



A Scoping Review: Self-Related Concepts in the context of Narrative Exposure Therapy Research*

Bir Derleme Çalışması: Anlatısal Maruz Bırakma Terapisi Kapsamında Benlikle İlişkili Kavramlar

ABSTRACT

The concept of "self" holds a pivotal role in psychology and mental health research, prompting significant interest in understanding its implications and dynamics. This scoping review delves into the theoretical association between the concept of "self" and Narrative Exposure Therapy, a therapeutic approach used to address trauma-related psychological distress. The objective of this study is to identify and address a gap in the existing literature concerning the exploration of self-related concepts within the context of NET research. By systematically conducting a comprehensive scoping review, a total of three studies were found to have attempted to investigate self-related concepts within the framework of NET. Of these, one study explored the role of NET on self-efficacy, while the other two investigated how NET influences changes in perceptions of the self. The findings of this review underscore a conspicuous gap in the existing literature regarding the exploration of the "self" in the context of NET. While the theoretical connection between NET and self is substantial, the limited number of studies directly addressing this relationship highlights the need for further investigation. This review not only draws attention to this deficiency but also acts as a mediator for potential future research endeavors. It encourages researchers to delve deeper into understanding how NET impacts individuals' self-concepts and prompts exploration of the longitudinal effects of NET on self-related dimensions.

Keywords: Narrative Exposure Therapy, Self, Self-Concept, Scoping Review

ÖZET

"Benlik" kavramı, psikoloji ve ruh sağlığı araştırmalarında önemli bir role sahiptir ve bu nedenle, kendi etkilerini ve dinamiklerini anlama konusunda önemli bir ilgi uyandırmaktadır. Bu kapsamlı derleme, "benlik" kavramları ile Anlatısal Maruz Bırakma Terapisi arasındaki teorik ilişkiyi incelemektedir. Anlatısal Maruz Bırakma Terapisi, travma ile ilişkili psikolojik sıkıntıları ele almak için kullanılan bir terapötik yaklaşımdır. Bu çalışmanın amacı, mevcut literatürdeki eksikliği belirlemek ve Anlatısal Maruz Bırakma Terapisi araştırmaları bağlamında benlik ile ilgili kavramları keşfetmektir. Kapsamlı ve sistematik bir şekilde yürütülen derleme çalışması sonucunda bu terapi yöntemi çerçevesinde benlik ile ilgili kavramları araştıran sadece üç çalışma bulunmuştur. Bunlardan biri, terapi yönteminin benlik-yeterliliği üzerindeki rolünü araştırmıştır; diğer iki çalışma ise bu terapinin benlik algısındaki değişimleri nasıl etkilediğini incelemiştir. Bu derlemenin bulguları, mevcut literatürde Anlatısal Maruz Bırakma Terapisi bağlamında "benlik" in keşfi konusunda belirgin bir boşluğu vurgulamaktadır. Anlatısal Maruz Bırakma Terapisi ile benlik arasındaki teorik bağlantı çok önemli bir yere sahip olsa da, bu ilişkiyi doğrudan ele alan sınırlı sayıda çalışmanın varlığı, daha fazla araştırma ihtiyacını ortaya koymaktadır. Bu derleme, bu eksikliğe dikkat çekmekle birlikte aynı zamanda gelecekteki araştırmalar için yol gösterici niteliktedir. Araştırmacıları, Anlatısal Maruz Bırakma Terapisi'nin benlik kavramlarını nasıl etkilediğini daha derinlemesine anlamaya ve Anlatısal Maruz Bırakma Terapisi'nin benlik ile ilişkili boyutlar üzerindeki uzun vadeli etkilerini keşfetmeye teşvik etmektedir.

Anahtar Kelimeler: Anlatısal Maruz Bırakma Terapisi, Benlik, Benlik-bütünlüğü, Derleme

INTRODUCTION

Research in psychology and mental health has heavily focused on the concept of the "Self" and endeavors to define it, as it is the most significant component of human nature. In the last century, there was great interest in the self and its role in human behavior. The turning point in "self" research dates back to Freud's psychoanalytic studies (1923), in which he addressed the self as the center of an individual's personality, locating it within the id, ego, and superego components of human personality (Pajares & Schunk, 2002). Following Freud's emphasis on the self, other proponents of the self also conducted research on the topic, notably Lewin (1935), Goldstein (1939), Murphy (1947), Maslow (1954), Erikson (1959), and Bandura (1986).

*This research is a part of a doctoral thesis submitted to University of Nottingham.

