

Narrative Therapy: A Literature Review of Concepts, Techniques, and Application Advances

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Abstract: As a representative postmodern psychotherapy paradigm, the core philosophy of narrative therapy lies in the combination of "people" and "problems". Separation emphasizes that the individual is the active constructor of the meaning of his or her own life. Through a series of techniques such as externalization, deconstruction, rewriting, and testimony, it helps individuals discover neglected and rich alternative stories from problem-dominated thin stories, thereby reshaping positive self-identity. This review systematically sorts out the theoretical background and core treatment techniques of narrative therapy, and integrates its application forms and empirical effects in different populations. Studies have shown that narrative therapy has significant effects on improving psychopathological symptoms, enhancing the sense of meaning in life, and promoting social functioning. Future research needs to further clarify its specific efficacy mechanism, optimize intervention plans, and explore its application potential in multicultural and online scenarios.

Keywords: Narrative Therapy; Postmodern Psychotherapy; Narrative Intervention; Externalizing the Problem; Trauma Therapy.

1. Introduction

In the field of contemporary psychotherapy, narrative therapy has evolved from a marginal postmodern idea. It has gradually developed into a treatment system that has received widespread attention and accumulated a considerable amount of empirical research support [1]. The therapy was administered by Michael White and David Epston. It assumes that everyone is a meaning builder of their own life story. In the process of interacting with life events, individuals will take the initiative to incorporate certain outstanding and exceptional events into a coherent narrative, so as to construct an understanding of their own identity and the value of life.

The core task of narrative therapy is to help individuals with a counselor, Deconstruct problem stories, discover and enrich exceptional experiences, and give new meaning and value to these stories, thereby helping individuals find the possibility of realizing new individual narratives[2]. The ultimate orientation of therapy is for the client to try it out in life with this more preferred self-narrative, Practice new possibilities. Narrative therapy challenges the medical model of pathologizing and internalizing problems in traditional therapy and instead believes that everyone is an expert in their own life, and its troubles stem from the overlay of personal rich experiences by repressive mainstream stories. In recent years, a series of structured narrative interventions, such as narrative exposure therapy, have been developed and have shown good efficacy and acceptance in a wide range of areas such as trauma, depression, and chronic disease management[3–5]. This paper aims to systematically review the theoretical basis, core technology and application progress of narrative therapy, in order to provide reference for theoretical research and practical promotion.

2. The Basic Concept and Theoretical Background of Narrative Therapy

2.1. Core Concept

The most fundamental philosophical position of narrative therapy is that "people are not problems, problems are problems". Traditional therapies often unconsciously internalize the problem, such as equating "depression" with "depressed people," which can lead to the development of a negative, fixated self-identity in the individual. Narrative therapy seeks to objectify the problem through externalized language, making it a standalone object that can be examined, dialogued, and even negotiated. Separate the problem from the visitor, Let it break free from the powerlessness of "I am the problem"[6], and become an active agent in interacting with the problem, thereby awakening the client's inherent skills, values and commitment to cope with the impact of the problem. Narrative therapy can be used for individuals of different ages and is suitable for real-life events such as violence and marital conflict, depression and post-traumatic stress disorder[7].

2.2. Theoretical Basis: Social Constructivism and Postmodernism

The theoretical roots of narrative therapy are deeply rooted in postmodernism and social constructivism. Postmodernism questions single, objective truths, arguing that meaning and reality are processes of interaction through language and society, is continuously shaped and redefined[8]. Social constructivism further points out that our identities, values, and even personal troubles are deeply influenced by our culture, historical background, and power relations[9], This view has been adopted in the field of psychology by Gergen, K. J.(1999)Systematic development, he emphasized that knowledge, self and relationship are the process of social co-construction. Michael inspired by these theories, White argues that much personal suffering stems from the conflict

between individual experience and dominant social narratives, or dominant narratives[11]. These dominant narratives, shaped by culture, institutions, and power, systematically marginalize or suppress unique personal stories that do not conform to their norms[12]. Therefore, narrative therapy is essentially a deconstructive practice. It does not directly challenge power, but helps individuals identify and examine these internalized repressive discourses through externalized dialogue, so as to regain the right to define and interpret their own experience. This process aims to help individuals liberate themselves from single problem narratives, explore and enrich alternative stories that are more in line with their own values, beliefs, and skills, ultimately opening up more autonomy. The possibility of life that is more in line with personal values.

