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Review Article

A Systematic Review of Narrative-Based Therapy for Enhancing Self-Esteem and Psychological Well-Being in Children and Adolescents

Yifei Pan[1], Saeid Motevalli[1, 2*], Abbas Abdollahi[1, 2], Richard Peter Bailey[2, 3]

Abstract

Objective: Self-esteem and psychological well-being are key determinants of mental health in children and adolescents. Narrative-based interventions (NBIs) are increasingly used to promote these outcomes. This systematic review aimed to evaluate the effectiveness of NBIs on self-esteem and psychological well-being in children and adolescents.
Method: A systematic search was conducted in Scopus and PubMed (January 2010 – March 2025). MeSH terms included narrative therapy, storytelling, self-esteem, psychological well-being, child, and adolescent. Two reviewers independently screened records, extracted data, and assessed quality using the Mixed Methods Appraisal Tool (MMAT). A total of 18 studies were included: seven randomized controlled trials (RCTs), three quasi-experimental, four qualitative, and four mixed-methods designs. Narrative synthesis was used due to heterogeneity.
Results: Fifteen studies (83.3%) reported positive effects on self-esteem or psychological well-being. Effect sizes ranged from small to large. Digital storytelling was most consistently associated with improved self-esteem (4 of 5 studies). Group narrative therapy showed stronger effects on behavioral symptoms (3 of 3 studies). Two studies reported null or mixed findings. Moreover, qualitative studies consistently reported themes of empowerment, healing, and identity transformation.
Conclusion: NBIs show promise for enhancing self-esteem and well-being, particularly digital storytelling and group narrative therapy. However, evidence quality is variable. High-quality RCTs with diverse populations and longer follow-ups are needed.

Key words: *Adolescents; Children; Narrative Therapy; Self-Esteem; Psychological Well-Being*

1. Department of Psychology, Faculty of Social Sciences and Liberal Arts, UCSI University, Kuala Lumpur, 56000, Malaysia.
2. Wellbeing Research Centre, UCSI University, Kuala Lumpur, 56000, Malaysia.
3. Department of Education, Faculty of Social Sciences and Liberal Arts, UCSI University, Kuala Lumpur, 56000, Malaysia.

***Corresponding Author:**
Address: Department of Psychology, Faculty of Social Sciences and Liberal Arts, UCSI University, Kuala Lumpur, 56000, Malaysia, Postal Code: 56000.
Tel: +601 75783551, Fax: +603 9101 8880, Email: saeid@ucsiuniversity.edu.my, motevalli.saeid@gmail.com

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Narrative-Based Interventions (NBIs) can be broadly defined as language and therapeutic approaches that involve telling or retelling stories to promote complex language skills, emotional processing, and behavioral change (1). The key characteristics include selecting and editing personal events, developing meaningful plots, reconstructing self-narratives, and providing a framework for interpreting individual experiences (2). Scholars have indicated that NBIs span multiple types, including storytelling, story retelling, wise-story approaches, and recovery narratives applied across educational, clinical, and conflict settings (3). Correspondingly, additional contexts include faculty development (4), practitioner burnout (5), and mental health recovery (6). Nevertheless, NBIs represent a variety of theoretical orientations, intervention formats, and intended outcomes and conceptualize as a broad category of narrative-oriented approaches rather than a unified intervention model. In this broader context, NBIs have been used increasingly to address several psychological outcomes in children and adolescents, such as self-esteem and psychological well-being (7). Although these interventions vary in format, they share core narrative mechanisms: transportation (immersion in a story), identification (alignment with characters), and re-authoring (reconstructing personal narratives). These shared mechanisms justify their inclusion under the umbrella term NBIs for the purpose of this review, while their differences are explored in the synthesis. Previous findings emphasize the protective role of self-esteem against risky behaviors (8), its negative correlation with common mental health issues (9), and its sensitivity to factors such as social support, learning difficulties, and personal experiences (10). Low self-esteem is a common issue among children and adolescents, with its prevalence varying significantly across different studies and populations (11-13). Several factors contribute to low self-esteem, including experiences of bullying, family dynamics, and personal challenges (14, 15). Meanwhile, low self-esteem is closely linked to depression, anxiety, and diminished life satisfaction (16). For this matter, it is crucial to implement targeted interventions to enhance self-esteem in children and adolescents.

In addition, in recent years, low psychological well-being has become a significant issue affecting 40.7% of children and adolescents, with prevalence increasing with age and varying across social groups (17). The current state of psychological well-being highlights significant concerns in children and adolescents. Research has shown that well-being indicators highlight notable distress, with 22% of children reporting low life satisfaction and 25% exhibiting high levels of worry. The impact is particularly pronounced among females, with worry levels increasing from 22.5% in children aged 8-10 to 43.6% in those aged 15-18 (17, 18). Recent studies have explored various factors that contribute to psychological well-being in children and adolescents (19). Oriol and Miranda found prospective relationships between dispositional optimism and psychological well-being in children and adolescents, with optimism showing stronger influences among girls (20). Afrashteh and Hasani further highlighted the role of factors like mindfulness, self-compassion, and cognitive flexibility in adolescent psychological well-being (21). The scale of these issues underscores the need for comprehensive preventive health strategies, including universal school-based programs and targeted interventions to mitigate these challenges.

