



Localization Impediments and Developmental Pathways of Narrative Therapy in China

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Abstract

Introduced to China in the late 1990s, narrative therapy faces a persistent gap between theoretical endorsement and practical implementation. Cultural tension between narrative therapy's individualistic self-conception and China's relational cultural framework creates operational resistance. A fragmented training system fails to process practitioners' experiences of operational difficulty, hindering the accumulation of localized knowledge and evidence needed for institutional reform. Institutional constraints, such as project-based accountability and quantitative evaluation, diminish resources for systemic improvement. These interlocked mechanisms form a self-reinforcing cycle perpetuating localization difficulties. To disrupt this cycle, this paper proposes synergistic pathways: foregrounding the relational self and employing staged authority borrowing; developing context-specific operational modules; establishing stratified training with supervised certification; and prioritizing professional standards to anchor evaluation reform and policy recognition. This analysis establishes a theoretical framework to guide future empirical research on the cultural adaptation of narrative therapy practices.

Subject Areas

Sociology

Keywords

Narrative Therapy, Localized Practice, Social Work Practice

1. Introduction

1.1. Core Tenets of Narrative Therapy and Its Dissemination in China

Founded in the 1980s by Michael White and David Epston, narrative therapy in-

tegrates Foucault's power/discourse framework and social constructionist epistemology into family therapy, systematically articulated in their 1990 book, *Narrative Means to Therapeutic Ends* [1].

It posits that an individual's life narrative is not an objective reality transcription but a continuously constructed product of specific sociocultural contexts. Narrative therapy helps clients break away from oppressive dominant narratives and rewrite marginalized alternative storylines, regaining their sense of life authorship via meaning reconstruction. By making clients narrative protagonists instead of diagnostic objects, this approach has had a far-reaching impact on Western psychotherapy and social work. Its inherent emphasis on anti-oppressive practice, structural inequality awareness, and the deconstruction of power dynamics fits naturally with social work's core professional values, social justice, client empowerment, and the person-in-environment (PIE) perspective, rendering it not merely a clinical tool but a practice paradigm deeply congruent with the broader mission of social work. Narrative therapy was introduced to China in the early 1990s through academic lectures by White and the translation and introduction of relevant works by Freedman and Combs [2] and has been gradually promoted and developed in China. By the 2010s, it reached counseling psychology, social work, and school education, accumulating practical experience with populations like bereaved parents who lost their only child under the previous family planning policy and adolescents with behavioral difficulties [3].

1.2. Research Problem

The prevailing condition of narrative therapy in China shows robust theoretical endorsement, yet effective practical implementation remains highly limited. What proposed mechanisms likely make this gap so resistant to organic resolution?

Though prior research records certain problems like cultural value conflicts, subpar operational systems, haphazard training and supervision [4], and institutional restrictions [5], most stay descriptive. They do not perform in-depth analyses of how these challenges are linked. The research maintains that these difficulties are co-existing, mutually strengthening forces rather than individual events.

First, cultural tension appears to function as the structural cause. It persistently converts the divergence between individualistic and relational self-conceptions into concrete operational difficulties. Second, a fragmented training system is proposed as a key intermediary link. Because it often struggles to process practitioners' operational failures, it hinders the accumulation of practical evidence needed for betterment. Thirdly, institutional barriers may act as an external factor that exacerbates this process, using up time and resources for improvement. When interlocked in a complex way, these mechanisms establish a self-repeating cycle of impediments where improvements on a single level are neutralized by opposing forces from other levels.

Clearing up this cycle is important for constructing effective pathways forward.

Logically, this paper makes use of two different frameworks. The framework with four dimensions, including cultural, technical, personnel, and institutional, is used to describe. The three-mechanism framework operates on the explanatory level, finding out the causal forces behind those difficulties. Cultural tension functions via cultural and technical aspects. Fragmented training covers the personnel dimension, which links the others. Institutional constraints mainly affect the institutional dimension and reduce the improvement space overall.

