Brief Narrative Interventions for People Living with Chronic Illness and/or Psychosocial Distress: A Scoping Review



Victoria D. Powell, MD [1,2], Brianna Polenz [3], Caroline Logue, MPH [4], Taylor Rigby, PhD [2], Oscar Kopljar [5], Sarah Krein, RN, PhD [4,6]

[1] Division of Geriatric and Palliative Medicine, University of Michigan, Ann Arbor, MI, USA, [2] Geriatric Research, Education, and Clinical Center (GRECC), LTC Charles S. Kettles VA Medical Center, Ann Arbor, Michigan, USA [3] Department of Psychology, University of Michigan, Ann Arbor, MI, USA [4] Center for Clinical Management & Research (CCMR), Ann Arbor VA Medical Center, Ann Arbor, MI, USA [5] Umeå University, Umeå, Sweden [6] Department of Internal Medicine, University of Michigan, Ann Arbor, MI, USA

Background

Background: Narrative interventions utilize the therapeutic process of organizing troublesome experiences and events into cohesive stories, resulting in a reduction in associated distress. Narrative interventions thus have transdiagnostic potential to benefit individuals dealing with many complex illnessness or chronic stress states but may require adaptation for specific populations. Understanding the content, context, and outcomes targeted in existing brief (≤4 session) narrative interventions through a scoping literature review is a critical step to guide further development, refinement, and expansion of this underrecognized therapeutic modality in new populations.

Review Questions:

What are the theoretical underpinnings, content, structure, and settings of brief narrative interventions?

In what populations have brief narrative interventions been developed/adapted? How have population needs influenced content?

Which patient-centered outcomes were targeted, and what tools were used to measure them?

Methodology

Framework: We followed the JBI Scoping Reviews Methodology, including suggestions for conducting large scoping reviews [1] and PRISMA-ScR reporting framework [2]. The review was registered on OSF (https://osf.io/85hjd/overview); the protocol was published [3].

Databases Searched: PubMed (MEDLINE), CINAHL (EBSCOhost), Embase, PsycInfo (EBSCOhost)

Study Selection: Identified studies were imported into Covidence and duplicates were removed. Two independent reviewers completed title and abstract screening, followed by a full-text review. Any disagreements were resolved via team discussion.

Data Extraction: UM-GPT (GPT-4.1, University of MI) was used to initially extract data regarding the research questions. A human reviewer performed validation and quality control.

Results:

Interventions:

Common Theoretical Frameworks:
Butler's Life Review, Erikson's Psychosocial Stages, Chochinov's Dignity-Conserving Care, Action Theory & other Cognitive Psychology-Informed Models, Narrative Theory.

Common Contents and Structures:

- Oral autobiographical life review: Semi-structured face-to-face interview, with subject's edited narrative provided as a keepsake: Dignity Therapy[4] → Generativity Document

Discrete-event focused narrative:

- Attempted Suicide Short Intervention Program (ASSIP) [5]

Creative and transformative interventions

- Hero's Journey Narrative, Fairy Tale Writing [6,7]

Family & Relationship Focused:

- Family Dignity Intervention [8]
- Family Legacy Project [9]

Group-Based Interventions:
Group interaction critical to intervention benefit

- Digital Storytelling Workshop [10]

Technology-Centric Interventions

- VoicingHan: Avatar-facilitated life review[11]

Populations & Conditions:

Serious & chronic medical illness

- cancer most common

Psychiatric & mental health diagnoses with active symptoms

- suicidality, depression

Distress without specific diagnoses

- Aging-related concerns & vulnerable states
- Loneliness & existential distress
- Sub-clinical depressive symptoms

Caregiver/Family & related concerns

- burden
- grief/bereavement
- quality of communication/relationship with healthcare providers

Geographical & Cultural Factors
Studies in 24+ Countries
Minoritized Groups & Special Populations
Shared Experiences & Values

- Jantelagen
- Death and other taboos
- African American Great Migration
- Kennedy assassination

Outcomes & Measurement

Symptoms of condition or disease process: mostly composite measures

- Symptom burden (e.g. ESAS)
- Suicidality / ideation (e.g. C-SSRS)
- Depression (e.g. CES-D)

States of distress:

- Dignity-related distress (e.g. PDI)
- Demoralization (e.g. DS-II)
- Global distress (e.g. NCCN thermometer)

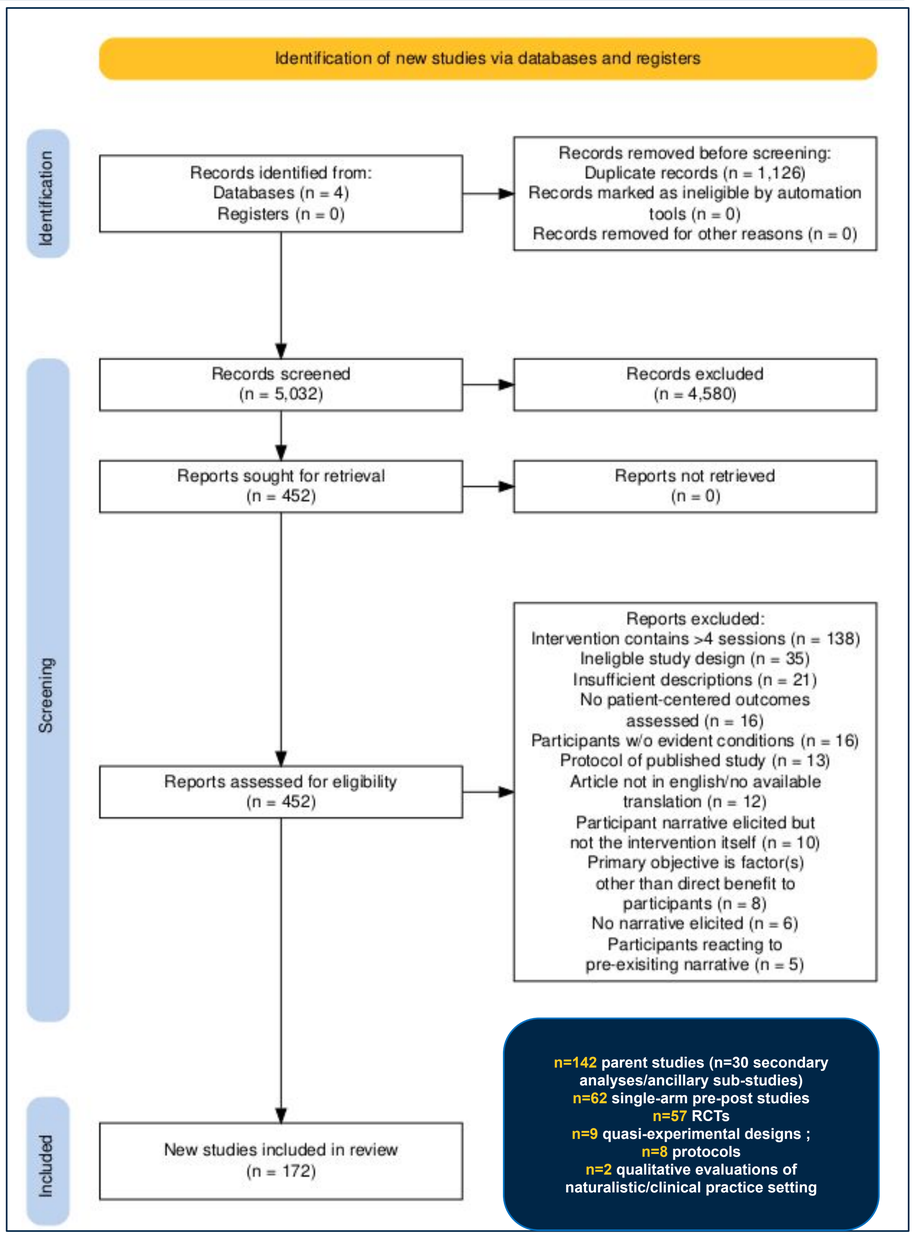
States of well-being:

- Spiritual well-being & meaning (e.g. FACIT-Sp)
- Life satisfaction (e.g. SWLS)
- Quality of life (e.g. EORTC QLQ-C30)
- Relationship quality & social connectedness (e.g. PROMIS-Emotional Support)

Therapeutic alliance & communication (e.g. ICU-RESPECT)

Qualitative measures

- Thematic analysis of narratives
- Exit interviews



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