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Original Article

The Effectiveness of Narrative Therapy Approaches Through Group Counseling on Self-Control and Social Adaptation in Patients with Substance Use Disorders

Maryam Saberi Tonbani[1], Maryam Sadeghifard[1*], Eghbal Zarei[2]

[1]Counseling Department, Hormozgan University, Bandar Abbas, Iran
[2]Psychology Department, Hormozgan University, Bandar Abbas, Iran

Abstract

Introduction: The present study aimed to determine the effectiveness of narrative therapy delivered through group counseling on self-control and social adaptation in patients with substance use disorders.

Methods: The statistical population of this research included all patients with substance use disorders who attended addiction treatment centers in Qeshm County. The sample consisted of 30 patients, who were selected through convenience sampling and randomly assigned to experimental and control groups. The narrative therapy approach was implemented through group counseling in eight sessions for the experimental group, while the control group received no intervention. Data were collected using Tangney et al's Self-Control Questionnaire and Bell's Social Adaptation Questionnaire.

Results: The results of multivariate analysis of covariance (MANCOVA) indicated a significant difference between the posttest mean scores of the control and experimental groups on the dependent variables of self-control and social adaptation in patients with substance use disorders.

Conclusion: The findings suggest that the independent variable (narrative therapy delivered through group counseling) had a significant effect on the dependent variables of self-control and social adaptation in patients with substance use disorders. This resulted in a significant difference between the control and experimental groups and led to improvements in self-control and social adaptation among the patients.

Keywords: Narrative therapy approaches through group counseling, Self-control, Social adaptation, Substance use disorders

***Corresponding Author:**
Maryam Sadeghifard,
Emails: m.sadeghifard@hormozgan.ac.ir; sadeghim45@yahoo.com

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Introduction

A social problem can be defined as an issue that threatens the fundamental values of a community and has widespread prevalence. It stands in contrast to social welfare, just as illness is contrasted with health. According to some specialists, a social problem should possess four important characteristics: (a) it must have numerous consequences; (b) it should exhibit a high degree of prevalence and dispersion; (c) it must be recognized as a problem by experts; and (d) it should be accepted as a problem by the public.

Drug addiction is one of the major social problems in contemporary society and is accompanied by numerous medical, psychiatric, familial, occupational, legal, financial, and spiritual challenges. Addiction not only affects the individual's life but also creates various deficiencies and conflicts within families and communities, imposing a significant burden on them. Today, drug addiction is regarded as one of the fundamental dilemmas of human life, and the increasing rate of drug consumption over the past century has raised serious concerns across societies (1).

In recent decades, the prevalence of addiction or substance dependence has increased worldwide. This rise has been particularly evident among youth, who constitute the largest group affected by addiction. Published statistics indicate that 44% of individuals with substance dependence are under the age of 24. Substance dependence or drug addiction occurs across all professions, educational levels, and socioeconomic classes and is not limited to specific groups. Given the high prevalence of substance dependence and the challenges associated with its treatment, it is crucial to identify the risk factors

contributing to this issue across different populations. The use of alcohol, cigarettes, and drugs represents one of the most harmful addictive and hazardous behaviors linked to various developmental processes during adolescence and young adulthood, posing serious threats to individual well-being and societal development (2).

Self-control refers to the ability to regulate one's actions and emotions, especially when they may lead to negative behaviors. It involves the capacity to manage behaviors to avoid temptations and achieve long-term goals. Self-control is closely related to willpower, which is defined as the ability to delay gratification in pursuit of a more valuable reward or a larger goal. Sometimes referred to as "self-restraint" or "self-discipline," self-control encompasses an individual's ability to regulate thoughts, emotions, motivations, and behaviors in pursuit of personal goals or adherence to ethical and social standards.

This skill plays a crucial role in both personal and social success, as it enables individuals to make rational decisions, avoid impulsive behaviors, and overcome obstacles or temptations. Self-control is a capability that can be strengthened, developed, and acquired over time through consistent practice and behavioral regulation. In other words, it is a skill that requires practice and time to learn (3).