This review is grounded in narrative theory, which assumes that individuals interpret their lives through stories and construct meaning by organizing personal experiences into coherent narratives. Narrative engagement operates through several core mechanisms, including transportation, identification, and realism. Transportation refers to the immersive experience of being cognitively and emotionally absorbed in a story world, and research suggests that such absorption can reduce counter-arguing and strengthen story-consistent beliefs and attitudes (22). Closely related to transportation is identification, which involves cognitive, emotional, and motivational alignment with story characters and has been shown to play a central role in narrative persuasion and support-seeking behaviors (23). When children and adolescents identify with narrative characters, they may internalize the values and coping strategies embedded in the story. Narrative realism further enhances engagement by creating a coherent and believable story world that sustains reader immersion (24). Transportation, identification, and realism help to explain how NBIs may influence attitudes, beliefs, and self-perceptions by facilitating emotional involvement and reducing cognitive resistance (25). Building on narrative theory, narrative therapy provides a therapeutic framework for understanding how narrative processes contribute to psychological change. Narrative therapy emphasizes that individuals' identities are shaped by the stories they tell about themselves and that therapeutic change occurs through collaborative re-authoring of these stories (3). Through processes such as externalization and reconstruction of problematic narratives, individuals are encouraged to separate themselves from difficulties and to develop alternative narratives that highlight strengths and competencies (26, 27). Storytelling and restorying are therefore not only communicative acts but also identity-shaping processes, enabling children and adolescents to reinterpret lived experiences within supportive relational and cultural contexts. Empirical research further supports the role of narrative and emotional processes in therapeutic outcomes (28), as well as the application of narrative techniques in broader behavioral health settings (29). On the other hand, the way in which these processes are applied might differ depending on the type of NBI and the context. In addition, social cognitive theory provides

insight into how narrative engagement may translate into changes in self-esteem and psychological well-being. Social cognitive theory posits that individuals learn not only through direct experience but also through observation and imitation of others (30). When children observe characters overcoming challenges or receiving social validation within narratives, they may strengthen their own self-efficacy beliefs. This process of observational learning may also be influenced by the realism of a story, which may increase perceived similarity and credibility. Together, narrative theory, narrative therapy, and social cognitive theory provide related perspectives for analyzing how diverse NBIs may contribute to children's and adolescents' self-evaluation and psychological adjustment.

Despite the growing use of NBIs for children and adolescents, several evidence gaps persist regarding their effects on self-esteem and psychological well-being. First, existing research has focused more on exploring narrative experiences than on evaluating intervention efficacy. Only a minority of studies provide rigorous outcome data for these constructs in youth populations. Second, findings on self-esteem and well-being outcomes remain inconsistent across studies, with no prior systematic synthesis identifying which NBI formats work best for which subgroups of young people. Third, the measurement instruments used to assess self-esteem and psychological well-being across NBI studies have never been systematically catalogued. Fourth, developmental distinctions have rarely been addressed in previous syntheses. Given these gaps, this systematic review synthesizes evidence by considering these important points.

Materials and Methods

Search Strategy

A comprehensive literature search was conducted to identify relevant studies published in peer-reviewed journals. PubMed and Scopus databases were searched to capture research from psychological, educational, and health-related fields. The search was limited to articles published in English between January 1, 2010 and March 31, 2025. Search terms were developed based on the main concepts of the review, namely narrative interventions, self-esteem, psychological well-being, and target populations. Keywords such as “narrative intervention” and “storytelling therapy” were combined with terms related to well-being, including “self-esteem,” “psychological well-being,” and “mental health.” These were further combined with population-related terms such as “children,” “adolescents,” “youth,” and “students.” Boolean operators were applied to refine the search results. In addition to database searches, the reference lists of relevant articles were manually reviewed to identify additional studies that might have been missed during the initial search.

Eligibility Criteria

Clear inclusion and exclusion criteria were established prior to the screening process to ensure consistency in study selection. Studies were included if they met the following criteria: (a) the study investigated narrative-based, storytelling, or story-centered interventions aimed at supporting children or adolescent; (b) the intervention was delivered as a structured program, therapy, or guided activity; (c) self-esteem and/or psychological well-being were assessed as primary or secondary outcome variables using recognized measurement tools or systematic qualitative methods; and (d) the study reported original empirical data based on quantitative, qualitative, or mixed-methods research designs and was published in a peer-reviewed journal in English. Studies were excluded if they met any of the following conditions: (a) the study focused exclusively on adult populations; (b) no clearly defined intervention component was described; (c) the publication was a review, theoretical paper, editorial, or commentary; (d) relevant outcome data were not clearly presented; or (e) the full text was unavailable. These criteria were applied consistently throughout the screening process.

Data Extraction

A structured data extraction process was undertaken to ensure consistency, transparency, and completeness in recording information from the included studies. For each eligible study, detailed information was systematically documented across several key domains (31). Bibliographic details, including authorship, year of publication, and country of study were first recorded to provide contextual background. Study characteristics such as research design, setting, and sample size were then extracted to facilitate methodological comparison across studies. Information regarding participant characteristics, including age range, gender, and relevant contextual factors, was also documented. Particular attention was given to intervention characteristics. This included the type of narrative-based approach employed, any stated theoretical orientation, the duration and frequency of the intervention, the mode of delivery, and the background of facilitators if reported. Outcome measures used to assess self-esteem and/or psychological well-being were carefully noted, including the specific instruments applied and any available information regarding their reliability. In addition, key findings were extracted, including reported statistical significance, effect sizes when available, and qualitative themes reflecting the impact of the intervention. Data extraction was conducted systematically, and the recorded information was reviewed to minimize inaccuracies. Where reporting was unclear or incomplete, the full text was re-examined to clarify details and ensure the accuracy of the extracted data. Data extraction was performed independently by two reviewers using a standardized form. A third reviewer cross-checked a random 30% of extractions for accuracy. Discrepancies were resolved by consensus.