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How to Cite This Article
Aysazcı Çakar, F. (2024). "A Scoping Review: Self-Related Concepts in the context of Narrative Exposure Therapy Research" International Social Sciences Studies Journal, (e-ISSN:2587-1587) Vol:10, Issue:5; pp:651-659. DOI: <https://doi.org/10.5281/zenodo.11371509>

Arrival: 24 March 2024
Published: 28 May 2024

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Yet, as one of the most substantial and controversial subjects in literature, the "self" is approached through a variety of multidimensional views, including personality, self-evaluation, culture, and developmental processes. Baumeister (1999) defines the self as a person's perception of their own values, beliefs, personality traits, identity, experiences, and conscious awareness. Despite the numerous characteristics of the "self," this term has also been used to define and categorize a variety of distinct yet related self-related terminologies, such as self-esteem, self-efficacy, self-complexity, self-awareness, self-confidence, and self-concept clarity. Bandura (1995) describes self-efficacy as the "belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." Thus, self-efficacy is a task-related perspective in a person's judgment of their abilities in a certain field, rather than a general situation. Self-complexity is defined as an individual's various and unrelated aspects of self-perception (Brown, 2020). For instance, a person's self may consist of being a parent, colleague, friend, partner, and painter. Self-awareness is a psychological state in which individuals are conscious of their own characteristics, emotions, and behavior. It can also be defined as the realization of oneself as an individual (Crisp & Turner, 2014). Self-esteem refers to a realistic respect for a favorable impression of oneself (Zulkosky, 2009). In other words, it pertains to an individual's self-evaluation and perception of their abilities. This term is often confused with self-confidence, despite their distinct meanings and scopes. While self-esteem is about one's perception of their abilities in specific fields, self-confidence is a general approach to how a person thinks of oneself (Arseven, 2016). Similar to other self-related terms, self-concept has been described in numerous ways and is generally identified as a dynamic and multilayered concept addressing questions like "Who am I?" and "How do I feel about myself?" (Campbell & Paula, 2003). Rosenberg (1979) asserted that 'self-concept' is the totality of an individual's thoughts and feelings concerning themselves as an object. Additionally, Campbell et al. (1996) define self-concept clarity as the extent to which the contents of the self-concept are clearly and confidently defined, internally consistent, and temporally stable.

It is well-known that various factors can disrupt and interfere with the continuity and stability of the concept of the "self." One of these factors is traumatic life experiences, which inherently alter and shatter perceptions of both oneself and the world. As a result, a person's daily functioning deteriorates, eventually manifesting in symptoms of PTSD and comorbid disorders. Moreover, trauma also disrupts the narrative of one's life story, which connects the remembered past, the present, and the anticipated future, including the construction of narrative elements such as characters (both others and the self), details, and contextual aspects of events (van der Kolk et al., 1995; Brison, 1999). Since life stories play a prominent role in comprehending contradictory self-information (such as core values and assumptions, e.g., "it can't happen to me"), weaving this information into a coherent narrative can facilitate conflict resolution (Mansfield et al., 2010). Thus, analyzing how the experience of trauma affects the continuity of one's inner processes and how it is conveyed provides an in-depth investigation into the posttraumatic self. For this reason, memory reconsolidation is recognized as a crucial approach to self-organization. Memories addressed and revisited during therapeutic processes are thought to eventually lead to a change in the self. This allows for a positive and effective integration and transformation between memory, self, and narrative (Lane & Garfield, 2005; Whelton, 2015). Narrative Exposure Therapy (NET), with its core elements of testimony and habituation, offers a reformative and therapeutic approach to connecting the past and present. It aims to reconstruct the fragmented and disturbing sense of self resulting from adverse outcomes of traumatic events that challenge existing core beliefs and assumptions while constructing the narrative (Weine et al., 1998; Neuner & Schauer, 2020).

Initially developed by Schauer et al. (2005) for the efficient and short-term treatment of mental health issues among refugees in post-conflict countries, NET exposes patients to their painful traumatic memories and reorganizes them into a linear chronological story (Robjant & Fazel, 2010). The theoretical foundation of NET is built upon concepts from autobiographical memory (Conway, 2001), intrusive symptoms (Brewin et al., 2010), and fear networks (Foa & Kozak, 1986). NET places particular emphasis on the imbalance between "hot" and "cold" memories in PTSD and the activation of fear networks within the brain. As the fear structures of survivors often overlap, NET goes beyond prompting patients to recall not only their "worst experiences" but also positive ones. In other words, patients are encouraged to chronologically narrate all significant life events, both stressful and positive, from birth to the present day. NET comprises four key phases: diagnosis and psychoeducation, constructing a lifeline, narrating the lifeline, and reviewing and signing the documented narrative (Schauer et al., 2011). The initial session begins with psychoeducation, providing patients with a foundational understanding. The second session involves creating a visual representation of a lifeline, symbolized by a rope on a flat surface. Patients mark significant life events with items like flowers (for positive events like starting a new job, getting married, or having a baby), stones (for negative events like accidents, job loss, or traumatic experiences), and sometimes sticks (representing aggression or violence) or candles (symbolizing loss of a friend or family member). The third session entails narrating the lifeline, progressing from birth to the first traumatic event. The therapist takes detailed notes during

the session to capture the entire narrative. Subsequent sessions start with a reading of the previous session's narrative. By the end of therapy, both parties sign the documented narrative, which can also serve human rights purposes (Schauer et al., 2011).