Social adaptation refers to an individual's ability to adjust to the social environment and conform to the norms, values, and expectations of society. This concept plays a significant role in enhancing quality of life, fostering positive interpersonal relationships, and reducing social tensions and conflicts. However, in contemporary societies influenced by rapid economic, cultural, and technological changes, many individuals face serious challenges in social adaptation and in life overall. One major issue is the increase in loneliness and social isolation observed in communities as a result of insufficient social skills and the breakdown of traditional relationships. Social pressures arising from life problems and the complexities of interpersonal relationships may also decrease individuals' ability to engage in effective social interactions. These factors contribute to problems such as social anxiety, low self-esteem, and even the emergence of maladaptive behaviors such as aggression or withdrawal (4).

Substance misuse and its adverse consequences are among the most significant concerns and social harms of the present era. Addiction, as a social crisis and a destructive phenomenon, poses numerous risks and causes many fatalities worldwide. Efforts to overcome addiction often involve intense cravings and withdrawal symptoms. To navigate the short-term effects of withdrawal and maintain long-term recovery, the practice of self-control is highly beneficial. This does not imply that addiction or relapse is a moral failing on the part of the individual. Rather, addiction is a complex disease that is extremely difficult to overcome, but understanding self-control is one of the available tools that may help individuals resist addiction (5). Neuroscientific models suggest that repeated use of substances alters the brain's reward system such that addictive behavior becomes a form of conditioned learning and may become almost compulsive. In this state, the behavior no longer reflects the individual's values and may operate outside conscious control. Self-control is defined as the ongoing regulation of actions in a specific direction to achieve important long-term goals (6).

The loss of self-control in substance dependence is a topic of considerable debate. First, there is disagreement over whether substance dependence is in fact defined by a loss of self-control. Second, even among those who consider loss of control a determining characteristic of substance dependence, there is little consensus on how to conceptualize this loss of control. Different theories of substance dependence and self-control are often presented as opposing views. For instance, is weakness of willpower the most likely explanation for substance dependence, or is it better understood as a brain disease, or are environmental factors such as poverty and limited future prospects more plausible explanations? (7). Addressing these questions can help enhance self-control in these patients and promote their social adaptation.

Social adaptation is a psychological process through which an individual copes with or manages the demands and conflicts of daily life. It involves adjusting to social norms, adhering to social rules and principles, establishing effective social relationships, and striving to gain satisfaction from these interactions. An individual with good social adaptation can process information received from the environment accurately. Such a person can also establish a personal value system to avoid detrimental emotional fluctuations and conflicts with others (8). Afshari Azad et al demonstrated that low self-esteem, emotional deficiencies, and an inability to cope with problems have led to a positive attitude towards drugs (9). Murray et al demonstrated that social adaptation plays a mediating role in engagement in high-risk health behaviors, such as substance use (10).

It is important for substance users to understand how they perceive their dependence in relation to their values, life goals, life narratives, identity development, and their life as a whole. In this regard, narrative therapy can help restore self-control and social adaptation in these patients. Narrative therapy is an approach centered on the power of personal storytelling, which can be effective in the treatment of a wide range of substance use and mental health disorders. At its core, this approach recognizes that the stories individuals tell about themselves and their experiences have a profound impact on their thoughts, feelings, and behaviors. In collaboration with the therapist, individuals are encouraged to explore, challenge, and reconstruct the dominant narratives that shape their lives (11). This process allows individuals to distance themselves from their problems, gain a new perspective, and discover new opportunities for growth and transformation. By externalizing problems and exploring alternative narratives, narrative therapy enables

individuals to rely on their skills and strengths to reduce the impact of problems and create more positive and meaningful life stories (12).

In addition to various therapeutic methods for this disorder, attention to its psychological and social dimensions is an important factor that can play a significant role in improving the individual conditions of patients. One of the innovative and effective approaches in this regard is group counseling, in which patients analyze their problems through social interactions and benefit from peer support for growth and change. In this process, individuals not only receive support from the group but also draw on the opinions and perspectives of others to redefine their issues (13).