Narrative Synthesis

Given the variation in research design, intervention characteristics, outcome measures and participant populations of the included studies, a narrative synthesis approach was used to systematically and transparently synthesize findings. This approach is especially suitable when statistical meta-analysis is not feasible due to variation across studies. The synthesis was performed in a systematic and iterative fashion. Data extraction and organization were conducted using descriptive tables and thematic categories structured around participant characteristics, measurement instruments, intervention types, and reported outcomes. These categories provided an analytical framework for comparison between studies. Within and across these categories, studies were reviewed to identify patterns, similarities and differences in intervention approaches and outcomes. Particular attention was paid to variation in intervention formats (e.g., digital storytelling, group-based narrative therapy, strength-based approaches), participant characteristics (e.g., clinical vs non-clinical populations), and outcome domains (e.g., self-esteem, psychological well-being, emotional regulation). The comparative process enabled the identification of convergence, divergence and uncertainty in the evidence base. Interpretive weight was given to findings from studies with more rigorous research designs. Findings from exploratory or qualitative studies were interpreted more cautiously. Methodological and contextual factors were considered throughout the synthesis to ensure that interpretations remained grounded in the characteristics of the studies included. It is also important to note that the methodological quality of the included studies was variable, as some of them were performed with small samples, exploratory designs or qualitative approaches. Therefore, the strength of generalization is limited and the overall findings should be interpreted with caution.

Quality Assessment

Quality assessment was conducted using the Mixed Methods Appraisal Tool (MMAT) version 2018 (32). Each study was rated on five criteria appropriate to its design (e.g., for RCTs: randomization, allocation concealment, baseline comparability, complete outcome data, blinding of outcome assessment). Two reviewers independently applied the MMAT criteria; disagreements were resolved by consensus. Studies received an overall percentage score (0-100%). Scores were not used as inclusion thresholds but to inform interpretation of findings.

Study Selection

Title/abstract and full-text screening were conducted independently by two reviewers. Disagreements were resolved through discussion; if consensus could not be reached, a third reviewer made the final decision. Inter-rater agreement was calculated as 92% before resolution. As shown in Figure 1, 150 records were initially retrieved (102 from Scopus, 48 from PubMed). After removing 22 duplicates, 128 records remained. Following title and abstract screening, 42 records were excluded. 86 full-text articles were sought for retrieval; 12 could not be obtained. Of the 74 full-text articles assessed, exclusions were: 9 non-English, 5 review/editorial articles, 12 not child/adolescent populations, 30 for other reasons (no intervention, no outcome). Ultimately, 18 studies met the inclusion criteria.

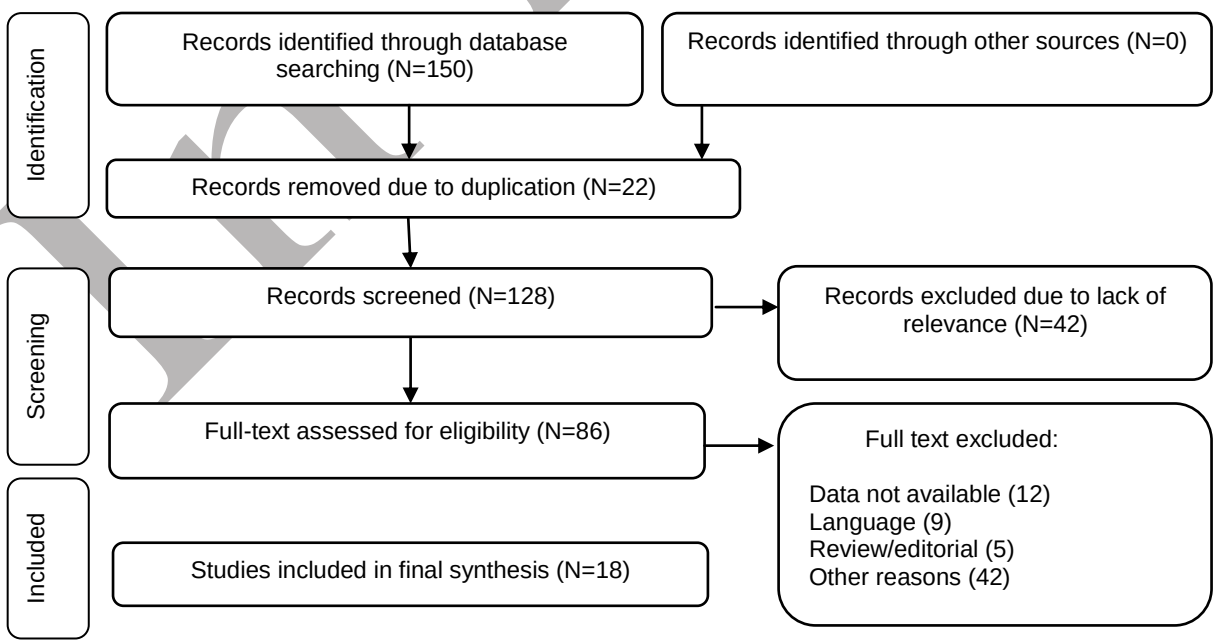

Figure 1. Study Selection Using the PRISMA Flow Diagram to Select Studies on Narrative Therapy for Enhancing Self-Esteem and Psychological Well-Being in Children and Adolescents

