improved self-reflection and communication between healthcare providers and patients (Jiang et al., 2025).

Overall, integrating digital access, active social support, and culturally relevant adaptation makes Narrative Therapy a powerful, transformative, and sustainable method for enhancing psychological well-being across diverse populations and throughout different life stages.

3.2. Discussion

A review of twenty studies shows that Narrative Therapy is highly effective in reducing different psychological symptoms across all ages and settings. It enhances personal empowerment, encourages self-reflection, and helps restructure life's meaning. This process allows participants to turn negative experiences into more positive and meaningful stories. These mechanisms support greater emotional resilience and overall mental health.

A meta-analysis by Hu et al. (2024) found that narrative therapy significantly lessened depressive symptoms ($p < .001$) and improved self-efficacy and self-control in adults with somatic disorders,

confirming its role as an effective cross-sectional psychological approach. Supporting this, narrative reconstruction has demonstrated effectiveness in decreasing PTSD and depression symptoms both short and long term by aiding the integration of adaptive and coherent emotional memories (Siehl et al., 2021). Compared to traditional treatments, narrative therapy tends to be more effective because it helps individuals rebuild meaning and self-identity by incorporating complex emotional experiences, such as trauma or chronic illnesses, into a coherent life story, which helps reduce depression and anxiety symptoms (Geng et al., 2024).

Narrative Therapy's strength also includes its adaptability and cultural sensitivity. Digital adaptations like tele-narrative and video-based interventions have improved access to psychosocial services, especially in areas with limited resources (Lippke et al., 2021). Multiple studies indicate that online formats produce outcomes similar to traditional face-to-face sessions and can improve participant engagement (Jiang et al., 2025). Additionally, social support from family, caregivers, and healthcare providers enhances therapy by promoting empathy, emotional bonds, and effective communication (Sun et al., 2022).

This review has some limitations, including small sample sizes, inconsistent therapy durations, and varying cultural and implementation settings. Additionally, some studies did not consider external influences such as social support and socioeconomic status. Therefore, larger, long-term experimental research is needed to determine the best treatment durations, evaluate lasting effects, and understand how cultural and social factors affect results. Overall, Narrative Therapy shows considerable potential for further growth as an evidence-based psychosocial approach that supports recovery and mental health across diverse populations.

4. Conclusion

This comprehensive review shows that Narrative Therapy effectively reduces psychological issues such as depression, anxiety, PTSD, and loneliness. It also boosts self-efficacy, self-image, and quality of life across ages and cultures. The change process involves narrative reflection, cognitive restructuring, and empowering individuals to find meaning in life, which helps build a positive identity and emotional resilience. This therapy is adaptable, culturally appropriate, and highly relevant to mental health nursing because it promotes meaning-focused positive adaptation and recovery. Consequently, Narrative Therapy is recommended as an evidence-based approach suitable for both clinical and community nursing settings.

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