3. Core Therapeutic Techniques of Narrative Therapy

The practice of narrative therapy does not follow fixed steps, but revolves around a series of core techniques and dialogue positions. Its main techniques include problem externalization, deconstruction, rewriting, and witnessing and defining rituals.

3.1. Externalization Technology of Problems

Problem externalization is the most representative landmark technique of narrative therapy. It is its core philosophy "People are not the problem, the problem is the problem" Direct manifestation in clinical conversations [13]. This technology aims to separate people from the problems they are bothered by through specific language practices "I'm interacting with an issue" relational perspective[14]. Create space for reassessing and rewriting your own story. Thus breaking the negative self-identity that internalizes problems as personal traits or defects.

The key operation is that the therapist objectifies the problem through the design of the question. Guide the client to name the problem as a standalone entity and explore how it works. For example, lead the client to the question, "When did anxiety start affecting you?" How does it convince you? ", so as to complete the key cognitive transformation. From the fixed identity "I am an anxious person", Transitioning to a dynamic relationship description "I'm dealing with 'anxiety'". This linguistic reconstruction, The essence is a liberation of cognition and relationship. It significantly reduces the shame and powerlessness of individuals bound to problems, allowing clients to review, evaluate, and mobilize their resources to deal with problems more autonomously, rather than being defined by problems. In summary, externalization technology is not a simple metaphor, but a set of systematic clinical practices aimed at deconstructing internalized identity and reconstructing agency[14,15].

3.2. Deconstruction Technology

Deconstruction is not an empty discussion, but a specific stage of treatment[16], its goal is to help clients examine and dismantle the broken narratives formed by stressful life events. The therapist will go through the conversation to help clients examine and loosen the oppression of personal stories by cultural, social, and relational assumptions behind problematic narratives[17]. Identify cultural playbooks that are taken for granted (e.g., single imaginations of success, gender roles, family responsibilities, etc.).

Typical deconstructive questions include: "Where did this idea of 'must succeed' come from in the first place?" "The process of questioning is not about finding fault, but about narrative evidence—re-examining personal pain in the social context in which it arises. It makes the client realize that their problems may stem from the conflict between personal real experience and the mainstream social script, rather than their own failures or flaws in their own nature, and then loosen the client's attachment to a single narrative method[18].

3.3. Rewrite

Also known as rich alternative stories, it is a key construction stage in the practice of narrative therapy. Essentially, it assists the client from a newly constructed cognition -Starting from the emotional framework, the self-experience is reorganized and integrated[19], it marks the shift in the focus of therapy from deconstructive criticism to active creation. This phase is dedicated to systematically uncovering and connecting overlooked exceptional events and unique outcomes[20] to help clients construct a new self-narrative that is more in line with their preferences and values. Empirical research in recent years has further refined this process. The self-narrative reconstruction writing method developed based on narrative therapy clearly will "Discover unique results" as a critical step in reframing alternative stories.

The therapist will help the client identify and amplify these life fragments that contradict the narrative of the problem, delving into the specific situational details, accompanying emotional experiences, the intention behind the action, and the deep-seated personal values reflected. For example: "Despite your claim that 'depression' controls everything in your life, have you ever felt calm for a moment?" What supported you at that moment? On this basis, the therapist will work with the client to connect these scattered experience points and enrich them into a coherent, powerful, and alternative story that is more in line with the client's inner preferences, so as to construct an alternative positive self-identity and open up a more active life direction.

3.4. Witness and Defining Ritual

As a key technique for consolidating a new narrative, by Michael White systematically introduce narrative therapy practices. White draws on anthropologist Barbara Myerhoff's discourse on obtaining social recognition through rituals, developing it into a standardized forum for feedback from external witnesses involved in therapy[22]. Allow visitors to tell their preferred new stories in front of witnesses and get feedback. It aims to consolidate and legitimize new narratives (i.e., alternative stories) generated during the therapeutic process through social recognition and ritualized confirmation, and transform them from individual experiences into social realities[23–25].

Defining rituals usually follow a structured operating process. In the narration phase, the client tells the invited external witnesses (such as family members or group members) about their preferred new narrative and identity claim[26]. This link constitutes the basic forum of the ceremony. In the testimony and feedback stage, the witness follows one type in a "decentralized but impactful" stance, they often retell the parts of the story that touch them the most, share the personal imagery and resonance that comes from it, and articulate the positive impact of the story on themselves, a process that aims to make the client "seen" and confirm its

value (Leahy, O'Dwyer, & Ryan, 2012). Finally, in the stage of reintegration and ritualized confirmation, the client absorbs feedback to further enrich the meaning of the story, and the therapist often formalizes the new identity through "documentation practices" such as writing letters or issuing certificates. These documents serve as "narrative evidence", anchoring internal changes to concrete social realities, thereby greatly enhancing the authenticity and power of the new narrative.