Results

A total of 18 peer-reviewed studies published between 2012 and 2025 met the inclusion criteria for this systematic review. These studies were conducted across 12 countries, including the United States (n = 4), Canada (n = 2), Iran (n = 2), Greece (n = 1), India (n = 1), Italy (n = 1), Nigeria (n = 1), Portugal (n = 1), Australia (n = 1), Puerto Rico (n = 1), Rwanda (n = 1), Turkey (n = 1), and the United Kingdom (n = 1). Combined, the studies included 1,036 participants, with individual sample sizes ranging from 6 to 165 participants. Participants' ages ranged from 6 to 25 years, with the majority of studies (12 of 18, 66.7%) focusing on children and adolescents aged 6 to 18 years.

In terms of study design, the evidence base comprised seven RCTs, four qualitative studies, three quasi-experimental studies, and four mixed-methods studies. Among the seven RCTs, four demonstrated high methodological qualities with MMAT scores of 80% or higher (33-36). The populations examined were diverse. 11 studies focused on children and adolescents with specific vulnerabilities, including those with developmental disabilities (autism, ADHD, learning disabilities), mental health concerns (depression, anxiety), trauma histories, orphaned or abandoned children, refugees, and youth in foster care. The remaining seven studies examined general school populations or community-based youth without identified clinical conditions. Table 1 presents the complete characteristics of all included studies.

Table 1. Characteristics of Included Studies (N = 18) on Narrative Therapy for Enhancing Self-Esteem and Psychological Well-Being in Children and Adolescents

Author (Year)	Country	Study Design	Sample Size (N)	Age Range (years)	Population	Intervention Type	Primary Outcome(s)	Effect Size (if reported)	MMAT Score (%)
Looyeh *et al*. (2012) (33)	Iran	RCT	32	9–11	Girls with ADHD	Group narrative therapy (12 sessions)	ADHD symptoms (CSI-4)	d = 0.93 (1 week); d = 0.74 (30 days)	80
Nelson *et al*. (2012) (37)	Canada	Qualitative	45	18–19	Youth from Better Beginnings program	Community-based early childhood program	Self-esteem, personal growth, meaning-making, coherence	NR (qualitative)	60
Cashin *et al.* (2013) (38)	Australia	Pre-post (uncontrolled)	9	10–16	Boys with autism	Narrative therapy (5 sessions)	Psychological distress (K-10); emotional symptoms (SDQ)	K-10: p = .017; SDQ emotional: p = 0.042; SDQ total: p = 0.15 (NS)	40
German (2013) (39)	UK	Pre-post (uncontrolled)	29	9–10	Primary school children (Year 5)	Tree of Life (strength-based narrative therapy)	Self-concept (BYI-II)	Significant improvement (p < 0.05)	50
Goodman & Newman (2014) (40)	USA	Quasi-experimental	48	14–16	Adolescent females (9th & 12th grade)	Digital storytelling vs. oral storytelling (6 sessions)	Depression (BDI-II); anxiety (STAI); stress; anger	Anxiety: p = .05 (digital > oral); stress: NS with grade control	60
Anderson & Cook (2015) (41)	USA	Qualitative	12	8–17	Children exposed to domestic violence	Digital storytelling (TF-CBT integrated)	Psychological distress; well-being	Clinically significant difference reported (no effect size)	60
Nsonwu *et al.* (2015) (42)	USA	Qualitative	10	16–19	Foster care youth (aging out)	Narrative + drama therapy (group; 6–8 months)	Self-image, self-efficacy, empowerment	NR (qualitative)	60
Fletcher & Mullett (2016) (43)	Canada	Mixed-methods	60 core + 170 workshop	13–25	First Nations youth and Elders	Digital storytelling (3-day workshop +	Self-esteem, community pride, intergenerationa	NR	60