1.3. Current Research: Contributions and Lacunae

Current Chinese literature in this area is distributed across three orientations: comparing narrative therapy's compatibility with traditional Chinese culture, applied practice reports for specific populations, and exploring the adaptability of specific techniques like externalization and therapeutic letter writing within Chinese contexts [5]. Nevertheless, these studies fail to adequately clarify why these obstacles resist spontaneous resolution [6].

Based on a literature review, the proposed causal analyses and recommendations are theoretical constructs that serve as exploratory frameworks for future empirical testing.

1.4. Goals of the Research and Methodological Interpretations

This study pursues two interrelated objectives: (1) analyzing the mutually reinforcing relationships across the four dimensions to elucidate the structural causes of localization difficulties; and (2) proposing a logically coherent, synergistic advancement pathway to frame subsequent empirical inquiry.

Methodologically, this paper employs a narrative review drawing from CNKI, Wan-fang Data, Web of Science, and PubMed (1990-2024). Exact search strings included (“narrative therapy” OR “narrative practice”) AND (“China” OR “Chinese”) AND (“cultural adaptation” OR “localization” OR “social work”). Inclusion criteria required articles to be reviewed, explicitly focused on narrative therapy, and relevant to the mainland Chinese context. Exclusion criteria removed non-clinical applications and studies outside this scope. Instead of doing an exhaustive review, we used theoretical sampling, focusing on texts that give substantial insights into localization difficulties to create the causal framework. Localized practice-based studies, such as single-case reports and dissertations, were utilized strictly to illustrate localized operational barriers and context-specific adaptations rather than as generalizable empirical evidence.

Discussions regarding cultural impacts on psychological responses like face pressure affecting externalization constitute logical inferences grounded in cultural theory [7] [8] rather than empirical clinical observations. We deduce potential psychological mechanisms triggered under specific cultural presuppositions, avoiding deterministic claims about Chinese clients' inevitable reactions. The four-dimensional framework emerged inductively from thematic literature extraction, revealing four recurrent themes: cultural incompatibility, operational

technique inadequacy, training/personnel insufficiency, and institutional constraints. This synthetic distillation remains subject to future empirical verification.

1.5. Definition of Key Concepts

This paper makes use of a narrow definition of Narrative Therapy. It does not refer to broad postmodern-thought-based therapeutic orientations but specifically to the theoretical model and operational system developed by White and Epston [9]. In China, localization refers to the systematic and innovative transformation of narrative therapy's framework based on China's distinct cultural psychology, social structures, and institutional realities, while maintaining its postmodern philosophical core. This definition makes use of the work of Bernal *et al.* [10]'s concept of an ecological validity framework. Abandoning core principles under the pretense of cultural adaptation is a move away from narrative therapy, not localization.

Throughout the paper, strategies involving surface-level operational adjustments such as the development of a metaphor repository or a question bank, are characterized as adaptations at the linguistic-metaphorical and content dimensions of the technical level, whereas strategies involving the reconstruction of theoretical presuppositions, such as the relational self-framework, are classified as deep adaptations at the dimensions of values and concepts within the ecological validity framework.

To avoid over-generalization, the scope of this manuscript is specifically focused on mainland China recognizing that conditions in the broader Chinese-speaking world differ significantly and is primarily situated within social work and community-based settings rather than elite psychotherapy practice.

2. The Causes of Impediments: Expressions in Four Facets

Narrative therapy in China has endured a long-standing period of enthusiastic theoretical reception but obvious practical difficulties. This condition does not simply represent a simple sum of distinct problems. Instead, it shows a structurally enhancing interaction among culture, technique, personnel, and institutions.

2.1. The Cultural Dimension: A Tension between Two Self-Conceptions

The primary hindrance to localization lies in cultural-level difficulties, which come from a difference in self-conceptions. While narrative therapy inherently contains social-constructionist and relational elements [1], Western applications often emphasize individual narrative sovereignty. Conversely, Chinese cultural contexts, as illustrated by Fei Xiaotong's differential mode of association [11], heavily emphasize relational networks. Therefore, prioritizing the "relational self" in China represents a necessary contextual shift in emphasis rather than a simple East-West contrast. Identity and worth mainly come from roles in family and community relational networks. Usually, Chinese clients give priority to relational

harmony and ethical order over individual self-reconstruction. The discrepancy between goals is the starting point to understand subsequent technical failures.