Traumatized individuals often experience feelings of being outsiders, a sense of being different from others, and confusion about the meaning of life (Courtois & Ford, 2009). Trauma disrupts the continuity of their life stories and autobiographical memories. This disruption is why individuals with shattered lifelines require a narrative approach – not only to address the traumatic events but also to encompass their entire life story, including significant positive and negative events. This integration helps to heal fragmented memories. With its foundation in testimony and habituation, NET offers a transformative and therapeutic approach. It connects the past and present, reconstructing the disjointed and unsettled sense of self that arises from the damaging effects of a traumatic event. It challenges existing mental frameworks, creating a disconnect while the individual narrates their story (Weine et al., 1998; Neuner & Schauer, 2020). While the theoretical role of NET in this context is clear and has been highlighted in numerous research papers and reports, to our knowledge no study has comprehensively analyzed the impact of NET on the self. Therefore, this scoping review aimed to investigate this gap in the literature and find out if any NET research endeavoured to analyse the influence of NET on the “self” context.

METHODS

Study Design

Scoping reviews aim to delineate the fundamental concepts underpinning a specific field of study, along with the primary sources and categories of information available (Mays & Robert, 2001). Given the theoretical foundation of NET and its robust connection to "self" context and to illuminate this gap in the literature, the present scoping review was undertaken. This research employed the guidelines for scoping reviews set forth by Arksey and O'Malley (2005). Following their framework, this scoping review comprised five distinct phases: (1) defining the research question, (2) screening relevant studies, (3) selecting studies, (4) organizing data, and (5) summarizing and reporting outcomes.

Identification of Studies

In August 2023, a thorough search was conducted across databases including Web of Science, Scopus, and PubMed. All research articles were scrutinized using the "MeSH" (Medical Subject Headings) approach with the key term "Narrative Exposure Therapy." To comprehensively examine each study conducted with NET, no additional terms were included as key terms.

Inclusion of Exclusion of Studies

This review encompassed studies utilizing both quantitative and mixed methods. The literature search was confined to peer-reviewed articles published in English between 2005 and 2023. Each identified study underwent individual scrutiny to determine if any concepts related to the "self" were explored through the scales employed within the research. To ascertain this, we examined the questionnaires utilized in the studies to ascertain whether NET was employed to investigate any self-related concepts.

After applying the designated key term and conducting the search, a total of 1639 studies were initially identified. Subsequently, duplications, qualitative studies, systematic reviews, meta-analyses, case studies, and reviews were excluded from the compilation. Studies pertaining to NET involving children (KIDNET) were also omitted from the pool of screened studies, with the focus on the studies involving only adult participants. In a meticulous process, all scales were individually reviewed. This comprehensive assessment yielded a compilation of 80 distinct scales, as detailed in Table 1 along with their frequency of utilization across the included studies. The screening procedure excluded the eligibility forms, demographic forms, as well as acceptability and feasibility questionnaires. For clarity, the scoping review process, and the screening of eligible studies, which incorporated scales associated with the self, are depicted in Figure 1. The visualization of the scoping review adhered to the PRISMA guidelines (Moher et al., 2009), serving to present the findings in an illustrative manner, as depicted in Figure 1.

