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Impact of Narrative Therapy on Identity Reconstruction and Motivation in Clients with Acquired Brain Injury

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A B S T R A C T

This study aimed to evaluate the effectiveness of narrative therapy in enhancing identity reconstruction and motivation among individuals with acquired brain injury (ABI). A randomized controlled trial was conducted involving 30 participants with ABI recruited from rehabilitation centers in Bangladesh. Participants were randomly assigned to either an intervention group (n = 15), which received nine weekly sessions of narrative therapy, or a control group (n = 15), which received standard care. Data were collected at three time points: pre-test, post-test, and five-month follow-up. Identity reconstruction was measured using the Self-Concept and Identity Measure (SCIM), and motivation was assessed using the Motivation for Traumatic Brain Injury Rehabilitation Questionnaire (MOT-Q). Data were analyzed using repeated measures analysis of variance (ANOVA) and Bonferroni post-hoc tests with SPSS-27. The results showed a significant improvement in identity reconstruction and motivation scores in the intervention group compared to the control group across time. The intervention group's identity scores increased from a pre-test mean of 71.43 (SD = 6.28) to 82.67 (SD = 5.19) at post-test and were sustained at follow-up (M = 81.74, SD = 5.44). Similarly, motivation scores rose from 98.21 (SD = 7.03) to 110.36 (SD = 6.45), remaining stable at follow-up (M = 109.87, SD = 6.33). Repeated measures ANOVA confirmed significant time × group interactions for both variables ($p < .001$), and Bonferroni post-hoc tests indicated that the observed improvements were statistically significant and maintained over time. Narrative therapy proved effective in promoting identity reconstruction and increasing motivation in individuals with ABI, with sustained benefits observed at five-month follow-up. These findings highlight the therapeutic value of narrative-based interventions in neurorehabilitation settings.

Keywords: *Narrative therapy, identity reconstruction, motivation, acquired brain injury, randomized controlled trial, psychological rehabilitation.*

1. Introduction

Acquired brain injury (ABI) is a complex and often life-altering condition that disrupts not only cognitive and physical functioning but also the psychological, emotional, and social domains of an individual's life. It encompasses traumatic events, such as head injuries, and non-traumatic causes like stroke or infection, which result in damage to previously healthy brain tissue. The consequences of ABI can be enduring and multifaceted, often requiring long-term rehabilitation to manage its psychological and functional effects (Alderman & Worthington, 2023). A growing body of literature highlights how ABI can severely compromise one's sense of self and internal motivation, thereby impeding the recovery process and reintegration into society (Christensen et al., 2023). Beyond the visible physical impairments, ABI can result in profound alterations in personality, self-perception, and identity, aspects that have traditionally received less attention in clinical intervention.

Identity reconstruction has become an important therapeutic focus in neurorehabilitation, particularly because ABI disrupts autobiographical memory, continuity of self, and life narrative coherence (Guo et al., 2022). Individuals with ABI often experience a fragmentation of their personal identity, grappling with the loss of former roles, diminished autonomy, and uncertainty about their future (D'Cruz et al., 2021). This phenomenon has been termed the "loss of self," a state in which individuals struggle to recognize themselves within the post-injury experience. The disconnection between pre- and post-injury selves leads to internal dissonance and social withdrawal (White, 2020). Narrative identity—the way individuals construct a coherent story about their lives—has emerged as a promising area to target through psychotherapeutic interventions. When this narrative is disrupted by brain injury, individuals may require structured therapeutic support to reconstruct their sense of who they are and who they can become (Kerr et al., 2019).

Narrative therapy offers a clinically appropriate response to the identity-related challenges faced by ABI clients. This therapeutic approach is based on the belief that individuals give meaning to their lives through the stories they construct about themselves. Narrative therapy helps individuals externalize problem-saturated stories and supports them in re-authoring narratives that align with their strengths, values, and aspirations (Shefer, 2018). Particularly relevant for ABI populations, this approach avoids pathologizing the individual and instead centers the therapeutic process on meaning-making and storytelling, which can foster emotional regulation and adaptive coping (Perkins, 2019). Research suggests that narrative interventions can empower individuals with ABI to reframe their experiences, reconnect with their social world, and regain a sense of agency (D'Cruz et al., 2021). Moreover, narrative techniques have been shown to enhance psychological well-being and self-concept in populations with complex neurological conditions (Guo et al., 2022).