Externalization, the core operation of the approach, assumes a readiness to tell stories. However, Zhai Xuewei suggests that “face” (mianzi) conveys an individual’s moral standing and sustains social bonds [7]. Instructing the clients to articulate their inner dilemmas to a stranger may logically conflict with internalized face-saving mechanisms often observed in traditional contexts [12], because clients may see it as an acknowledgment of weakness [5]. While younger populations become more open to emotional disclosure as a result of modernization and urbanization, resistance to externalization remains mainly systemic. This demand needs nuanced cultural sensitivity, which the training system currently fails to instill.

In practice, narrative therapists adopt an exploratory, decentered stance. Due to the long-standing traditions of revering teachers, Chinese individuals often have high hopes for authoritative expert advice. An exploratory way of dealing with things may cause disappointment rather than empowerment, weakening trust and the therapeutic bond [8]. In particular, narrative therapy is reliant on finding exceptional events, which presupposes a client’s belief in human self-agency. Fatalistic beliefs, which vary across regions and generations, can weaken motivation to actively address circumstances, challenging the idea that problems are amenable to deconstruction.

2.2. The Technical Dimension: How Cultural Misalignment Translates into Operational Difficulties

Repeatedly, differences in cultural values frequently manifest as tangible operational resistance. At the very beginning, metaphoric efficacy is based on culturally shared meaning [13]. Western metaphors find no resonance in the Chinese linguistic and emotional experience. When there is no systematically compiled and empirically verified repository of localized metaphors, practitioners rely on trial and error, resulting in inconsistent results.

Deconstruction techniques help clients question prevailing narratives. In contexts where filial piety is a deeply rooted ethical norm, questioning parental authority in a culturally insensitive manner may provoke strong resistance. However, accommodating filial narratives without critical thought makes therapists part of oppressive structures. To manage this tension, one needs deep cultural sensitivity and must directly link technical difficulties to personnel deficiencies. For social workers serving marginalized groups such as the urban poor, migrant workers, or survivors of domestic violence, the tension is made worse. The dominant oppressive narratives usually stem from both familial ethics and macro-structural inequalities. In such contexts, practitioners face the additional challenge of helping vulnerable clients deconstruct systemic narratives like institutionalized discrimination or poverty stigma without inadvertently fostering a sense of powerlessness in the face of entrenched macro-level social structures.

The outsider witness technique is based on a stable communal environment.

While rapid urbanization in major cities has undermined traditional acquaintance-based communities, making witness recruitment challenging, rural and township settings may retain greater communal cohesion. However, practitioners lack systematic guidance on adapting this technique to diverse community contexts. If the main problem is family-related conflict, inviting family members is often just as impractical.

Finally, these challenges reveal a wider-scale problem: narrative therapy in China lacks systematized and locally relevant operational standards. Practitioners make use of translated Western texts, causing service quality to lack a shared benchmark and impeding standardized dissemination [6].

2.3. The Personnel Dimension: Structural Deficiencies in the Training System

At the practitioner level, technical difficulties show up as a systematic lack of professional competence, caused by training shortages. Professional development at present depends significantly on sporadic 1 - 3 day workshops about basic theory. This cannot carry out the systematic training required for complex cultural judgment.

To carry out localization, a pair of proficiencies is required: a systematic command of theory and an in-depth understanding of localized cultural psychology. Theoretically strong scholars generally depend on Western reference frames, and seasoned local practitioners are short of systematic narrative theory training. This two-way lack limits training to superficial changes.

Evidently, the absence of a system for supervision work is the most obvious institutional failing. There is an absence of standards and certifications for supervision, and qualified supervisors are very scarce. A significant number of trained practitioners lack the means to navigate technical problems or ethical dilemmas. In conjunction with training that is not in tune with local contexts for the urban unemployed and rural left-behind children, this lack of supervision prevents the conversion of training investments into local clinical proficiency.