In other words, group counseling is a psychological approach in which individuals share their concerns simultaneously in a group setting under the guidance of one or more counselors and use each other's experiences to achieve personal and social growth. This type of counseling is particularly applicable in various fields, such as psychotherapy, the development of social skills, and the reduction of behavioral problems. In group counseling, members can benefit from peer support, experience empathy, and express their thoughts and feelings in a safe and supportive environment. Group counseling is based on the principles of interaction and the exchange of experiences. Using narrative therapy, it creates a space for rewriting life stories, helping individuals view their problems from a new perspective and identify effective ways to achieve self-control and social adaptation (13).

Narrative therapists help clients identify moments when the narratives of their problems were not entirely accurate or when exceptions to the problem existed. This process allows individuals to question their self-related assumptions and to consider alternative narratives that are more constructive and empowering. The ultimate goal of this approach is to help clients develop a sense of agency and purpose in their lives by reconstructing their personal narratives (14).

Numerous studies have examined the use of narrative therapy among populations with addiction. For example, Jahangiri et al compared the effectiveness of narrative therapy and cognitive-behavioral therapy on the likelihood of lapse among opioid-dependent patients after detoxification and found that both interventions significantly reduced the probability of lapse compared with the control group (15). In a study involving patients receiving methadone maintenance treatment, Taheri et al showed that group-based narrative therapy significantly decreased craving, the likelihood of lapse, and relapse (16). In a quasi-experimental design with a nonequivalent control group, Kim and Park reported that group counseling grounded in narrative therapy significantly improved self-esteem, reduced stress responses, and increased insight in individuals with alcohol dependence (13). Clark, in an applied study, showed that integrating narrative-therapy techniques into substance-use treatment groups facilitates the externalization of the problem, strengthens clients' agency, and can be implemented safely in multicultural settings (17).

However, to date, studies examining the effectiveness of combining group counseling and narrative therapy, particularly with respect to self-control and social adjustment among individuals with substance use disorders, have been limited. This research may serve as a new therapeutic model for improving the psychological and social functioning of these individuals and providing innovative strategies for addressing this social crisis. Through group narrative therapy, therapists can help patients with substance use disorders develop a deeper understanding of values, strengths, and resilience, ultimately leading to greater self-control and personal empowerment in adapting to society. Therefore, the present study sought to answer the following question: "Does the narrative therapy approach, implemented in the form of group counseling, affect self-control and social adaptation in patients with substance abuse?"

Materials and Methods

The research method used in this study was quasi-experimental, designed as a pretest-posttest with a control group. In the experimental group, eight sessions of group counseling were conducted using the narrative therapy approach, while no intervention was implemented in the control group (Table 1). The target population included all patients with substance use disorders who sought treatment at addiction rehabilitation centers in Qeshm County during 2023-2024. The sample size was estimated using G*Power 3.1 software, assuming a large effect size ($f = 0.40$, equivalent to Cohen's $d = 0.80$), a significance level of 0.05, and a statistical power of 0.80. Accordingly, 30 individuals with substance use disorders were selected through convenience sampling and were randomly assigned to two groups of 15 participants each (written informed consent was obtained from all participants). For this purpose, the researcher attended three addiction treatment centers in Qeshm County and requested the managers to introduce clients with substance use problems. The researcher then made the necessary arrangements with them to participate in the therapy sessions. Data were analyzed using both descriptive and inferential statistics. Descriptive indicators (mean and standard deviation) were used to summarize the study variables. To evaluate the effect of the intervention while controlling for pretest scores, a multivariate analysis of covariance (MANCOVA) was conducted. All analyses were performed using SPSS version 26, with the significance level set at 0.05.

Figure 1 illustrates the flow of participants in the study. Of the 107 individuals assessed for eligibility, 44 met the inclusion criteria and were randomly assigned to the experimental and control groups (22 participants in each). After attrition, 15 participants from each group completed all stages and were included in the final analysis. Given the pretest–posttest control-group design with two dependent variables, MANCOVA was used to