Author (Year)	Country	Study Design	Sample Size (N)	Age Range (years)	Population	Intervention Type	Primary Outcome(s)	Effect Size (if reported)	MMAT Score (%)
						follow-up)	l connection		
Gubrium *et al.* (2016) (44)	USA	Mixed-methods	30	15–21	Puerto Rican Latina youth	Digital storytelling (4-day workshop)	Self-esteem (RSEI); social support; empowerment	Quantitative: non-significant; qualitative: positive themes	70
Moore (2017) (45)	Greece	Qualitative	25	14–25	Unaccompanied refugee minors (male)	Strengths-based narrative storytelling (6 weeks)	Empowerment, healing, resilience, life skills	NR (qualitative)	60
Gubrium *et al.* (2019) (46)	USA	Qualitative	30	15–21	Puerto Rican Latina youth	Digital storytelling (4-day workshop)	Self-esteem, agency, social support, trauma healing	NR (qualitative)	60
Jalali *et al.* (2019) (47)	Iran	RCT (pilot)	85(43 analyzed)	8–12	Children with imprisoned parents	Narrative group therapy (8 sessions)	Depression (CDI); anxiety (RCMAS)	Depression: t = 22.27, p = .001; anxiety: F = 750.72, p = .001	80
Ofoegbu *et al.* (2021) (34)	Nigeria	RCT	64	12–18	Adolescent-athletes with special educational needs	Rational digital storytelling (12 weeks, 24 sessions)	Depression (BDI-II)	$\eta^2 = 0.21$ (large)	100
Arslan *et al.* (2022) (48)	Turkey	Quasi-experimental	53	15–18	High school students (grade 10)	Positive psychology-based story reading (4 weeks, 8 stories)	Mindfulness, happiness, optimism, positive emotions; depression, anxiety, pessimism, negative emotions	$\eta^2 = 0.18$ (mindfulness); $\eta^2 = 0.10$ (depression); $\eta^2 = 0.10$ (anxiety); $\eta^2 = 0.11$ (pessimism)	80
Baldiwala & Kanakia (2022) (49)	India	Qualitative	12 (4 children + 8 family members)	8–17	Children with developmental disabilities and their families	Narrative therapy (minimum 6 months)	Collaboration, visibility of skills, empowerment	NR (qualitative)	60
Karibwende *et al.* (2022) (35)	Rwanda	RCT	72	6–15	Orphaned and abandoned children (SOS Village)	Narrative therapy (10 sessions)	Resilience (CYRM-28)	Cohen's d = 5.97 (very large)	100
Ruini *et al.* (2022) (36)	Italy	RCT	165	8–11	Elementary school children	School Positive Narrative Intervention (storytelling + narrative techniques)	Psychological well-being (Ryff's PWB); anxiety (RCMAS); depression; somatization	d = 0.34–0.67	100
Teixeira *et al.* (2025) (50)	Portugal	Qualitative	31	14–20	Young people (vulnerable situations)	Digital storytelling (4 workshops)	Well-being themes (shared and gender-specific)	NR (qualitative – no causal claim)	60

Note: NR = Not reported; NS = Non-significant; ADHD = Attention-Deficit/Hyperactivity Disorder; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy; BDI-II = Beck Depression Inventory-II; BYI-II = Beck Youth Inventories-Second Edition; CDI = Children's Depression Inventory; CSI-4 = Child Symptom Inventory-4; CYRM-28 = Child and Youth Resilience Measure; K-10 = Kessler-10 Scale of Psychological Distress; RCMAS = Revised Children's Manifest Anxiety Scale; RSEI = Rosenberg Self-Esteem Inventory; SDQ = Strengths and Difficulties Questionnaire; STAI = State-Trait Anxiety Inventory.

Across the 18 studies, 14 distinct quantitative instruments and three qualitative methods were employed to assess self-esteem and psychological well-being. Table 2 presents the frequency of instrument usage across the included studies. The Rosenberg Self-Esteem Inventory was the most common measure for self-esteem, appearing in four studies. However, no study employed an objective or observer-rated measure of self-esteem. All 18 studies relied exclusively on self-report or parent/teacher report, introducing potential common method bias. For qualitative methods, semi-structured interviews were used in six studies, focus groups in one study, and transcription of digital stories with thematic analysis in five studies.

Table 2. Frequency of Quantitative Instruments across Included Studies on the Narrative Therapy for Enhancing Self-Esteem and Psychological Well-Being in Children and Adolescents

Instrument	Construct Measured	Number of Studies	Reported Reliability (Cronbach's α)
Rosenberg Self-Esteem Inventory (RSEI)	Self-esteem	4	0.81-0.89
Beck Depression Inventory-II (BDI-II)	Depression	3	0.89-0.92
Revised Children's Manifest Anxiety Scale (RCMAS)	Anxiety	3	0.78-0.89
Strengths & Difficulties Questionnaire (SDQ)	Emotional/behavioral problems	2	0.73-0.75
Kessler-10 (K-10)	Psychological distress	2	0.93
Children's Depression Inventory (CDI)	Depression	2	0.80-0.90
Beck Youth Inventories-Second Edition (BYI-II)	Self-concept	2	0.86-0.96
Child & Youth Resilience Measure (CYRM-28)	Resilience	1	0.83
State-Trait Anxiety Inventory (STAI)	Anxiety	1	0.87
State-Trait Anger Expression Inventory (STAXI-2)	Anger	1	0.91
Oxford Happiness Questionnaire-Short Form (OHQ-SF)	Happiness	1	0.82
Mindful Attention Awareness Scale (MAAS)	Mindfulness	1	0.71
Child Symptom Inventory-4 (CSI-4)	ADHD symptoms	1	NR
Ryff's Psychological Well-Being Scales (PWB)	Eudaimonic well-being	1	NR

Six distinct types of NBIs were identified across the included studies. Referring to Table 3, the majority of studies utilized narrative therapy or storytelling techniques. Six studies employed digital storytelling as the primary intervention method and one study used digital storytelling as a trauma narrative intervention within trauma-focused cognitive behavioral therapy (TF-CBT). Additionally, four studies focused on positive psychology and strength-based narrative interventions, and one study examined a community-based early childhood development program with a narrative dimension. A notable developmental pattern emerged: digital storytelling was used exclusively with adolescents (aged 14-20 years), whereas group narrative therapy was used primarily with younger children (aged 6-12 years). This suggests that intervention developers have intuitively matched intervention formats to developmental capacities. Digital storytelling requires abstract thinking, future-oriented reflection, and technological literacy. In contrast, group narrative therapy with younger children relies on concrete activities, storytelling with objects, metaphors, and play-based techniques.