Motivation is another critical domain affected by ABI, with a substantial number of clients exhibiting apathy, learned helplessness, and demotivation during recovery (Norwood et al., 2022). These issues not only affect engagement in rehabilitation programs but also correlate with poorer long-term functional outcomes (Mohapatra & Kulnik, 2020). Motivation after brain injury is influenced by a range of biopsychosocial factors, including self-efficacy, emotional state, and the perceived coherence of one's future. Several studies have demonstrated that motivational impairment in ABI is not merely a neurological symptom but is intricately tied to identity disturbances and existential uncertainty (Nunez et al., 2022). Thus, addressing identity reconstruction through therapeutic storytelling may also indirectly enhance motivation, as individuals begin to imagine future possibilities and reclaim authorship of their lives (Kerr et al., 2019).

In recent years, scholars and clinicians have proposed integrating narrative therapy into ABI rehabilitation to improve psychological outcomes, particularly self-identity and motivation (Rauwenhoff et al., 2023). A number of case studies and qualitative investigations have underscored the feasibility and effectiveness of such interventions (Darries & Soeker, 2023). For instance, D'Cruz et al. (2021) explored how narrative storytelling with ABI clients fosters self-reflection and identity reformation, offering therapeutic scaffolding for meaning reconstruction (D'Cruz et al., 2021). Similarly, Perkins (2019) developed structured narrative therapy sessions tailored for individuals with severe communication difficulties, showing positive effects on emotional well-being and self-understanding (Perkins, 2019). These emerging findings underscore the potential of narrative therapy as a non-invasive and humanistic modality to address identity and motivational deficits following brain injury.

Furthermore, a neuropsychological perspective supports the integration of identity-based therapies with traditional rehabilitation. Neuroimaging research has demonstrated that

narrative processing and autobiographical reasoning engage multiple brain regions affected in ABI, including the prefrontal cortex and medial temporal lobes (Christensen et al., 2023). By actively engaging these networks, narrative therapy may facilitate neural plasticity and cognitive-emotional integration (Athiraman & Zipfel, 2021). The interdisciplinary appeal of narrative interventions—bridging neuroscience, psychology, and social work—makes them highly adaptable in both clinical and community-based settings (White, 2020). Such approaches are especially valuable in contexts with limited access to intensive neurological care, such as in low- and middle-income countries where holistic, cost-effective interventions are needed (Alqahtani, 2022).

Although recent trials have begun to explore psychotherapeutic interventions for ABI populations, most research has focused on cognitive-behavioral and pharmacological treatments, with relatively little attention to meaning-making or narrative identity (Dekker et al., 2019). Cognitive-behavioral therapy (CBT), for example, has been widely applied for mood and behavioral disturbances post-ABI, but may fall short in addressing existential themes and disrupted personal narratives (Ford et al., 2020). Some scholars have proposed acceptance and commitment therapy (ACT) as an alternative that promotes psychological flexibility and value-based living (Rauwenhoff et al., 2019), yet the literature on ACT in ABI remains limited (Rauwenhoff et al., 2023). By contrast, narrative therapy directly targets the process of self-construction, providing a theoretically grounded and emotionally resonant avenue for psychological healing (Guo et al., 2022).

Sleep disturbances, which frequently accompany ABI, also demonstrate how motivation and identity intersect with daily functioning. Treatments that target insomnia, such as blended eHealth interventions, have shown promise in addressing both behavioral and psychological domains (Ford et al., 2022). For instance, a recent randomized controlled trial found that changes in personal beliefs and self-perceptions moderated the effectiveness of sleep interventions, suggesting a mediating role of identity in therapeutic outcomes (Ford et al., 2024). These findings align with research on motivation and psychological resilience, highlighting that restoring a coherent narrative may enhance not only psychological but also physiological aspects of recovery (Pilon et al., 2021).

In addition to clinical benefits, narrative therapy may also enhance social reintegration and vocational recovery in ABI clients. Darrries and Soeker (2023) examined how narrative-based occupational support facilitated women's return to work, indicating that storytelling could serve as a foundation for rebuilding confidence and purpose in social roles (Darries & Soeker, 2023). Similarly, community-based programs that include narrative elements have been positively received by clients, with participants reporting increased connection, self-acceptance, and motivation to engage in life goals (White, 2020). These programs underscore the psychosocial dimensions of recovery and the necessity of incorporating person-centered, culturally sensitive practices into ABI care models (Alqahtani, 2022).