2.4. The Institutional Dimension: Structural Constraints of the External Environment

The macro-institutional environment compresses the room for improvement across the preceding aspects. Marginalized in China's mental health and social work policies, narrative therapy is not systematically endorsed. The lack of attention to this policy removes the administrative basis for institutional managers to allocate dedicated money. As a result, frontline workers find that administrative burdens frequently hamper their time and cognitive capacity for systematic learning [5].

In fact, the current social work evaluation in China depends a great deal on quantitative KPIs such as intervention frequency and scale scores. Narrative therapy encourages subtle, non-linear changes such as identity reconstruction and relational transformation that are hard to quantify in the short term. This evaluation

system's only use of quantitative metrics routinely underestimates the qualitative results central to narrative therapy, thus weakening its funding incentives and administrative backing.

Additionally, government-contracted services operate on short-term project cycles, usually 6 - 12 months. Structurally, this goes against narrative therapy's requirement for gradual, sustained relational depth [14]. Services face pressures of project closure before core interventions are fully implemented, significantly squeezing practitioners' chances to build up the deep practical experience required for generating localized operational standards. A top-down administrative demand can put frontline social workers in a structural role conflict scenario. They are supposed to, at the same time, manage social risks for the state and act as advocates opposing oppressive narratives for their clients. Narrative therapy's central obligation to deconstruct dominant discourses, including those advanced by institutional setups, is in direct tension with this mode of governance. As such, social workers trying to activate the emancipatory potential of narrative therapy may encounter not only bureaucratic hurdles but also implicit professional risks. Their advocacy role may be thought of as subverting rather than supporting institutional aims.

2.5. Summary

First, cultural tension acts as the structural root cause. It persistently converts the divergence between individualistic and relational self-conceptions into concrete operational difficulties. It occupies the deepest stratum and cannot be dissolved through piecemeal technical adjustments.

Also, the fragmented training system is the outstanding intermediary mechanism. As it has no supervisory structure, practitioners' experiences of operational failure cannot be dealt with systematically. In light of this, practitioners are not able to collect convincing localized practice achievements, weakening the evidentiary basis of the professional community for institutional reform.

Additionally, institutional constraints act as an external accelerating drive. KPI-based evaluations and short-term project cycles cut off the resources and time needed for technical development and systematic training.

These processes appear to form a self-sustaining loop. Divergent self-conceptions lead to operational problems. Fragmented training leaves these problems unaddressed. The shortage of processed information slows down the progress of institutional change. Absence of change keeps resource shortage going. Resource shortage curbs cultural and technical adaptation work. The underlying cultural tension remains unhandled. This cross-dimensional reinforcement likely renders the impasse to be almost resistant to single-level efforts at breakthrough.

3. Synergistic Pathways Forward

To conquer the self-reproducing structure of localization problems, interventions must work across multiple dimensions at the same time. The countermeasures

offered below are meant to break the particular middle links in the causal mechanisms described above.

3.1. The Cultural Dimension: Advancing the Localization of Core Concepts with the Relational Self as Theoretical Fulcrum

Cultural-level work is the fundamental part of the whole countermeasure system. Without a far-reaching conceptual transformation, technical adjustments lack a stable cultural mooring.

As previously discussed, there is a risk of goal divergence between narrative therapy's individualistic self-concept and Chinese clients' expectations. Simply shifting therapy focus to "relational repair" rather than "individual empowerment" poses an ethical problem. If a client's distress comes from an exploitative family bond, does aiming for relational repair mean accepting an oppressive story?

This paper argues that the theoretical solution is to introduce the "relational self" framework. Rather than importing an alien concept, this activates a dimension already inherent in narrative therapy's social constructionist core [1]. It underlines that individual narrative reconstruction can bring about authentic effects only within and by means of relational networks. This re-conceptualizes narrative sovereignty as something realized and affirmed within social bonds rather than existing a priori independently of them, an emphasis carrying genuine adaptive significance in Chinese culture.

In terms of operation, the relational self-framework suggests that therapeutic success is not determined by a claim of personal independence. Instead, it's based on the client's capacity to understand their place, rights, and responsibilities in relational networks and bring about real-world change. In the process of clinical practice, this framework requires therapists to use careful discrimination. In particular, they have to tell the difference between two essentially different situations. When it is about relational repair that restores a false appearance of calm in a controlling or exploitative relationship, the therapist should help the client critically appraise rather than just fulfill this cultural expectation. When the relational repair actually consists of mutual understanding and an equal re-negotiation, it can be suitably added to therapeutic goals.