Prisma Diagram

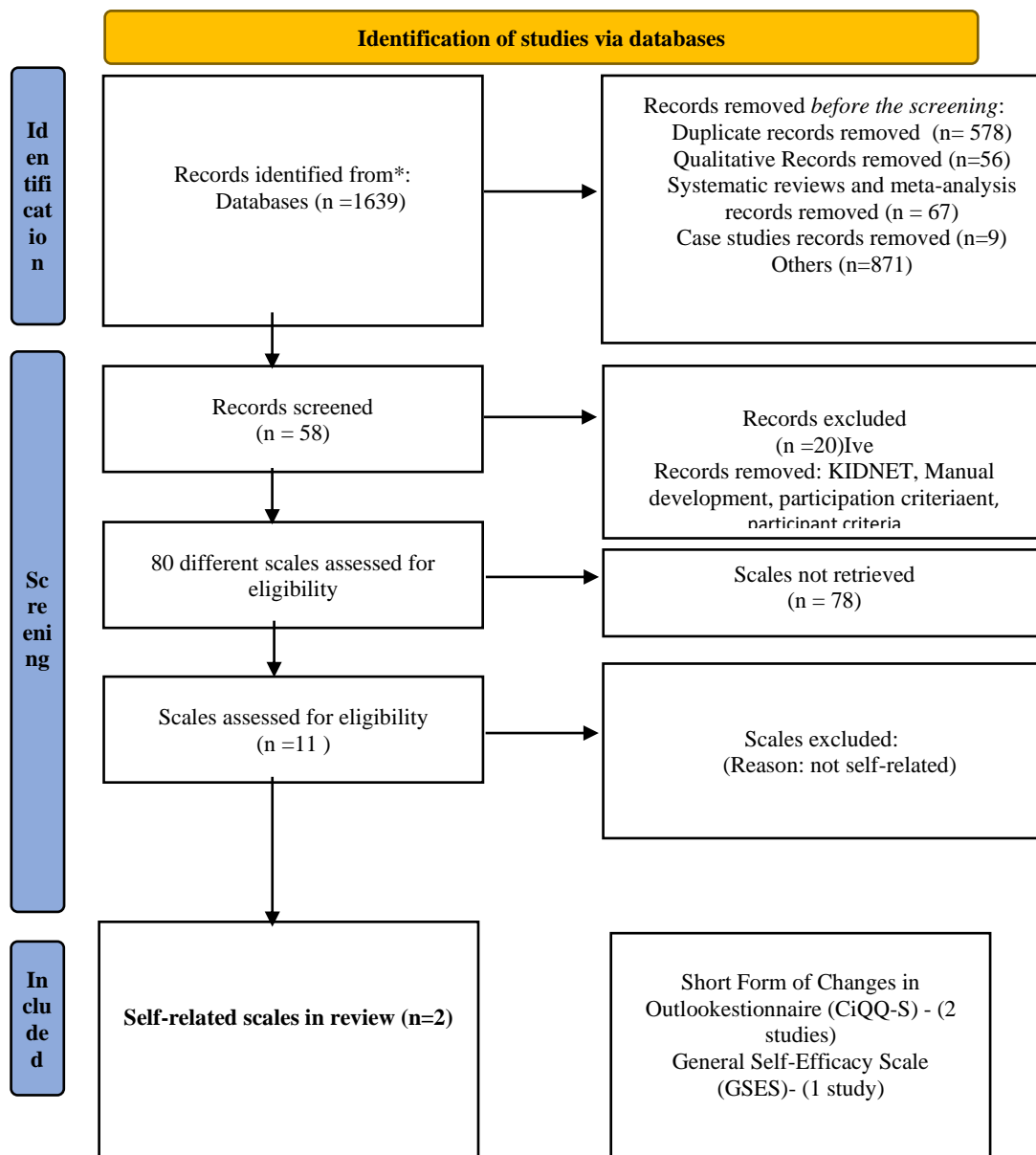


Figure 1: Phases of the scoping review and screening of self-related scales.

Source: Moher et al., 2009

* Web of Science, Scopus, PubMed databases

Table 1: Screen Scales and their frequency in reviewed articles

Scale	Frequency
The Columbia–Suicide Severity Rating Scale	1
The Clinician-Administered PTSD Scale for DSM–5 (CAPS-5)	16
The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)	9
The Edinburgh Postnatal Depression Scale (EPDS)	1
The scale of Posttraumatic Stress Symptoms (PSS)	1
Hospital Anxiety and Depression Scale	5
Brief COPE scale	1
Social Support scale	1
Composite International Diagnostic Interview (The PTSD section)	1
Beck Depression Scale	4
Mini-International Neuropsychiatric Interview	9
DSM-5 substance use disorder	1
Impact of Event Scale-Revised	2
General Health Questionnaire	2
Short Form of the Changes in Outlook Questionnaire	2
Multidimensional Scale of Perceived Social Support	2