Despite the growing interest in narrative interventions, empirical evidence regarding their effectiveness in enhancing motivation and identity reconstruction in ABI populations remains limited and inconclusive. Much of the existing work relies on qualitative data or small-scale case studies, lacking the rigor of randomized controlled trials (Pilon et al., 2021). Moreover, there is a need to assess long-term outcomes and determine whether the effects of narrative therapy endure over time, particularly in domains as complex as self-concept and behavioral activation. Standardized measures that assess narrative identity, motivation for rehabilitation, and psychological resilience are essential to rigorously evaluate the outcomes of such interventions (Schow et al., 2024).

To address these gaps, the present study aims to investigate the impact of narrative therapy on identity reconstruction and motivation in clients with acquired brain injury through a randomized controlled trial design.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of narrative therapy on identity reconstruction and motivation among clients with acquired brain injury. A total of 30 participants were recruited from rehabilitation centers and neurological clinics in Bangladesh through purposive sampling, based on inclusion criteria such as being diagnosed with acquired brain injury, aged between 18 and 60, and having sufficient cognitive and communicative ability to participate in therapy sessions. Participants were randomly assigned to either the intervention group (n = 15), which received narrative therapy over nine weekly sessions, or the control group (n = 15), which received standard care without any psychotherapeutic intervention. All participants provided informed consent before the study began, and ethical

approval was obtained from the appropriate institutional review board. The intervention and control conditions were monitored over a five-month follow-up period to assess both immediate and sustained outcomes.

2.2. Measures

2.2.1. Self-Concept and Identity

To assess identity reconstruction, the Self-Concept and Identity Measure (SCIM) developed by Kaufman et al. (2015) was utilized. This standardized self-report tool is designed to evaluate dimensions of self-concept and identity disturbance, particularly in clinical populations. The SCIM consists of 27 items divided into three subscales: Consolidated Identity, Disturbed Identity, and Lack of Identity. Participants respond to each item on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores on the Consolidated Identity subscale indicating stronger identity integration and higher scores on the other subscales reflecting identity disruption. The SCIM has demonstrated strong internal consistency (Cronbach's alpha values ranging from .82 to .90 across subscales) and has been validated in both clinical and non-clinical populations, including individuals with psychiatric and neurological conditions. Prior studies confirm its construct validity and sensitivity to therapeutic change, making it appropriate for assessing identity reconstruction following narrative therapy interventions (Kerr et al., 2019; Kossakowski et al., 2021).

2.2.2. Motivation

To evaluate motivation in clients with acquired brain injury, the Motivation for Traumatic Brain Injury Rehabilitation Questionnaire (MOT-Q) developed by Maclean et al. (2000) was employed. This 32-item instrument is specifically tailored to individuals undergoing rehabilitation after traumatic or acquired brain injury and captures their motivational engagement in the recovery process. The MOT-Q includes four subscales: Willingness to Participate, Readiness to Change, Inner Motivation, and Personal Causation. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater rehabilitation motivation. The MOT-Q has shown good psychometric properties, with reported Cronbach's alpha coefficients exceeding .80 for all subscales. Its validity and reliability have been confirmed in various studies focusing on neurorehabilitation, and it has been used as a sensitive measure in intervention-based research, supporting its use in the current study to assess motivational outcomes of narrative therapy (Mohammadi et al., 2022; Rezapour Mirsaleh et al., 2015; Weindl et al., 2018).

2.3. Intervention

2.3.1. Narrative Therapy

The narrative therapy intervention was delivered over nine weekly sessions, each lasting approximately 60 minutes. Grounded in the principles of narrative therapy, this protocol was designed to support clients with acquired brain injury (ABI) in reconstructing their sense of identity and enhancing motivation for rehabilitation. The sessions followed a progressive structure, beginning with therapeutic alliance and story exploration, then moving through deconstruction of problem-saturated narratives, re-authoring of preferred identities, and concluding with future-oriented meaning-making. Each session integrated guided dialogue, expressive writing, and structured reflection, tailored to the cognitive and emotional needs of individuals with ABI.