Table 3. Classification of Narrative-Based Interventions by Type and Target Population

Intervention Type	Number of Studies (%)	Primary Target Population	Key Characteristics
Digital Storytelling	6 (33.3%)	Adolescents (14–20 years); marginalized youth (refugees, foster care, Puerto Rican Latinas, First Nations)	Multimedia production (images, voiceover, music); 3–5 day workshops; group-based; story circle activities
Group Narrative Therapy	4 (22.2%)	Clinical populations (ADHD, depression/anxiety, orphaned/abandoned children, children with imprisoned parents)	8–12 sessions (60–90 minutes each); externalization techniques; story-based activities; scaffolding conversations

Intervention Type	Number of Studies (%)	Primary Target Population	Key Characteristics
Individual/Family Narrative Therapy	3 (16.7%)	Subjects with developmental disabilities; autistic patients; children with imprisoned parents	5–10 sessions over 2.5–6 months; individualized; parent involvement; family-centered
Strength-Based Narrative Approaches	3 (16.7%)	School children (general); refugee youth; Aboriginal youth	Tree of Life, positive psychology stories, strengths-based storytelling; focus on resilience and cultural identity
Community-Based Narrative Programs	2 (11.1%)	Early childhood; foster care youth	Long-term (6–8 months); multidisciplinary; drama + narrative therapy; embedded in social services

Overall, 15 of the 18 studies (83.3%) reported positive effects of NBIs on self-esteem, psychological well-being, or related outcomes. However, the strength of evidence varied considerably by study design. Table 4 presents the findings from the RCTs. Longer intervention duration (≥10 sessions) was generally associated with larger effect sizes. However, Ofoegbu *et al*. (2021) achieved a large effect ($\eta^2 = 0.21$) with a relatively low total hour count (6-8 hours), suggesting that intervention intensity and content may matter more than raw duration. Among the seven RCTs, all reported positive effects. The effect sizes in RCTs ranged from moderate (d = 0.34) to very large (d = 5.97). The Karibwende *et al*. (2022) study produced an exceptionally large effect for resilience, but this should be interpreted cautiously as the control group showed decreased resilience over the same period (a waiting list deterioration effect), which may have inflated the between-group difference.

Table 4. Relationship Between Intervention Duration of Narrative-Based Therapies and Effect Sizes on Self-Esteem and Psychological Well-Being in Children and Adolescents

Study	Duration	Total Sessions	Total Hours (approx.)	Effect Size (Primary Outcome)
Karibwende *et al.* (2022) (35)	10 weeks	10 sessions	~15–17 hours	d = 5.97
Ofoegbu *et al.* (2021) (34)	12 weeks	24 sessions	~6–8 hours	$\eta^2 = 0.21$
Looyeh *et al.* (2012) (33)	6 weeks	12 sessions	~12 hours	d = 0.93
Jalali *et al*. (2019) (47)	8 weeks	8 sessions	~12 hours	$\eta^2 = 0.90$ (anxiety)
Ruini *et al*. (2022) (36)	4 weeks	8 sessions (estimated)	Not specified	d = 0.34–0.67
Arslan *et al*. (2022) (48)	4 weeks	8 story readings	Not specified	$\eta^2 = 0.10$–0.18
Cashin *et al*. (2013) (38)	10 weeks	5 sessions	~5 hours	Partial (non-significant for parent report)

Two studies explicitly reported findings that were not uniformly positive. Cashin *et al*. (38) found that while narrative therapy significantly reduced psychological distress and emotional symptoms among young people with autism, the parent-rated total difficulties score did not improve significantly, and the conduct problem subscale showed non-significant worsening. The authors also noted the very small sample size (n = 9) and lack of a control group limit interpretability. Goodman and Newman (40) reported that the beneficial effects of digital storytelling on anxiety were not sustained when controlling for grade level, and stress reduction did not reach statistical significance after controlling for grade. Depression reduction was significant for ninth-graders but not for twelfth-graders, suggesting that developmental stage may moderate treatment effects. No studies reported worsening of outcomes following NBI. However, the absence of negative findings may reflect publication bias.

Table 5 summarizes the findings of all qualitative studies included in this review (four qualitative studies, plus key qualitative findings from mixed-methods studies). Across the qualitative methods, several recurring themes emerged regarding the benefits of NBIs for children and adolescents. A central finding was that participation in storytelling interventions facilitated truth telling and sense-making, allowing young people to articulate previously unspoken experiences and construct coherent personal narratives. Participants across multiple studies described feeling heard, validated, and less alone as they shared their stories within supportive group settings. A second prominent theme was social support and solidarity, wherein the group-based nature of digital storytelling workshops and narrative therapy sessions created opportunities for peer validation, mutual recognition, and the formation of meaningful connections with others who shared similar struggles. Third, participants consistently reported increased

agency, empowerment, and self-efficacy. Foster care youth in Nsonwu *et al*. (42) described developing confidence to plan for their futures, while refugee youth in Moore (45) reported a renewed sense of hope and mastery. Fourth, identity transformation and healing were evident across studies, particularly among marginalized or traumatized populations. Notably, Gubrium *et al*. (44) found that these qualitative benefits emerged even when quantitative measures showed no significant changes, suggesting that standardized self-report scales may not capture the full range of narrative intervention effects. Collectively, these qualitative findings provide rich, contextualized evidence that NBIs support psychological well-being through mechanisms of narrative agency, social connection, and identity reclamation.