Simplified Coping Style Questionnaire	2
The Vivo Event Checklist for War, Detention, and Torture Experiences	1
Screen for Post-Traumatic Stress Symptoms	1
Life Events Checklist	8
Hamilton Rating Scale for Depression	5
The Posttraumatic Diagnostic Scale	5
The Clinical Outcomes in Routine Evaluation	1
PTSD Symptom Scale – Interview Version	5
Patient Health Questionnaire	10
Structured Clinical Interview for DSM-I-IV-TR Axis II Personality Disorders	2
Structured Clinical Interview for DSM-IV-TR Axis I Disorders	2
Childhood Trauma Questionnaire	1
Dissociative Experiences Scale	5
Health of the Nation Outcome Scale	3
Camberwell Assessment of Needs	2
Manchester Short Assessment of Quality of Life	3
Global Assessment of Functioning	4
Perceived Stress Scale	2
Difficulties in Emotion Regulation Scale- Short version	1
Primary Care Post-traumatic Stress Disorder Questionnaire on Process of Recovery- Short Version	3
Early Trauma Inventory– Short version	1
The Self-rating Depression Scale	1
The Self-rating Anxiety Scale	1
Pittsburgh Sleep Quality Index	2
Shutdown Dissociation Scale	2
Work and Social Adjustment Scale	2
Alcohol, Smoking, and Substance Involvement Screening Test	1
Addiction Severity Index	1
AUDIT	1
ADHD Self-Report Scale	1
Montreal Cognitive Assessment	1
Short Form Health Survey	1
The Perception of Stigmatization by Others for Seeking Help	1
The Symptom Checklist-90-Revised	1
Quality of Life Questionnaire of the World Health Organization-Brief	2
Composite Abuse Scale	1
Modified Adverse Childhood Experiences	1
Borderline Symptom List-23	2
Sheehan Disability Scale	1
Working Alliance Inventory–Short Form Revised	1
Posttraumatic Growth Inventory	1
World Health Organization’s Well-being Index	1
Harvard Trauma Questionnaire	2
Posttraumatic stress symptom severity	1
Appetitive aggression	1
Brief Symptom Inventory	1
General Self-Efficacy Scale	1
UCLA PTSD Index for DSM-5	1
Seven-item Insomnia Severity Index	1
25-item Strengths and Difficulties Questionnaire	1
Structured Clinical Interview for DSM-IV Personality Disorders	1
The short version of the Threats to Human Life Scale	1
Social Reconstruction Scale	1
Illinois Rape Myths Acceptance Scale	1
Social Acknowledgement Questionnaire	1
EuroQol EQ-5D-5L	1
Overall Anxiety Severity and Impairment Scale	1
Patient Activation Measure	1
Serious Adverse Event Scale	1
Sequential Organ Failure Assessment	1
World Health Organization Assessment Schedule	1
Hopkins symptom checklist	1
Norwegian Pain Association’s Minimum Inventory for Pain Patients	1

Source: Produced by the researcher of this study.

RESULTS

As depicted in Figure 1, the analysis revealed that, among the studies subjected to screening, merely three studies incorporated self-related scales. In essence, only three studies undertook an exploration into the effects of NET on self-related concepts. This exploration was facilitated through the application of the Short Form of Changes in Outlook Questionnaire (CiOQ-S) (Joseph et al., 1993) and the General Self-efficacy scale (Schwarzer & Jerusalem, 1995). The studies conducted by Zang et al. (2013) and Zang et al. (2014) utilized the CiOQ-S (Short Form of Changes in Outlook Questionnaire) to adapt and investigate the effectiveness of NET among Chinese earthquake survivors. The 26-item CiOQ is a self-report tool designed to assess both positive and negative changes that occur following adversity (Joseph et al., 1993). The shorter version of this scale, CiOQ-S, consists of 10 items and encompasses two factors: positive change (CiOP-S) and negative change (CiON-S). Both CiOP-S and CiON-S scores can range from 5 to 30, with responses provided on a six-point scale ranging from strongly disagree (1) to strongly agree (6). Joseph et al. (1993) reported satisfactory internal consistency reliability for both CiOP (0.76) and CiON (0.82) using a clinical sample, indicating the reliability of both measures. Some items from the CiOQ-S include statements such as "I value my relationships much more now" and "I don't look forward to the future anymore," exploring positive and negative perceptions of the "self" after traumatic experiences.

In the randomized controlled trial (RCT) study conducted by Zang et al. (2013), which investigated the effectiveness of NET in treating PTSD, the impact of NET on changes in outlook was explored by comparing it with a waiting list group. The baseline mean score for CiOQ-S was 18.70 for the treatment group, with post-treatment and follow-up mean scores of 25.20 and 25.80, respectively. These results indicated the positive impact of NET on enhancing positive change. Additionally, for the baseline mean score of 17.70, the post-treatment and follow-up mean scores for CiOQ-S were 10.20 and 8.70 for the treatment group, respectively, indicating a reduction in negative change.

Similarly, in another RCT study (Zang et al., 2014) employing a pilot feasibility RCT with Sichuan earthquake survivors, the mean scores for positive change in CiOQ-S were 24.82, 26.91, and 28.00 for baseline, post-treatment, and follow-up, respectively, demonstrating an improvement in positive change. For the negative change in CiOQ, the respective scores were 16.55, 11.82, and 10.64, again highlighting a decrease in negative change.