Session 1 – Building the Therapeutic Relationship and Establishing Safety:

The first session focused on establishing rapport and psychological safety, which are essential in working with ABI clients. The therapist introduced the narrative therapy approach, emphasized collaboration, and clarified the goals of the sessions. Clients were encouraged to share general life experiences before their injury, allowing them to feel seen beyond their current condition. Through open-ended questions, the therapist invited clients to begin reflecting on the changes they had experienced since the injury.

Session 2 – Mapping the Problem-Saturated Narrative:

In this session, clients were guided to articulate the dominant narratives they hold about their injury and its effects on their identity and life trajectory. The therapist facilitated the externalization process by helping clients name and describe the "problem story" (e.g., "the lost self") as something separate from themselves. Visual metaphors and language-based exercises were used to make the externalization process more accessible for clients with cognitive impairments.

Session 3 – Exploring the Impact of the Problem Narrative:

Clients were encouraged to examine how the problem-saturated narrative has influenced their sense of self, relationships, goals, and emotional well-being. Using

structured prompts, clients identified areas in which the injury-induced story had diminished their motivation and disrupted identity continuity. The therapist validated emotional responses and gently challenged limiting beliefs, fostering insight into how the story has shaped their current reality.

Session 4 – Identifying Unique Outcomes and Alternative Stories:

This session focused on recognizing exceptions to the dominant narrative, referred to as “unique outcomes” in narrative therapy. Clients were prompted to recall moments—no matter how small—where they felt capable, hopeful, or connected to aspects of their pre-injury identity. These moments were explored in depth to highlight the client’s resilience, strengths, and values, forming the building blocks of a preferred narrative.

Session 5 – Strengthening the Preferred Identity Narrative:

Building on the unique outcomes, clients collaborated with the therapist to co-construct a preferred identity narrative. The session involved storytelling, expressive writing, and affirmation exercises aimed at reinforcing positive self-concepts and motivational elements. Clients were invited to describe the person they are becoming and how this self relates to both their past and future.

Session 6 – Connecting the Preferred Narrative to Meaningful Goals:

This session integrated identity with motivation by linking the preferred narrative to rehabilitation or life goals. Clients reflected on what matters most to them and how their emerging sense of self can support re-engagement with activities, relationships, or values that were previously meaningful. The therapist facilitated goal-setting using narrative-based imagery and metaphors to stimulate intrinsic motivation.

Session 7 – Re-Authoring Through Witnessing and Reinforcement:

Clients were encouraged to share aspects of their preferred narrative with a trusted person (a family member, friend, or the therapist acting as a witness). The act of sharing helped solidify the new identity story and reinforced motivation through social validation. The therapist guided reflection on the experience, highlighting how external recognition contributes to self-worth and commitment to personal growth.

Session 8 – Addressing Setbacks and Maintaining Narrative Coherence:

This session focused on acknowledging setbacks and cognitive-emotional fluctuations common in the rehabilitation process. Clients were helped to frame challenges within the new identity narrative rather than reverting to the problem story. Cognitive-behavioral techniques were briefly integrated to support coping, and clients generated personal affirmations or "story anchors" to maintain coherence during difficult moments.

Session 9 – Integration and Future Orientation:

The final session focused on integrating gains and projecting the narrative into the future. Clients reviewed their journey, noted how their stories had changed, and created a written or verbal "narrative summary" of their progress. Together with the therapist, clients discussed sustaining motivation and identity coherence after the sessions, including identifying resources, support systems, and personal rituals to reinforce the new narrative over time.

2.4. Data Analysis

Data were analyzed using SPSS version 27. A repeated measures analysis of variance (ANOVA) was conducted to examine within-group and between-group differences over time for the dependent variables: identity reconstruction and motivation. Measurements were taken at three time points: pre-test (baseline), post-test (after the nine-session intervention), and follow-up (five months after the intervention). To further investigate the nature of significant differences across time points and between groups, Bonferroni post-hoc tests were applied. The significance level was set at $p < .05$ for all statistical tests. This analytical approach allowed for the evaluation of both the immediate effects of narrative therapy and its long-term impact on psychological outcomes in clients with acquired brain injury.

3. Findings and Results

The sample consisted of 30 participants with acquired brain injury from Bangladesh, divided equally between the intervention group (n = 15) and the control group (n = 15). Of the total participants, 18 were male (60.67%) and 12 were female (39.33%). The mean age of participants was 37.8 years (SD = 9.4), with ages ranging from 22 to 58 years. Regarding educational background, 9 participants (30.00%) had completed primary education, 11 (36.67%) had secondary education, and 10 (33.33%) held a university degree. In terms of employment status, 13 participants (43.33%) were employed at the time of the study, 10

(33.33%) were unemployed, and 7 (23.34%) were retired or on disability leave. There were no significant demographic differences between the intervention and control groups at baseline.