To tackle the conflict between the therapist's non-centered position and clients' hopes for authoritative advice, this paper suggests "staged authority borrowing". Taking Zeng's culturally adapted psychotherapy [8] and the precepts of motivational interviewing into account, this strategy suggests meeting clients at their present location metaphorically. In the starting phase, the therapist moderately caters to the client's expectation of an expert role, creating trust through clarifying the structure and giving information. When the relationship stabilizes, the therapist progressively restores the dialogic initiative to the client by means of well-planned questioning. To keep this from degenerating into an authoritarian way of treating the issue, the staged authority borrowing should be transparent via communication and have a well-defined exit strategy. However, practitioners require inten-

sive training to distinguish between temporary authority borrowing and inadvertent reinforcement of hierarchical dynamics, a distinction that remains difficult in practice.

Actually, traditional Chinese cultural resources give accessible materials for localization [15]. To give an example, the yin-yang philosophy matches narrative therapy's logic of finding prospects within difficulties. Chan Buddhist wisdom can help clients create a new, non-confrontational attitude to problems. However, integration is in need of critical reflexivity. Confucian filial piety, for example, can function as a positive connective narrative or an oppressive one; uncritical incorporation risks turning the therapist into a reinforcer of authoritative narratives, directly contradicting narrative therapy's postmodern core.

3.2. The Technical Dimension: Developing a Localized Operational System Responsive to Cultural Difficulties

Conceptual alterations need to be converted into specific technical tools to break the middle link of cultural problems and technical failures. Taking from Bernal *et al.*'s ecological validity framework [10], we propose developing localized operational modules.

Initially, the "face" (*mianzi*) mechanism calls for targeted therapeutic protocols. Drawing on Zeng [8], we propose a framework involving face recognition for discerning its role in the dominant narrative, face deconstruction for examining its constructive process and costs without directly challenging face itself, and face reconstruction for exploring new narrative pathways while protecting core dignity.

Second, because individual rewriting is often intertwined with family dynamics, localized family narrative techniques should be developed. Those may include seeing problems as common family predicaments rather than individual flaws, or finding latent resilience passed down across generations. Exploratory research on shidu parents [16] and rural left-behind children [17] provides valuable but context-specific references for this.

Third, regarding the outsider witness technique, practitioners must sequentially develop witnessing resources such as endogenous community organizations, mutual aid groups, and cultural activities tailored to the actual organizational forms of China's grassroots communities. Beyond individual case settings, the outsider witness technique carries significant potential for integration with community-level social work practice. Social workers can deliberately cultivate narrative communities such as mutual support groups for individuals with chronic illness, single-parent families, or marginalized youth, thereby transforming individual therapeutic encounters into collective platforms for mutual empowerment and community advocacy. This integration represents a promising avenue for bridging micro-level narrative practice with the macro-level change orientation central to the social work mission.

Fourth, acknowledging that metaphor efficacy relies on culturally shared meaning, we recommend establishing a dynamic, co-constructed metaphor practice

knowledge base. This platform should not take the form of a static dictionary. It would collect practitioners' experiences of successful and failed metaphor usage with natural imagery and common-day metaphors, sorted by cultural origin and the served group. To ensure quality, submissions should include client feedback and outcome indicators. This is a surface-level, metaphor-based linguistic change that gives culturally well-matched tools without upsetting core theoretical doctrines.

Eventually, a systematic and location-tailored operational manual should be put together, with different versions for counseling psychology and social work. The manual is expected to have main localized techniques, methods to tackle cultural resistance, and typical dialogue examples, updated dynamically based on front-line feedback.

3.3. The Personnel Dimension: Restructuring the Training System and Establishing a Supervisory Mechanism

Personnel-level reform is a vital measure for breaking the fragmented training system with long-lasting technical problems.

For formal education, universities should methodically incorporate narrative therapy localization modules into social work and psychology curricula. The intention is to develop practitioners with a systematic theoretical grounding in narrative therapy and an in-depth understanding of localized cultural psychology.