In an RCT conducted by Lely et al. (2022), the General Self-Efficacy Scale (GSES) was employed to assess the effectiveness of NET in the older adult population, while comparing it with the Present-Centered Approach. The GSES, a 10-item questionnaire developed by Schwarzer and Jerusalem (1995), serves as a self-report tool to gauge general self-efficacy. The scale's maximum attainable score is 40, with higher scores indicating a stronger sense of self-efficacy. Respondents rate items on a four-point Likert scale, ranging from 1 (not at all true) to 4 (exactly true). The GSES demonstrates good psychometric quality, evidenced by its Cronbach's alpha value of .93. This value signifies reliability. The scale is correlated with various factors, including emotion, optimism, and work satisfaction, and inversely correlated with stress, depression, anxiety, burnout, and health problems (Schwarzer & Jerusalem, 1995). The scale's items include statements such as "I can solve most problems if I invest the necessary effort" and "Thanks to my resourcefulness, I know how to handle unforeseen situations." These items are formed to probe an individual's perception of self-efficacy when confronted with challenging situations. In this study conducted by Lely et al. (2022), the results indicated that although GSES scores increased during the post-treatment and follow-up phases, no significant difference in self-efficacy was observed between the NET group and the Present-Centered Approach group.

DISCUSSION

As one of the objectives of this research is to highlight the potential impact of NET on fostering positive changes in self-related aspects, this scoping review lays the foundation for this proposition. Nevertheless, given the constraints of existing NET studies in the literature that incorporate self-related measurements, a meticulous examination was conducted on a few questionnaires identified during this study to determine if they contained self-related items. While the current scoping review did not identify any NET study explicitly designed to examine alterations in self-concept following NET treatment, the outcomes of the studies by Zang et al. (2013) and Zang et al. (2014) suggest that NET can effectively generate positive changes in the "self." Nevertheless, in the study conducted by Lely et al. (2022), no significant change was detected. The outcomes of the Zang et al. (2013, 2014)'s studies seem to indicate that NET indeed brings about positive transformations in the self. However, the Lely et al. (2022) study does not align with this result. Lely et al. (2002) attributed these differing results to factors unique to older adults. Such factors may encompass resilience elements associated with variables other than PTSD symptom severity, such as coping strategies developed over the years and specific personality traits. This variance in results between

studies underscores the nuanced interplay of individual differences and contextual factors in influencing the outcomes of NET interventions on the self-concept.

In this exploration, it was also discovered that a subset of the screened questionnaires indeed contained items that explore perceptions related to the self. For instance, the brief version of the World Health Organisation's Quality of Life Questionnaire (WHOQOL-bref), employed in the study conducted by Lely et al. (2022), featured an item asking, "How satisfied are you with yourself?" However, as the primary purpose of this 26-item questionnaire is to evaluate four domains of quality of life—physical, psychological, social relationships, and the environment—it was not classified as a self-related questionnaire. Similarly, the Post-traumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun (1996) was utilized in a study by Hizaji et al. (2014), investigating NET's effectiveness within the Iraqi Refugee population. PTGI, a 21-item scale, gauges personal growth following stressful life events and incorporates self-related items such as "I have a greater feeling of self-reliance" and "I discovered that I am stronger than I thought I was" assessing positive outcomes of post-trauma. However, PTGI was not included among the screened questionnaires due to its theoretical orientation. While indirectly addressing self-related contexts, its primary focus lies on personal strength, new life possibilities, improved relationships, spiritual growth, and appreciation for life following adversity (Tedeschi & Calhoun, 1996). The decision to exclude PTGI stemmed from the fact that its self-related items were primarily associated with an individual's personal strength, thus related but not fully aligning with the self-concept context. In essence, while the examined questionnaires contained elements related to the self, their core orientations and intended domains led to their exclusion from the final pool of screened scales. Hence, this scoping review effectively identifies a gap in the existing literature, wherein no NET study has been directly conducted to assess the effectiveness of NET on self-concept. However, three studies did attempt to examine self-related concepts within the context of NET intervention. Therefore, this study brings to light that there are only a limited number of scales specifically designed to explore self-related notions within NET research. The results emphasize a clear research gap concerning how NET influences individuals' self-concepts and how this facet of therapy is quantitatively measured. However, it is important to acknowledge the limitations of this scoping review. One key limitation pertains to the potential for publication bias, where significant or positive findings are more likely to be published, potentially influencing the interpretation of the study's outcomes. Although Lely et al. (2022)'s study indicated NET's lack of effectiveness in improving self-efficacy, this outcome could be attributed to the older age of the participants, which might impact their self-efficacy perceptions due to specific performance limitations. Nonetheless, the findings from Zang et al. (2013, 2014) support the connection between self-related concepts and NET. The search strategies employed in this scoping review could also have limitations on the overall results, given that only three databases were searched, and the search was restricted to the English language. This approach might have inadvertently missed some relevant studies. Moreover, while evaluating the quality of the included studies is crucial, this was not undertaken in this review due to the limited number of studies using different self-related questionnaires. While these two scales possess sound psychometric properties, wide variations in study validity and reliability could potentially undermine the methodological robustness of the review's conclusions. However, given that only peer-reviewed studies were included in this review, it can be assumed that the screened studies maintain a certain level of quality. Despite its limitations, the implications of this scoping review on self-related concepts in research are noteworthy. The strong theoretical link between "self" and NET underscores the importance of further theoretical and practical investigations in this domain, prompting a more comprehensive exploration of how NET influences the "self" context. This, in turn, might encourage clinicians to incorporate additional assessments or discussions related to changes in self-concept during therapy sessions. Thus, this review can serve as an inspiration for further research to delve deeper into the self-related aspects of NET, including exploring the longitudinal effects of NET on self-concepts.