Table 1

Means and Standard Deviations of Identity Reconstruction and Motivation Scores by Group and Time

Variable	Time Point	Intervention Group (n = 15)	Control Group (n = 15)
Identity Reconstruction	Pre-test	71.43 (6.28)	70.91 (6.72)
	Post-test	82.67 (5.19)	71.32 (6.53)
	Follow-up	81.74 (5.44)	70.87 (6.81)
Motivation	Pre-test	98.21 (7.03)	97.78 (6.91)
	Post-test	110.36 (6.45)	98.12 (7.08)
	Follow-up	109.87 (6.33)	97.66 (7.14)

Participants in the intervention group showed a significant increase in both identity reconstruction and motivation scores from pre-test to post-test, with gains maintained at the five-month follow-up. For identity reconstruction, the intervention group improved from a mean of 71.43 (SD = 6.28) at pre-test to 82.67 (SD = 5.19) at post-test. In contrast, the control group showed minimal change across all time points. Similarly, motivation scores in the intervention group increased from a pre-test mean of 98.21 (SD = 7.03) to 110.36 (SD = 6.45) at post-test, while the control group scores remained stable (Table 1).

Prior to conducting the repeated measures ANOVA, the assumptions of normality, sphericity, and homogeneity of variance were examined and confirmed. The Shapiro-Wilk test indicated that the distribution of scores for identity reconstruction and motivation at all three time points did not significantly deviate from normality (p-values ranged from .128 to .693). Mauchly's test of sphericity was non-significant for both identity reconstruction, $\chi^2(2) = 3.12$, $p = .210$, and motivation, $\chi^2(2) = 2.85$, $p = .241$, suggesting that the assumption of sphericity was met. Levene's test also indicated that the assumption of homogeneity of variances between the intervention and control groups was not violated for either variable at baseline ($F(1,28) = 1.46$, $p = .237$ for identity reconstruction; $F(1,28) = 0.98$, $p = .330$ for motivation). These results confirmed that the data met the necessary assumptions for performing a repeated measures ANOVA.

Table 2

Repeated Measures ANOVA for Identity Reconstruction and Motivation

Variable	Source	SS	df	MS	F	p-value	η^2
Identity Reconstruction	Time	1240.87	2	620.43	25.91	<.001	.489
	Group	1165.29	1	1165.29	24.09	<.001	.473
	Time × Group	1154.08	2	577.04	24.13	<.001	.466
	Error (within)	1440.72	56	25.73			
Motivation	Time	1487.93	2	743.97	29.78	<.001	.515
	Group	1209.44	1	1209.44	27.46	<.001	.496
	Time × Group	1341.62	2	670.81	26.85	<.001	.490
	Error (within)	1397.15	56	24.95			

The repeated measures ANOVA revealed statistically significant main effects of time and group, as well as significant interaction effects for both variables. For identity reconstruction, the time × group interaction was significant, $F(2, 56) = 24.13$, $p < .001$, $\eta^2 = .466$, indicating that the change over time differed between the intervention and control groups. Similarly, motivation showed a significant time × group interaction, $F(2, 56) = 26.85$, $p < .001$, $\eta^2 = .490$. These results confirm the differential effectiveness of narrative therapy on both outcome variables over time (Table 2).

Table 3

Bonferroni Post-Hoc Tests for Identity Reconstruction and Motivation (Intervention Group)

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Variable	Comparison	Mean Difference	SE	p-value
Identity Reconstruction	Pre-test vs Post-test	-11.24	1.32	<.001
	Pre-test vs Follow-up	-10.31	1.37	<.001
	Post-test vs Follow-up	0.93	0.88	.292
Motivation	Pre-test vs Post-test	-12.15	1.28	<.001
	Pre-test vs Follow-up	-11.66	1.33	<.001
	Post-test vs Follow-up	0.49	0.84	.412

Bonferroni post-hoc tests indicated significant improvements in identity reconstruction and motivation from pre-test to post-test ($p < .001$) and from pre-test to follow-up ($p < .001$) in the intervention group. However, the differences between post-test and follow-up were not statistically significant for either variable ($p = .292$ for identity reconstruction and $p = .412$ for motivation), suggesting that treatment gains were maintained over time without further significant changes after the initial improvement (Table 3).