4. Application Fields and Empirical Effects of Narrative Therapy

Narrative psychotherapy is a story-based psychological intervention in which the counselor collaborates with the client to deconstruct their problem-driven life narrative, externalize the distress, and at the same time discover and reorganize the neglected positive segments, and the counselor takes appropriate methods to guide them to develop into new story[27].

Narrative therapy, rooted in its postmodernist philosophy, presents a highly flexible practicality, and its intervention models range from classical unstructured dialogues that emphasize generative nature to highly structured, manualized protocols. A large number of studies have shown that the therapy has shown significant application value and empirical effects in multiple clinical and subclinical fields.

4.1. Trauma-related Disorders

Narrative exposure therapy (Narrative Exposure Therapy, NET) is a short-term trauma-focused intervention method, it is the most representative standardized program of narrative-oriented intervention in the field of trauma treatment, which refers to individuals who have experienced multiple traumas with the assistance of a therapist. Construct a complete lifeline in chronological order and systematically narrate traumatic memories, To integrate fragmented emotional memory and factual memory[28]. Meta-analyses of multiple randomised controlled trials confirmed that NETs were effective in reducing PTSD symptoms (PTSD) It has significant curative effect and long-term stability[29]. Another meta-analysis further pointed out that NET had a relatively low shedding rate while having good efficacy, showing good acceptability[30].

4.2. Emotional Disorders and Personality Disorders

Narrative therapy directly addresses the core difficulties of self-identity and life narrative. It has shown strong application potential in the treatment of mood disorders. A 2023 review noted that narrative therapy, both classical and integrative modes, has been associated with improvements in mood symptoms in adults with mood disorders (depression, bipolar disorder).[31]. Its mechanism may be to help individuals deconstruct the dominant stories of failure and jointly construct a more coherent, positive, and agency self-narrative, thereby providing a new path for identity integration.

4.3. Physical Diseases

Narrative therapy is often integrated into clinical practice in the form of "narrative nursing" or "narrative medicine", aiming to help patients integrate their disease experience into their life stories and reduce the psychological burden caused by their identity. Then regain a sense of control and meaning

in life. For example, Rong Mingmei and others, the results show that narrative therapy can effectively guide patients with malignant tumors of the female reproductive organs to externalize the problem, It can effectively improve patients' anxiety and depression and quality of life, Caregivers can help patients resolve psychological issues through narrative therapy techniques such as rewriting, deconstruction, and external witnessing, Implement psychological care.

4.4. Children and Vulnerable Youth

Because of its flexibility and cultural sensitivity, narrative therapy has also shown significant intervention effects in specific groups such as children, adolescents, and marginalized groups. Several studies have shown that children's version of narrative exposure therapy (KIDNET) can lead to clinically meaningful and significant improvements in children and adolescent refugees even in the context of usual care. Together, this evidence suggests that narrative therapy is a powerful trauma intervention program with cross-cultural and cross-population applicability.

5. Summary

Despite its widespread use and promising prospects, narrative therapy is still in its early stages and has certain limitations. First, the efficacy mechanism needs to be clarified: most studies have confirmed its overall effectiveness, but whether specific components such as problem externalization, rewriting, or therapeutic relationships play a key role still need to be verified through disassembly studies. Secondly, the research methodology needs to be strengthened: the existing studies are heterogeneous in terms of intervention protocols, doses, and evaluation tools, and high-quality large-sample randomized controlled trials still relatively insufficient[34], and a standardized localization process needs to be established; In addition, the challenges of cultural adaptation and online migration: how to deeply integrate this therapy derived from Western postmodern philosophy into different cultural contexts still needs to be explored.

Future research can be conducted in the following directions: 1) Mechanism research: use qualitative research to deeply explore the internal psychological and neural mechanisms of narrative change; 2) Protocol optimization: develop and validate more targeted manualized intervention programs for different populations; 3) Implementation science: Research how to effectively train practitioners and promote narrative practices in diverse scenarios such as communities, schools, and hospitals.

In summary, narrative therapy, with its profound philosophical concepts and powerful therapeutic practices, provides a unique path for the field of psychotherapy to respect subjectivity and empower people. With the continuous consolidation of the empirical foundation and the continuous innovation of application forms, it is expected to bring deep healing and transformation to a wider range of people.

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