CONCLUSION

Given the strong theoretical connection between the concept of "self" and the NET technique, the primary goal of this study was to pinpoint the existing gap in the literature. To fulfill this objective, a systematic scoping review was meticulously conducted to investigate the presence of studies exploring self-related concepts within the realm of NET research. Through this comprehensive review process, it becomes evident that merely three studies have ventured into investigating "self-related" concepts within the context of NET research. Among these, one study aimed to delve into the impact of NET on self-efficacy, while the remaining studies sought to uncover its influence on altering perceptions toward the self. The findings of this review essentially underline the existence of a significant gap in the literature concerning the exploration of the "self" concept in the context of NET research. Given this discernible gap, the insights gained from this review hold the potential to catalyze subsequent research endeavors that delve deeper into the self-related dimensions of NET. Moreover, this study could be a mediator for researchers to consider investigating the longitudinal effects of NET on individuals' self-concepts. By bringing

attention to this underexplored area, the study could stimulate greater interest and attention toward understanding the intricate interplay between NET and the multifaceted concept of "self."

REFERENCES

- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32. <https://doi.org/10.1080/1364557032000119616>.
- Arseven, A. (2016). Öz Yeterlilik: Bir Kavram Analizi. *Journal of Turkish Studies*, 11(19), 63–63. <https://doi.org/10.7827/turkishstudies.10001>
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1995). *Self-Efficacy in Changing Societies*. Cambridge University Press.
- Baumeister, R. F. (1999). Self-concept, self-esteem, and identity. In V. J. Derlega, B. A. Winstead, & W. H. Jones (Eds.), *Personality: Contemporary theory and research* (pp. 339–375). Nelson-Hall Publishers.
- Brewin, C. R., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. *Psychological Review*, 117(1), 210–232. <https://doi.org/10.1037/a0018113>.
- Brison, S.J. (1999). Trauma narratives and the remaking of the self. In M. Bal, J. Crew, & L. Spitzer (Eds.), *Acts of Memory: cultural recall in the Present* (pp. 38-57). University Press of New England.
- Brown, C.M. (2020). Self-Complexity. In V. Zeigler-Hill, & T.K. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences* (pp. 4670–4672). Springer, Cham. https://doi.org/10.1007/978-3-319-24612-3_2000.
- Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-Concept Clarity: Measurement, Personality Correlates, and Cultural Boundaries. *Journal of Personality and Social Psychology*, 70(1), 141–156. <https://doi.org/10.1037/0022-3514.70.1.141>.
- Campbell, J. D., & Paula, A. Di. (2003). The Structure of the Self-Concept and Its Relation to Psychological Adjustment. *Journal of Personality*, 71(1), 115–140.
- Conway, M.A. (2001). Sensory-perceptual episodic memory and its context: Autobiographical memory. *Philosophical Transactions-Royal Society Biological Sciences*, 356(1413), 1375–1384. <https://doi.org/10.1098/rstb.2001.0940>.
- Courtois, C. A., & Ford, J. D. (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press.
- Erikson, E. (1959). *Identity and the life cycle*. New York: Norton.
- Freud, S. (1923). *The ego and the id*. New York: Norton.
- Foa, E. B., & Kozak, M. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99(1), 20–35. <https://doi.org/10.1037/0033-2909.99.1.20>.
- Goldstein, K. (1939). *The organism*. New York: American Book.
- Hijazi, A.M., Lumley, M.A., Ziadni, M.S., Haddad, L., Rapport, L.J., & Arnetz, B.B. (2014). Brief narrative exposure therapy for posttraumatic stress in Iraqi refugees: a preliminary randomized clinical trial. *Journal of Traumatic Stress*, 27(3), 314-322. <https://doi.org/10.1002/jts.21922>.
- Joseph, S., Williams, R., & Yule, W. (1993). Changes in outlook following disaster: The preliminary development of a measure to assess positive and negative responses. *Journal of Traumatic Stress*, 6(2), 271–279. <https://doi.org/10.1002/jts.2490060209>.
- Lely, J. C. G., Ter Heide, F. J. J., Moerbeek, M., Knipscheer, J. W., & Kleber, R. J. (2022). Psychopathology and resilience in older adults with posttraumatic stress disorder: a randomized controlled trial comparing narrative exposure therapy and present-centered therapy. *European journal of psychotraumatology*, 13(1). <https://doi.org/10.1080/20008198.2021.2022277>.
- Lewin, K. (1935). *A dynamic theory of personality*. New York: McGraw-Hill.