Table 5. Summary of Qualitative Findings Across Included Studies on the Narrative Therapy for Enhancing Self-Esteem and Psychological Well-Being in Children and Adolescents

Author (Year)	Population	Qualitative Method	Key Themes Identified	Relationship to Self-Esteem or Well-Being
Nelson *et al*. (2012) (37)	Youth aged 18–19 from early childhood program	Semi-structured interviews (turning point stories)	Ending resolution, personal growth, meaning-making, coherence, affect transformation	Positive correlations with self-esteem (r = 0.23-0.28) and community involvement (r = 0.24-0.27)
Anderson & Cook (2015) (41)	Children aged 8–17 exposed to domestic violence	Transcription of digital stories; exit interviews	Creative control, mastery of technical skills, emotional desensitization, pride in finished work	Clinically significant improvement in psychological distress and well-being
Nsonwu *et al.* (2015) (42)	Foster care youth aged 16–19	Focus groups	Self-image, self-healing, self-efficacy, lessons learned, feeling valued	Participants reported increased confidence, reduced anger, and readiness for future planning
Gubrium et al. (2016) (44)	Puerto Rican Latina youth aged 15–21	Story circles, story screenings, semi-structured interviews, field notes	Truth telling, sense-making, social support, feeling valued, solidarity	Qualitative benefits despite non-significant quantitative findings; participants reported feeling "heard" and "less alone"
Moore (2017) (45)	Unaccompanied refugee minors aged 14–25 (male)	Participant observation, informal interviews, story transcription	Empowerment, healing, resilience, individual mastery, community integration, life skills	Participants reported increased self-esteem, agency, and hope for the future
Gubrium *et al.* (2019) (46)	Puerto Rican Latina youth aged 15–21	Story circles, story screenings, semi-structured interviews, field notes	Addressing prior trauma, building social support and solidarity, challenging stigmatizing narratives, increasing agency and self-efficacy	Digital storytelling served as critical narrative intervention for trauma healing and identity reclamation
Baldiwala & Kanakia (2022) (49)	Children with developmental disabilities (aged 8–17) and their families	Semi-structured interviews	Working in partnership, practices that open up possibilities, taking control and advocacy	Families reported increased sense of control, empowerment, and desire to advocate for others
Teixeira *et al*. (2025) (50)	Young people aged 14–20 in vulnerable situations	Transcription of digital stories; thematic analysis	Shared themes (bullying, mental health, belonging) and gender-specific themes (intimacy for girls; agency for boys)	Digital storytelling revealed nuanced well-being concerns and coping strategies

Discussion

Although there are considerable differences in study design, intervention format, and participant characteristics, several broad patterns emerged across the included studies. Digital storytelling interventions were most frequently associated with improvements in self-esteem, emotional expression, and social connectedness, particularly among adolescents and socially marginalized groups. Group narrative therapy approaches were more commonly linked to reductions in anxiety, depression, and behavioral difficulties, especially in clinical or higher-risk populations. Strength-based and positive psychology-oriented interventions tended to emphasize resilience, identity development, and positive affect, although these outcomes were assessed using a wide range of measures. These patterns offer a basis for further interpretation of

the findings across measurement approaches, intervention types, and effectiveness outcomes.

Findings indicate that semi-structured interviews were the most commonly used qualitative method across the included studies. This is consistent with existing literature, which identifies qualitative interviews as one of the most widely adopted approaches in qualitative research (51). Semi-structured interviews are particularly valuable as they allow researchers to collect both verbal and non-verbal data while maintaining flexibility during the interaction. As highlighted by Dolczewski *et al.* (52), this approach is able to generate richer insights and address the limitations of self-report questionnaires, which often fail to capture the dynamic nature of self-esteem. In addition, focus groups were also used as a qualitative measurement method, as they allow participants to share perspectives and experiences in a group setting. According to Dil *et al.* (53), focus groups are effective in capturing participants' understandings and facilitating in-depth discussions. Similarly, Hughes *et al.* (54) suggest that focus groups can be effective tools, although their success largely depends on skilled moderation. However, while these qualitative methods provide rich and contextualized data, they also rely heavily on researcher interpretation and may be influenced by group dynamics or subjective bias, which can limit comparability across studies.

The findings indicate that digital storytelling was the most commonly used intervention across the included studies. This may reflect its strong appeal to young people, as it combines creativity, technology, and self-expression. Previous research suggests that digital storytelling enhances engagement by making content more interactive and meaningful (55), while also allowing participants to feel more confident and knowledgeable through the process of story creation (56). In addition to digital storytelling, positive psychology and strength-based narrative interventions were also widely used. These approaches focus on individuals' strengths and personal resources, which aligns with existing evidence showing their effectiveness in enhancing well-being and reducing anxiety and depression (57, 58). As noted by Menard *et al.* (59), young people tend to respond more positively to interventions that are personally relevant and allow them to build on their strengths. Group narrative therapy was another commonly applied approach, particularly in contexts involving emotional or social difficulties. It emphasizes shared experiences, social support, and the development of resilience. However, the effectiveness of group-based approaches may vary depending on the population. For example, McKenzie-Smith *et al.* (60) reported only small benefits for individuals with intellectual disabilities, while also pointing out methodological limitations in existing studies.