At the professional training stage, the fragmented system should be formed into a three-tier certification system: (1) learning core principles and techniques effectively, (2) undergoing supervision for local cases with an emphasis on cultural understanding, and (3) building systematic innovation and supervisory competencies. At all educational levels, materials in Chinese contexts are required to cut down on dependence on Western texts [4]. Continuing education should make use of credit systems and online tools to reach practitioners in far-off places.

To address the shortage of faculty with dual competencies, we should select well-accomplished local practitioners for systematic narrative training, highlighting the critical dialogue between local experience and Western theory. Besides, a structured mentorship model that specifies supervision frequency, evaluation criteria, and duration must be set up to make the transfer of practical knowledge provable.

Essentially, putting in place a supervisory system is the direct measure to tackle the fragmented training system's inability to process failure experiences. Professional associations are required to formulate supervisory standards, ethical guidelines, and credentialing routes. When group, individual, and online supervision are put together, geographic resource disparities will be gradually mitigated. Practitioners can accumulate the practical evidence needed to bring about institutional reform only under systematic supervision.

Besides regular training, a professional community of practice is key. Regular case discussions, journal columns, and e-newsletters [18] are able to change dispersed practical experiences into shareable knowledge.

3.4. The Institutional Dimension: Creating External Conditions for the Sustained Advancement of Localization

Institutional reform eases the external constraints that compress the improvement space in other dimensions. Though it generally has a long implementation process, several directional judgments can direct policy promotion.

Before campaigning for more inclusive policy acknowledgement, the social work profession must deal with the role conflict in government-contracted service delivery. In particular, an evidence-based case should be put forth. Letting clients reconstruct oppressive narratives and develop relational agency obviously helps achieve long-term social stability and community resilience outcomes that match, not conflict with, governance objectives. This re-framing is a condition for creating an institutional space in which social workers can make use of narrative therapy's emancipatory potential without professional risk.

First, incorporating narrative therapy as a recommended intervention requires a sufficient accumulation of verifiable localized outcomes. Until this empirical foundation strengthens, professional associations should prioritize developing basic standards and ethical guidelines for narrative services, laying the groundwork for subsequent policy recognition.

Secondly, we must take care of the dominance of KPI-driven quantitative evaluation. According to the relational self framework, qualitative outcomes like narrative change, relational pattern transformation, and identity reconstruction should be formally acknowledged as valid evidence of effectiveness. At once, localized outcome evaluation tools with context-specific traits of China have to be developed and validated [18]. Extending evaluations from outcome-only to process assessment is also important to note phased therapeutic progress.

Third, to solve the time misalignment between short project cycles and long-term intervention requirements, three adjustments are needed. Make standard narrative therapy project cycles last over one year to allow longitudinal tracking. Bringing in flexible indicators that give heavy weight to process and client self-reports. Make a separation between in-depth case intervention and universal promotion projects to stop uniform quantitative metrics from having a negative impact on the quality of in-depth services.

Finally, institutions have to turn policy improvements into real-world support. They ought to reserve special training funds, lower administrative burdens to make sure front-line workers can do in-depth casework, and develop an organizational culture that respects client narratives and professional rumination [5], allowing the humanistic spirit of narrative therapy to spread through daily practice.

4. Research Limitations, Risk Prevention, and Future Research Directions

4.1. Research Limitations

The main limitations of this study are presented below.

There is a preference for theoretical deduction rather than empirical data. In

this paper, the analysis of localization difficulties mainly comes from literature review and theoretical inference instead of systematic empirical investigation. Assertions about how cultural factors affect clients' psychological responses are logical deductions based on existing cultural theory, not empirical accounts of real-world clinical processes. The latter needs to be obtained through interview studies or process research on narrative therapy sessions, which is a key task for future research. With respect to the cited localized practice studies, for example, dissertations and single-case reports, the paper has pointed out their evidentiary level in the text and used prudent wording. Nevertheless, the logical risk of using case studies from specific contexts to support broad claims about localization difficulties remains and must be acknowledged.