- Mansfield, C. D., McLean, K. C., & Lilgendahl, J. P. (2010). Narrating traumas and transgressions: Links between narrative processing, wisdom, and well-being. *Narrative Inquiry*, 20(2), 246-273. <https://doi.org/10.1075/ni.20.2.02man>.
- Maslow, A. H. (1954). *Motivation and personality*. New York: Harper & Row.
- Mays, N., & Roberts, E. (2001). Synthesizing research evidence. In N. Fulop, P. Allen, A. Clarke, N Black (Eds), *Studying the organisation and delivery of health services: research methods* (pp. 188-220). London: Routledge.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>.
- Murphy, G. (1947). *Personality: A biosocial approach to origins and structure*. New York: Harper & Row.
- Neuner, F., Elbert, T., & Schauer, M. (2020). Narrative exposure therapy for PTSD. In L. F. Bufka, C. V. Wright, & R. W. Halfond (Eds.), *Casebook to the APA Clinical Practice Guideline for the treatment of PTSD* (pp. 187–205). American Psychological Association. <https://doi.org/10.1037/0000196-009>.
- Pajares, F., & Schunk, D. H. (2002). Self and self-belief in psychology and education: A historical perspective. In J. Aronson (Ed.), *Improving academic achievement: Impact of psychological factors on education* (pp. 3–21). Academic Press. <https://doi.org/10.1016/B978-012064455-1/50004-X>.
- Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. *Clinical Psychology Review*, 30(8), 1030–1039. <https://doi.org/10.1016/j.cpr.2010.07.004>.
- Rosenberg, M., (1979). *Conceiving the Self*. Basic Books: New York
- Schauer, M., Neuner, F., & Elbert, T. (2005). *Narrative Exposure Therapy: A Short-term Intervention for Traumatic Stress Disorders after War, Terror, or Torture*. Hogrefe & Huber Publishers.
- Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative Exposure Therapy: A short-term treatment for traumatic stress disorders*. (2nd ed.). Göttingen, Germany: Hogrefe.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35–37). Windsor: NFER-Nelson.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455-472. <https://doi.org/10.1002/jts.2490090305>.
- Weine, S. M., Kulenovic, A. D., Pavkovic, I., & Gibbons, R. (1998). Testimony psychotherapy in Bosnian refugees: A pilot study. *The American Journal of Psychiatry*, 155(12), 1720–1726. <https://doi.org/10.1176/ajp.155.12.1720>
- Whelton, W. (2015). Memory reconsolidation and self-reorganization. *Behavioral and Brain Sciences*, 38, E29. <https://doi.org/10.1017/S0140525X14000338>.
- van der Kolk, B. A., van der Hart, O., & Burbridge, J. (1995). Approaches to the treatment of PTSD. In S. Hobfoll, & M. de Vries (Eds.), *Extreme Stress and Communities: Impact and Intervention* (pp 421–443). Dordrecht, the Netherlands: Kluwer Academic.
- Zang, Y., Hunt, N., & Cox, T. (2013). A randomised controlled pilot study: The effectiveness of narrative exposure therapy with adult survivors of the Sichuan earthquake. *BMC Psychiatry*, 13(14). <https://doi.org/10.1186/1471-244X-13-41>.
- Zang, Y., Hunt, N., & Cox, T. (2014). Adapting narrative exposure therapy for Chinese earthquake survivors: A pilot randomised controlled feasibility study. *BMC Psychiatry*, 14(1), 1–12. <https://doi.org/10.1186/s12888-014-0262-3>.
- Zulkosky, K. (2009) Self-Efficacy: A Concept Analysis. *Nursing Forum*, 44, 93-102. <http://dx.doi.org/10.1111/j.1744-6198.2009.00132.x>.