Table 1. Group Narrative Therapy Sessions

Session	Goal / Theme	Key Activities	Homework
1	Alliance & treatment contract; problem-saturated story	Group rules; clarify goals/values; brief imagery of "preferred self"; invite problem-saturated narratives	Write your life story focusing on addiction milestones
2	Review narratives; begin externalization	Review homework; articulate values; generate metaphors separating "Self" from the "Problem"	List personal metaphors for the Problem and for the separate Self
3	Naming the Problem	Revisit first encounters with use; choose a concrete or metaphoric name for the Problem; practice distancing language	Practice "seeing the Problem as external" and record situations when it appears
4	Mapping the Problem's influence	Identify triggers, tactics, and allies of the Problem; role-play "the external enemy" to expose strategies	Catalogue high-risk cues, tactics, and contexts the Problem exploits
5	Consequences & relational network	Extend the influence map to beliefs, dreams, values, and relationships; reflective questions on costs	Gather memories showing both costs of the Problem and moments of resistance
6	Deconstructing the dominant story	Feedback on progress; clarify the Problem's "goals" and "accomplices"; sentence-completion; begin re-authoring	Draft a first version of your alternative story (capable, choosing self)
7	Person's influence over the Problem; therapeutic letter	Surface strengths; practice refusal skills and coping; write a "letter to the Problem" asserting boundaries	Finalize the letter; create a practical coping plan (people/places/skills)
8	Unique outcomes & consolidation	Review the therapeutic journey; document changes; plan for maintenance and future challenges; group closing	Compose a maintenance plan for the coming weeks and months

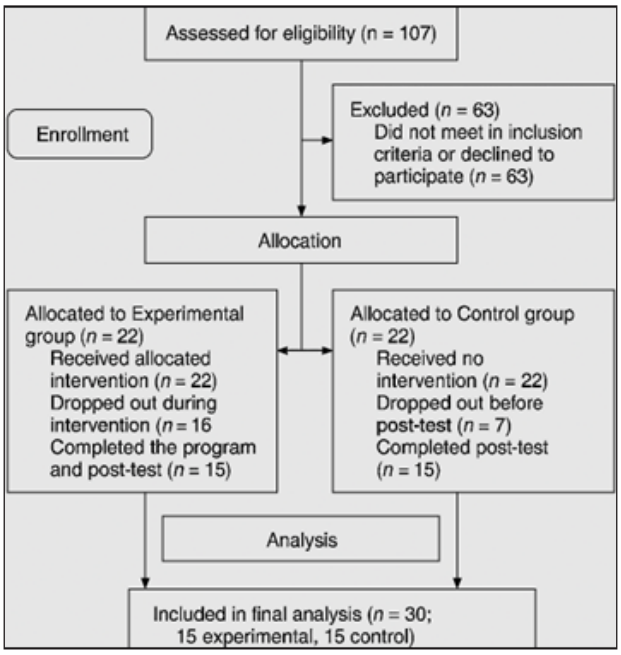

Figure 1. Consort Flow Diagram of the Study

compare the groups on posttest scores while statistically controlling for the corresponding pretest scores entered as covariates.

Research Instruments

Tangney Self-Control Scale

The Self-Control Scale was developed by Tangney et al to assess individuals' levels of self-control. The original version of the scale consists of 35 items (18). The short form used in this study contains 13 items and yields an overall score intended to measure individuals' self-regulation. This test is a self-report tool, in which participants indicate, on a five-point Likert scale, the extent to which each statement reflects their characteristics. The total score ranges from 13 to 65, with higher scores indicating greater self-control. Some items in the short form are reverse scored (items 2, 3, 4, 5, 7, 9, 10, 12, and 13). The Self-Control Scale demonstrates desirable internal consistency in the full 36-item form ($\alpha = 0.89$), and the 13-item short form yielded Cronbach's alphas of 0.83 and 0.85 across two samples; its three-week test–retest reliability was reported as $r = 0.87$ (18).

The validity and reliability of this questionnaire were calculated and confirmed in the study conducted by Mousavi Moghadam et al (19). In the research by Tangney et al, the validity of this scale was corroborated through its correlation with measures of academic achievement, adaptability, positive relationships, and interpersonal skills (18). Additionally, its reliability was determined using Cronbach's alpha, yielding coefficients of 0.83 and 0.85 across two samples. In the present study, the Cronbach's alpha for the entire questionnaire was 0.82, indicating good reliability.