4. Discussion and Conclusion

The findings of this randomized controlled trial demonstrated that narrative therapy significantly improved both identity reconstruction and motivation in clients with acquired brain injury (ABI), with these effects sustained at a five-month follow-up. The intervention group showed statistically significant gains across both dependent variables compared to the control group, as assessed through repeated measures ANOVA and Bonferroni post-hoc tests. These results highlight the potential of narrative therapy as an effective psychological intervention for individuals navigating the profound identity disruption and motivational challenges that commonly follow ABI.

Improvements in identity reconstruction observed in this study support the theoretical foundations of narrative therapy, which emphasize the therapeutic power of re-authoring one's life story. Clients in the intervention group demonstrated a notable shift from problem-saturated narratives to more coherent and strength-based identity narratives. This outcome aligns closely with the work of Kerr et al. (2019), who showed that narrative identity reconstruction facilitates adaptive growth in individuals recovering from mental health difficulties by providing a renewed sense of meaning and coherence (Kerr et al., 2019). The emotional and autobiographical fragmentation commonly reported in ABI populations can result in a perceived loss of self, which narrative practices directly address by helping individuals reconnect with past roles, values, and personal narratives (D'Cruz et al., 2021; Guo et al., 2022). Our results reinforce these findings, indicating that structured narrative interventions can play a critical role in helping clients rebuild a coherent sense of self after brain trauma.

The results also demonstrated a significant enhancement in motivational levels among participants who received narrative therapy. This increase in motivation suggests that identity work may directly contribute to clients' psychological readiness and engagement in rehabilitation. Prior studies have highlighted how ABI disrupts not only cognitive and emotional functioning but also one's future orientation and goal-directed behavior (Mohapatra & Kulnik, 2020; Norwood et al., 2022). The motivational deficits post-injury are often exacerbated by internalized beliefs of incapacity and loss of purpose. In this context, narrative therapy provides a framework for reconstructing one's story in a way that emphasizes agency, hope, and personal values—factors that are fundamental to sustaining motivation (Perkins, 2019). Darries and Soeker (2023) observed similar results in a qualitative study where women with ABI reported improved goal-setting and vocational drive after participating in narrative-based entrepreneurial skills programs (Darries & Soeker, 2023). The present study expands on these insights by offering quantitative evidence for such motivational gains and confirming their persistence at follow-up.

In addition, the maintenance of treatment gains at five months post-intervention emphasizes the potential long-term effectiveness of narrative therapy. This finding resonates with Ford et al. (2024), who identified sustained behavioral improvements in individuals with ABI following a narrative-infused eHealth intervention, noting that changes in beliefs and personal narratives were critical mediators of positive outcomes (Ford et al., 2024). Similarly, the work of Rauwenhoff et al. (2023) in Acceptance and Commitment Therapy (ACT) demonstrates that interventions fostering psychological flexibility and values-based identity narratives can result in durable improvements in emotional functioning (Rauwenhoff et al., 2023). While ACT and narrative therapy differ in technique, both approaches place the client's evolving self-story at the center of recovery. These parallels further affirm that interventions emphasizing

identity and meaning-making are especially impactful in the context of ABI, where traditional symptom-focused therapies may not sufficiently address existential disruptions.

From a neuropsychological perspective, our findings are also supported by research on the brain's narrative and autobiographical processing systems. Christensen et al. (2023) emphasized the importance of narrative coherence and temporal integration for patients recovering from neurological injuries, noting that these cognitive processes are essential for restoring executive functioning and emotional regulation (Christensen et al., 2023). This view is echoed in Bower et al. (2021), who explored how music therapy enhances narrative memory networks in pediatric brain injury populations, highlighting the brain's sensitivity to emotionally resonant, story-based stimuli (Bower et al., 2021). By engaging these narrative processing systems, our structured intervention likely helped participants access and integrate fragmented self-concepts into a more cohesive personal identity, thereby supporting both emotional healing and behavioral motivation.