NBIs appear to be particularly suitable for children and adolescents due to their interactive and creative nature. These approaches encourage self-expression and provide a safe space for individuals to explore emotions and personal experiences. As highlighted by Jørgensen *et al.* (61) and Ophir *et al.* (62), such interventions avoid overly clinical language and instead focus on collaborative dialogue and personal meaning-making. Techniques such as externalizing conversations enable young individuals to separate themselves from problems and reconstruct their identity in a more positive way (26). Furthermore, these interventions have also been applied to populations with special needs, including those with developmental or behavioral challenges. While some studies have reported positive outcomes such as improved empowerment and family engagement (49), others highlight limitations in research design and evaluation methods (60). This indicates that while NBIs are adaptable and broadly applicable, their efficacy may differ among various populations. The findings suggest that effective NBIs commonly exhibit features such as active engagement, opportunities for self-expression, and an emphasis on individual strengths, which may explain the efficacy of these interventions across different contexts.

NBIs have been connected with improved outcomes across a variety of psychological domains. The consistency of findings across the studies reviewed suggests that narrative approaches may represent a potentially useful mechanism for supporting psychological functioning. Improvements in self-esteem were among the most consistently reported outcomes, with participants reporting increased self-worth and confidence. For instance, Rizzi *et al.* (63) conducted a pilot study with 12 adolescents and reported positive impacts on self-confidence and trust through creative storytelling workshops. Similarly, Xue and Wang (64) found that an 8-week digital storytelling program led to statistically significant reductions in stress, anxiety, and depression, highlighting improvements in emotional regulation. Additionally, a recent systematic review (65) identified digital storytelling as an effective psychotherapeutic tool, particularly in reducing symptoms of depression. Psychological well-being was also consistently enhanced, as reflected in increased life satisfaction, happiness, and emotional stability. Supporting this, Teixeira *et al.* (50) analyzed digital stories created by 31 young people aged 14-20 and identified themes related to well-being, demonstrating the positive impact of narrative interventions on emotional health.

These empirical findings can be further understood through several theoretical perspectives. Narrative identity is a meta-capacity that allows individuals to self-direct and reinvent their actions through dialogical relationships, thus enhancing subjectivity, reflexivity, and intentionality (66). Communicated narrative sense-making theory suggests that narratives serve as a mechanism by which individuals make sense of and organize their experiences, and that positively framed stories predict higher levels of health and well-being

(67). Ruini *et al.* (36) showed that, at a mechanistic level, narrative strategies facilitate the identification of personal resources and the processing of abstract constructs such as well-being. In the same vein, Gofman *et al.* (68) demonstrated that traumatic narrative reconstruction helps individuals find subjective meaning in their experiences.

Limitation

The primary limitation of this review is the small number of studies included. Despite pre-defined inclusion criteria, the number of eligible studies may weaken the strength of the conclusions. Future studies should increase the evidence base by conducting more empirical research in this area, which would allow more comprehensive and conclusive systematic reviews to be conducted. Second, the cultural homogeneity of the included studies limits the generalizability of the findings. Most studies were conducted in developed countries, limiting the generalizability of the findings across cultural contexts. Future studies should aim to recruit more culturally diverse samples, especially from developing countries and under-represented regions, in order to improve external validity and to establish whether NBIs are culturally appropriate. Third, a major limitation is the use of self-report measures. Most studies relied on self-report measures, increasing the risk of social desirability and reporting bias. Future research should also involve more comprehensive assessment strategies that integrate self-report data with objective measures or multiple informants, such as behavioral observations, teacher or parent reports, and longitudinal tracking, to improve the reliability and validity of the findings.

Conclusion

This systematic review provides evidence that NBIs hold promise for enhancing self-esteem and psychological well-being in children and adolescents. Digital storytelling appears particularly effective for improving self-esteem in adolescents, while group narrative therapy is more strongly associated with reductions in anxiety, depression, and behavioral symptoms in clinical populations. Strength-based narrative approaches show moderate effects on positive outcomes in school settings. However, the evidence base is methodologically uneven. Only 7 of 18 studies were RCTs, sample sizes were often small, effect sizes were inconsistently reported, and all quantitative findings relied on self-report or parent-report measures without objective or observer-rated assessments. The discordance between quantitative and qualitative findings in mixed-methods studies suggests that existing measures may not adequately capture the benefits of narrative interventions. Future research should prioritize large-scale RCTs with diverse populations, longer follow-up periods, and validated measures that are sensitive to narrative change mechanisms. Health professionals and educators working with vulnerable children and adolescents should consider incorporating narrative-based approaches into their practice, particularly digital storytelling for adolescent self-esteem and group narrative therapy for clinical symptom reduction.

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Author's Contributions

• Yifei Pan: Conceptualization, Writing-Original Draft.
• Saeid Motevalli: Corresponding author, Supervision, Writing – review & editing.
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