Social Adaptation Questionnaire by Bell

The Social Adaptation Scale was developed by Professor Bell and encompasses five components: home adaptation, occupational adaptation, health adaptation, emotional adaptation, and social adaptation (20). The complete test consists of 32 questions with binary response options (Yes/No), where a "Yes" response is scored as 1 and a "No" response as 0. The total score ranges from 0 to 32. Lower scores indicate weak social adaptation, whereas higher scores reflects strong social adaptation. Bell reported a reliability coefficient of 0.88 for the social adaptation scale (20). This questionnaire was translated and revised by Bahrami and administered randomly to 200 individuals (21). Its reliability was calculated using Cronbach's alpha, yielding a coefficient of 0.89 (22). The questionnaire's validity in Iran was standardized by Dr. Ali Delavar for the population of veteran athletes, and it was also examined by Aghamohammadian Sheerbaf, who reported similar results to those of the original test developer (23). Furthermore, in the study conducted by Golestanibakht et al, the reliability coefficient obtained using Cronbach's alpha was 0.89 (22). In the present study, the Cronbach's alpha coefficient for the entire questionnaire was 0.91.

Results

The age distribution in both groups was similar, with the largest proportion of participants in the 36–43-year range (40% in each group); each group included 15 participants. Educational levels were also comparable: the control group had a slightly higher proportion of participants with a "diploma" or below" (46.7% vs. 40%), whereas the experimental group included more participants with a bachelor's degrees (46.7% vs. 33.3%). The proportion of participants with a master's degree and above was low in both groups (Table 2).

First, the assumption of normality of score distributions was tested. The results of this test for the pretest scores of self-control and social adaptation in the experimental and control groups are presented in Table 3.

Based on the results presented in Table 3, the assumption of normality for the distribution of pretest scores on self-control and social adaptation variables in both the experimental and control groups was confirmed ($P=0.05$).

As observed in Table 4, the assumption of homogeneity of variances for the posttest scores of both study variables (self-control and social adaptation in patients with substance use disorders) was also confirmed ($P=0.05$). The Box's M test was used to examine the homogeneity of variance–covariance matrices as another assumption of covariance analysis. The results of this test showed that the F value ($F=1.221$) was not statistically significant at the specified error level ($P=0.156$). Therefore, the null hypothesis was not rejected, indicating that the observed variance–covariance matrices were equal across the groups.

The main hypothesis of the present study was: "Group-based narrative therapy improves self-control and social adjustment in patients with substance use disorders." Accordingly, to test the effect of the intervention while controlling for pretest scores, a MANCOVA was conducted on the two dependent variables. The results are presented in Table 5.

Table 5 shows a significant multivariate effect of group on the outcome variables (self-control and social adjustment): Pillai's trace, Wilks' lambda, Hotelling's trace, and Roy's largest root were all statistically significant ($P<0.001$), with a large effect size ($\eta^2=0.818$). Follow-up univariate analyses of covariance (ANCOVA) for each dependent variable are reported in Table 6.

Table 6 illustrates significant univariate effects for self-control ($F=78.91$, $P<0.001$) and social adaptation ($F=38.71$, $P<0.001$). Thus, the narrative therapy intervention produced significant differences between the experimental and control groups. The direction and magnitude of these effects are reflected in the group means presented in Table 7.

Table 7 indicates that the experimental group had significantly higher posttest mean scores than the control group for both self-control (31.26 vs. 24.66) and social adaptation (19.93 vs. 15.80), indicating significant improvements following the narrative therapy intervention.

Table 2. Demographic Characteristics of the Experimental and Control Groups

Variable	Category	Control n (%)	Experimental n (%)
Age	20–27 years	5 (33.3)	4 (26.7)
	28–35 years	4 (26.7)	5 (33.3)
	36–43 years	6 (40.0)	6 (40.0)
Education	Diploma or Below	7 (46.7)	6 (40.0)
	Bachelor's	5 (33.3)	7 (46.7)
	Master's or Above	3 (20.0)	2 (13.3)
Total	----	15 (100.0)	15 (100.0)

Table 3. Assessment of the Normality Assumption for Score Distributions

Variable	Indicators Group	Shapiro-Wilk Statistic		
		F-Statistic	DF	Significance Level
Self-control	Control	0.918	15	0.180
	Experimental	0.957	15	0.641
Social Adaptation	Control	0.895	15	0.091
	Experimental	0.612	15	0.125

Note. DF: Degree of freedom.