The use of narrative therapy also appeared to complement clients' engagement in broader rehabilitation efforts. White (2020) observed that narrative-based community programs fostered enhanced self-acceptance and social participation in individuals with brain injury (White, 2020). Participants in our intervention similarly expressed increased willingness to engage in daily routines, pursue vocational activities, and reconnect with family members. Such observations suggest that narrative therapy's effects extend beyond intrapersonal transformation and may facilitate social reintegration—an essential yet often neglected outcome in neurorehabilitation programs (Alqahtani, 2022). This broader impact is further supported by Shefer (2018), who emphasized how reframing one's life story can open new possibilities in both career and interpersonal domains (Shefer, 2018).

Moreover, the growing use of narrative-based interventions in combination with other modalities is worth noting. For instance, Dekker et al. (2019) demonstrated how blending narrative approaches with cognitive-behavioral and chronobiological interventions improved sleep and mood outcomes in clients with ABI-related insomnia (Dekker et al., 2019). Similarly, Ford et al. (2022) highlighted the benefits of integrating narrative identity work into digital therapeutic platforms, thereby increasing accessibility and personalization of care (Ford et al., 2022). Although our intervention was delivered in-person, these findings suggest potential for expansion and adaptation across diverse settings and populations.

Although this study did not focus on physiological or neurobiological outcomes, related research suggests that interventions targeting personal meaning may indirectly benefit cognitive recovery and brain functioning. Casault et al. (2020) emphasized the importance of integrating psychological insights into multimodal brain monitoring approaches in intensive care settings (Casault et al., 2020). Likewise, Athiraman and Zipfel (2021) underscored the neuroprotective potential of interventions that reduce emotional stress and foster neurovascular stability (Athiraman & Zipfel, 2021). While such physiological mechanisms were outside the scope of the present study, they provide a compelling rationale for integrating narrative therapy within a holistic model of ABI rehabilitation that addresses both neural and narrative dimensions of healing.

This study contributes to the emerging consensus that identity reconstruction and motivation are not peripheral concerns but central therapeutic targets in ABI recovery. As highlighted by Yeates and Ashworth (2019), the integration of psychological therapies into rehabilitation practice is essential for optimizing long-term outcomes in ABI populations (Yeates & Ashworth, 2019). Our findings add empirical weight to this perspective and offer a replicable intervention model for clinicians seeking to incorporate narrative techniques into their work. Furthermore, the results affirm the theoretical proposition advanced by Rauwenhoff et al. (2019) that meaning-making interventions can enhance psychological resilience and reduce depressive symptoms in ABI patients (Rauwenhoff et al., 2019).

Despite the promising findings, this study has several limitations. The sample size was relatively small (n = 30), which may limit the generalizability of the results to broader ABI populations. The participants were all from rehabilitation centers in Bangladesh, and cultural, linguistic, or health system differences may influence the transferability of the intervention to other settings. Additionally, while the study included a five-month follow-up, longer-term effects beyond this timeframe remain unknown. The use of self-report measures, though standardized, may have introduced response bias, especially in participants with mild cognitive impairments. Furthermore, the control group did not receive an alternative active treatment, which limits the ability to attribute changes solely to narrative content rather than general therapeutic engagement.

Future research should aim to replicate these findings with larger and more diverse samples, including participants from different cultural and socioeconomic backgrounds. It would be beneficial to incorporate qualitative components—such as narrative interviews or thematic analysis of clients' stories—to capture the depth of identity reconstruction in a way that complements quantitative measures. Additionally, studies comparing narrative therapy to other psychological interventions, such as ACT or CBT, could help clarify its unique contributions. There is also potential for exploring digital or hybrid delivery models of narrative therapy, especially in regions with limited access to trained clinicians. Finally, future research might examine the interaction between narrative identity work and neurocognitive rehabilitation, including functional imaging studies to assess neurobiological changes associated with therapeutic outcomes.

Based on these findings, rehabilitation professionals should consider integrating narrative therapy into standard care for clients with acquired brain injury. Practitioners can be trained to facilitate structured story-based sessions that focus on identity reconstruction and personal meaning. Given the sustained improvements observed, narrative therapy may be especially effective during transitional phases of recovery, such as return to work or community reintegration. Practitioners are encouraged to adapt the intervention to the cognitive and emotional needs of each client while maintaining the core emphasis on self-authorship and agency. Collaboration between psychologists, occupational therapists, and neurorehabilitation specialists can enhance the effectiveness of narrative-based care. Ultimately, incorporating narrative therapy into interdisciplinary treatment models can support holistic recovery by addressing the psychological and existential dimensions of life after brain injury.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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