Second, the framework construction lacks sufficient transparency. The four dimensions of culture, technique, personnel, and institutions were derived from a subjective categorization of recurrent contradictions in the literature. The comprehensiveness and logical exclusivity of this categorization have not been adequately demonstrated. The traceability of the framework construction process remains limited; this deficiency awaits compensation in subsequent research through more systematic methods. For example, employing multi-case comparative research or quasi-experimental designs to validate the three-mechanism framework proposed in this paper, or further clarifying the scope and boundaries of each dimension through a systematic review.

Third, the analysis remains largely at the descriptive level. The analysis of the mutually reinforcing relationships among the three mechanisms currently constitutes inferential description at the level of theoretical hypothesis; the causal relationships, relative weights, and dynamic change processes among the dimensions have not been rigorously demonstrated, awaiting more refined theoretical analysis and empirical examination in future research.

Although cultural diversity is noted in certain specific discussions like the explanation of variations in fatalistic beliefs in Section 2.1, at the overall framework level, this paper still treats Chinese culture to a considerable extent as a homogeneous whole, with insufficient attention to cultural differences across dimensions such as urban-rural divides, and generational cohorts. Consequently, the proposed adaptations may require substantial modification when applied to specific sub-populations.

4.2. Basic Principles for Risk Prevention

The legitimacy of localization derives from enabling the core spirit of narrative therapy to produce genuine therapeutic effects in China's cultural soil, not from abandoning fundamental positions such as depathologization, externalization, and client subjectivity to accommodate local habits [19]. This principle resonates directly with the staged authority borrowing proposed in Section 3.1 and the discussion of the dual nature of filial piety in Section 3.1. The purpose of staged borrowing of authority is ultimately to return initiative to the client, not to permanently strengthen authority relationships; the uncritical use of filial piety narra-

tives may transform the therapist from a questioner of oppressive family structures into their reinforcer, standing in direct contradiction to the aforementioned baseline principle.

Establishing tiered quality monitoring. Once the localization training system is initiated, the tension between scale expansion and quality assurance will become apparent. Supporting quality monitoring mechanisms should be established at the outset, covering institutional qualification accreditation, faculty background review, curriculum content verification, and trainee assessment; in the supervision domain, access standards and peer review systems should be established to prevent nominal supervision from becoming a mere formality.

Adopting a pilot-first, gradual rollout strategy. Given the dual constraints of funding limitations and institutional inertia, priority should be given to launching pilots in representative cities and institutions, concentrating resources on technical module development and supervisory system construction, accumulating demonstrable outcome evidence, and then forming replicable experience templates for gradual expansion. This strategy also helps avoid the Matthew effect, preventing the concentration of resources in already well-resourced institutions, which would further marginalize underserved regions through equitable pilot site selection criteria.

Making ethical standards development a preliminary task. The potential for causing secondary harm to clients when deconstructing family authority narratives and the risk of forming new suppressions of client autonomy under the guise of cultural norms represent real ethical risks in the localization process. The development of ethical standards and the cultivation of practitioners' ethical awareness should serve as prerequisites for advancing all work, rather than post hoc remedial measures.

4.3. Future Research Directions

The analytical framework of this paper provides a foundation for the following three research orientations, organized in a logical sequence from basic research to applied research to comparative and dissemination research.

In terms of basic research, future studies should first conduct a systematic assessment of the current state of localization challenges. By conducting questionnaire surveys and in-depth interviews with narrative therapy practitioners, researchers can carry out a data-based, systematic assessment of the types, distribution, and severity of difficulties, replacing the current method that mainly depends on literature inference. Through qualitative research on clients' therapeutic experiences, we directly collect first-hand data on cultural misalignment manifestations to provide empirical support or make revisions to the inferential descriptions in this paper. Second, carry out an empirical validation of the local applicability of the relational self framework. By conducting discourse analysis of narrative therapy sessions, researchers can examine whether treatment dialogues reconstructing self-narrative within relational networks and traditional narrative

therapy dialogues centered on individual narrative sovereignty exhibit observable differences in clients' localized responses, and appraise the clinical outcomes of staged authority borrowing. Next, multi-case comparative research or quasi-experimental designs should be used to systematically verify the three-mechanism framework put forward in this paper.