Table 4. Results for Examining the Equality of Variances

Variable	F-Statistic	DF 1	DF 2	Significance Level
Self-control	0.761	1	28	0.390
Social Adaptation	2.71	1	28	0.111

Note. DF: Degree of freedom.

Discussion

The present study aimed to examine the effectiveness of narrative therapy delivered in a group counseling format on self-control and social adaptation among patients with substance use disorders. The results of the multivariate analysis of covariance indicated a significant difference between the posttest mean scores of the control and experimental groups on both dependent variables among patients with substance use disorders. This suggests that the group-based narrative therapy intervention produced meaningful improvements in self-control and social adaptation among these patients, resulting in a significant difference between the control and experimental groups. In other words, narrative therapy, when implemented as group counseling, was effective in improving self-control and social adaptation in this population. These findings align with the results of studies by Alinejad et al (24), Noorkami (25), Mahjorian (26), Yeganeh Farzand (27), Becker (28), Alshehri et al (29), and Jordan (30). For instance, Mahjorian (26) showed that group narrative therapy increased general self-efficacy and parenting self-efficacy and improved problem-focused coping strategies.

Conclusion

The findings of this study can be explained in light of fundamental principle of narrative therapy: individuals construct their identity, meaning, and worldview through the narratives and stories they tell about themselves and

Table 5. Multivariate Analysis of Covariance

Effect	Test	Value	*F*-Statistic	DF Hypothesis	DF Error	*P*-value	Eta Squared (η^2)
Group	Pillai's Trace	0.818	56.30	2	25	0.001	0.818
	Wilks' Lambda	0.182	56.30	2	25	0.001	0.818
	Hotelling's Trace	4.50	56.30	2	25	0.001	0.818
	Roy's Largest Root	2.50	56.30	2	25	0.001	0.818

Note. DF: Degree of freedom.

Table 6. Results of the ANCOVA

References	Variables (Posttest)	Sum of Squares	DF	Mean Square	*F*-Statistic	Significance Level	Eta Squared (η^2)
Group	Self-control	294.49	1	294.49	78.91	0.001	0.750
	Social Adaptation	137.95	1	137.95	38.71	0.001	0.598

Note. ANCOVA: Univariate analyses of covariance; DF: Degree of freedom.

Table 7. Descriptive Findings of the Control and Experimental Groups

Variable	Group	Mean	Standard Deviation	Number
Self-control	Control	24.66	2.71	15
	Experimental	31.26	2.34	15
Social Adaptation	Control	15.80	1.82	15
	Experimental	19.93	2.60	15

their life experiences. These narratives not only reflect past events but also serve as guides for present behavior and future actions. Accordingly, the quality of these personal narratives directly influences an individual's sense of identity, perceived self-efficacy, and social functioning. Individuals with substance use disorders are often trapped in "dominant problem-saturated narratives" that portray them as unsuccessful, powerless, and incapable of controlling their lives. These narratives create a self-reinforcing cycle that reduces self-control, heightens feelings of helplessness, and leads to difficulties in social adaptation. Group counseling based on narrative therapy provides an opportunity to disrupt this cycle: group members share their stories and, through exposure to others' feedback and perspectives, begin to reconsider and reconstruct their personal narratives. A key process in this approach is "externalizing the problem," in which addiction is conceptualized as something separate from the individual's identity so that the person no longer defines themselves as "addicted and defeated," but instead views addiction as an obstacle that can be confronted and learns new strategies to cope with it—a shift that lays the groundwork for restoring hope and strengthening personal agency.

Listening to diverse and alternative narratives from other group members strengthens empathy, reduces loneliness, and broadens coping strategies through modeling, thereby increasing a sense of belonging, solidarity, and social acceptance. Rewriting and enriching one's life narrative enables individuals to identify their strengths and capabilities, integrate them into a redefined identity, and view themselves as competent, valuable, and capable of resisting temptations and making healthy decisions. Such narrative shifts directly contribute to enhanced self-control, more responsible choices, and improved social relationships. Overall, by weakening problem-focused narratives and constructing richer and more hopeful personal stories, group narrative therapy strengthens self-efficacy, self-control, and social functioning. In the present study, this process, particularly the externalization of the problem and the reinforcement of personal agency, was evident in the significant improvements in self-control and social adjustment observed in the experimental group, as reflected by the statistical indicators.