At the applied research level, future studies ought to use action research methods to methodically build, test-run, and improve localized operational modules in different localized service situations. Moreover, they should encourage the development and reliability and validity testing of localized outcome evaluation tools to solve the current gap in measurement instruments. In fact, participatory action research designs are well-fitted to the social work context, as they generate locally-based knowledge and build practitioner ability at the same time. Future studies should look into how narrative therapy can be combined with community development and group work interventions. Special focus should be on whether collective narrative practices can act as mediums for community advocacy and structural change, an area not well-studied in Chinese social work literature.

For comparative and dissemination research, other Chinese-speaking regions have accumulated substantial experience in the localization of narrative therapy. A comparative analysis of localization methods in different Chinese cultural contexts can help identify which adaptation strategies are cross-contextually effective and which are highly context-bound. Lessons drawn from these comparisons can give empirical support for the design of pilot expansion and diffusion plans.

5. Conclusions

Narrative therapy has been disseminated in China for over two decades, yet a considerable distance remains between theoretical recognition and its substantive embedding in actual practice. The central thesis of this paper is that this distance is not just an accumulation of different difficulties. A theoretical framework can explain it, with cultural tension as the structural root cause, fragmented training as the important intermediary, and institutional constraint as the external accelerator. The three mechanisms are interlocked, giving the difficulties a certain self-reproducing quality. For this very reason, any improvement measures restricted to a single dimension are likely to be nullified by counteracting pressures from other levels, failing to really address the structural roots of the impasse.

As a result of this mechanism analysis, the paper recommends synergistic channels to disrupt the knowledge reproduction of difficulties. At the cultural dimension, the relational self-acts as the theoretical support base, making the social-constructionist core of narrative therapy in the Chinese cultural context prominent, and looking into the probability of individual narrative reconstruction in relational networks. Staged authority borrowing is employed to negotiate the gap between authority expectations and the decentered stance, but transparent communication, clear exit signals, and sustained risk monitoring are required to prevent misuse as authoritarian treatment; traditional cultural resources are critically

integrated, with the baseline principle of adherence to the three core principles serving as the fundamental criterion for integration boundaries. At the technical level, operational modules responsive to localized service contexts are developed, and a dynamic metaphor practice knowledge base is established, with Bernal *et al.*'s ecological validity framework is used as the methodological reference for levels of adaptation. Surface-level and deep adaptation measures must be clearly distinguished because they differ in nature and mechanism and demand separate design. At the personnel level, a stratified training system that combines formal education and supervised certification is set up. Building a supervisory system is the key to breaking the transmission chain of difficulties. Meanwhile, the community of practice is an important way to operate the dynamic metaphor knowledge base. At the institutional level, priority is assigned to the development of professional standards. The reform of the evaluation system is made to fit in with the outcome indicators of the relational self-framework. After a certain practice accumulation is in the works, policy recognition is advanced steadily.

The paper accepts that the self-reproducing difficulties mechanism constitutes a theoretical hypothesis framework, not a proven fact. The claims about the effect of cultural factors on clinical processes are logical inferences based on cultural theory. The accuracy of the related frameworks and the effectiveness of the offered countermeasures await joint testing and refinement. Priority should be given to basic research validating the three-mechanism framework, followed by applied research testing localized operational modules, with comparative research across Chinese-speaking regions conducted in parallel to identify context-specific versus generalizable adaptations.

From a wider standpoint, the localization of narrative therapy is part of a continuous interaction between Western psycho-therapeutic approaches and local practice in China. It provides an important chance to construct local professional knowledge in mental health services and social work. Ultimately, for the social work profession, the localization of narrative therapy is not merely about acquiring a new clinical technique; it represents a professional commitment to centering the perspectives and agency of vulnerable populations and resisting their structural marginalization within a society undergoing rapid socioeconomic transformation. Fidelity to narrative therapy's postmodern core and the development of knowledge systems genuinely rooted in localized culture and practice are not opposing endeavors; rather, they constitute the complementary internal forces driving the sustained growth of this discipline.

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Conflicts of Interest

The author declares no conflicts of interest.

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