In line with Tangney et al, shifting from global shame to behavior-focused guilt—a change facilitated by group narrative therapy through externalization and identity re-authoring—boosts empathy and reparative self-regulation, reduces interpersonal conflict, and thereby improves both self-control and social adjustment. Similarly, according to McAdams's narrative identity theory, individuals understand their lives as a story organized around two master themes: agency (a sense of capacity and influence) and communion (a sense of belonging and connection). Narrative therapy strengthens the theme of agency by externalizing the problem and reconstructing the life story, thereby increasing self-efficacy, internal locus of control, and future orientation. As a result, self-regulatory processes (e.g., goal setting, monitoring, and adjustment) become more effective and lead to improved self-control. At the same time, reinforcing themes of relationships and social responsibilities within the revised story improves interpersonal interactions, reduces conflict, and enhances social adjustment. Thus, changes in narrative identity—particularly through reconstructed agency—lead to greater self-control and social adjustment, which represent core pathways targeted by narrative therapy.

Moreover, given that the intervention was implemented in a group counseling format, part of the observed effectiveness of narrative therapy on self-control and social adjustment may be attributable to non-specific group factors, such as group cohesion, universality ("I am not alone"), emotional support, peer feedback and modeling. These factors may reduce shame and isolation while strengthening self-efficacy and self-regulation. In therapeutic groups for patients with substance use disorders, hearing similar stories of failure and recovery

is often associated with reduced stigma, greater hope, and a heightened sense of responsibility toward oneself and others, thereby fostering better self-control and healthier social interactions. Therefore, when interpreting the findings, the potential synergistic effect of narrative therapy content and positive group dynamics on self-control and social adjustment should be taken into account, and the contribution of this "group effect" considered alongside the specific techniques of the narrative therapy approach.

Therefore, it can be concluded that group-based narrative therapy not only contributes to individual improvement—particularly through enhanced self-control—but also facilitates social adaptation and supports a return to healthier functioning. Hence, the findings obtained for the present hypothesis are fully consistent with both the theoretical foundations and the empirical evidence related to narrative therapy. Nonetheless, several limitations should be considered when interpreting these results. First, the study used a quasi-experimental design and convenience sampling of 30 patients from addiction treatment centers in Qeshm, which restricts the generalizability of the findings to other cities, different age or gender groups, or other treatment centers. Moreover, reliance on self-report instruments and the absence of long-term follow-up were additional limitations. Accordingly, it is recommended that future research employ larger and more diverse samples from different cities and cultural contexts, include an active control group or comparative interventions (e.g., cognitive-behavioral therapies or cognitive rehabilitation), design six-month and one-year follow-up assessments, and, in addition to self-report tools, use more objective indices (e.g., behavioral indicators or reports from therapists and family members) to evaluate changes in self-control and social adjustment. In conclusion, the findings of this study suggest that group narrative therapy can serve as a complementary psychosocial intervention alongside routine treatments in addiction treatment centers. Therefore, mental health policymakers may consider incorporating narrative group therapy protocols into clinical guidelines and providing training in this approach for clinicians working in these settings.

Authors' Contribution

Conceptualization: Maryam Sadeghifard.
Data Curation: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Formal Analysis: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Investigation: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Methodology: Maryam Sadeghifard.
Project Administration: Maryam Sadeghifard.
Resources: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Software: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Supervision: Maryam Sadeghifard.
Validation: Maryam Sadeghifard.
Visualization: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Writing-Original Draft: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.
Writing-Reviewing & Editing: Maryam Saberi Tonbani, Maryam Sadeghifard, Eghbal Zarei.

Competing Interests

The authors declare no conflict of interests.

Ethical Approval

This study received ethical approval from the Faculty of Humanities, Islamic Azad University, Hormozgan Branch, Bandar Abbas, and written informed consent was obtained from all participants.

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