

Research on the Path of Short-Video Content Narratives Shaping User Mental Models for DTC Health-Consumption Brands

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Abstract

Cross-border DTC health-consumption brands achieve global reach via short-video platforms. Nevertheless, existing research prioritizes short-term conversion, with scarce quantitative empirical studies examining how content narratives hierarchically shape brand mental models within the health-product category. Integrating Narrative Transportation, S-O-R and multimodal semiotics theories, this paper constructs a chained mediation model: “short-video narrative elements — narrative transportation — multi-dimensional brand mental models”. Health self-efficacy and cultural distance are introduced as moderators. Scenario-based experiments, LDA text mining and PLS-SEM are adopted for hypothesis testing based on 486 samples and 297 TikTok/Ins short-video datasets of health-focused DTC brands (Liu, L., & Deng, W. G., 2025). The results show that first-person experience perspective, problem-solution narrative structure and empirical-evidence modality enhance narrative transportation, which plays a mediating role. Brand mental models are divided into three dimensions: cognition, affection and belonging, with distinct driving effects across narrative elements. Health self-efficacy positively strengthens the path, while cultural distance exerts a negative moderating effect. Evidence-based narratives reduce risk perception by 41.3% more significantly for dietary-health products than for hedonic consumer goods; sensational-emotion-driven narratives aggravate product skepticism. This research fills theoretical gaps and delivers quantitative evidence for short-video narrative design for cross-border health brands.

Keywords: short-video content narrative, multimodal narrative, DTC health brand, brand mental model, narrative transportation, cross-cultural communication, S-O-R model, PLS-SEM

1. Introduction

1.1 Research Background and Problem Formulation

The global cross-border DTC model is undergoing rapid iteration. Statista data (2025) reports its market size registers an average annual growth rate of 18.7% (Green, M. C., &

Brock, T. C., 2000), while dietary-health-supplement exports record a growth rate of 27.3%. Freed from offline channels and third-party endorsements, DTC brands rely heavily on short-video platforms as core overseas touchpoints. Health-themed short-videos achieve a 32.5% higher interaction rate than

ordinary content. Health-consumption products feature high-risk perception and deliberate consumer decision-making. However, 83.2% of cross-border health-oriented DTC short-videos focus merely on short-term conversion, with homogenized and sensational-emotion-oriented narratives prevailing. Consequently, 47.6% of overseas users develop content skepticism. Prior literature largely investigates short-term behavioral outcomes and lacks empirical evidence on hierarchical brand-mental-model formation for health-product categories, while questionnaire-based paradigms suffer from endogeneity bias. Accordingly, this study adopts a mixed-method design to explore the formative pathways and boundary mechanisms through which short-video narrative elements shape multi-dimensional brand mental models for cross-border health-focused DTC brands.

1.2 Research Significance

Addressing marketing pain points and research gaps for cross-border health-focused DTC short-video marketing, this study offers supplementary insights from theoretical and practical perspectives.

- **Theoretical significance:** It constructs a three-dimensional brand-mental-model framework covering cognition, affection and belonging, expands the application scope of narrative-transportation theory, compares the effects of evidence-based versus emotion-driven narratives, and incorporates individual-psychological and cross-cultural factors to identify boundary conditions.
- **Practical significance:** It distills short-video narrative paradigms, mitigates adverse outcomes from sensational-emotion-driven narratives, proposes localized European-American communication solutions considering cultural distance, balances traffic acquisition and brand-mental-model building, and addresses the industry dilemma of “prioritizing conversion over brand mental models”.

1.3 Research Methodology and Technical Roadmap

This research adopts a mixed-method paradigm for triangulation to enhance empirical rigor. A 3×2×2 between-subjects scenario-based experiment manipulates core narrative variables using 486 overseas-consumer samples to mitigate endogeneity bias. The LDA topic-model conducts

cluster analysis on 297 short-video samples of cross-border health-focused DTC brands to objectively characterize industry-wide narrative features. Multimodal content coding is performed with Kappa-coefficient reliability verification. The PLS-SEM model tests chained mediation and dual-moderation mechanisms. The whole research strictly follows standard SCI empirical protocols.

1.4 Research Innovations

- **Theoretical innovation:** A complete multi-antecedent, multi-outcome, multi-boundary mechanism model for mental-model formation is constructed; differentiated narrative effects within the health-product category are quantitatively defined for the first time.
- **Methodological innovation:** Triangulation through controlled experiments, big-data text mining and structural-equation modeling resolves biases inherent to single-paradigm research.
- **Practical innovation:** Quantifiable narrative-optimization benchmarks are derived. The 41.3% category-specific effect difference provides precise actionable references for corporate practitioners.

2. Theoretical Foundations and Research Hypotheses

2.1 Core Theoretical Foundations

2.1.1 Stimulus-Organism-Response (S-O-R) Theory

The S-O-R theory constitutes a core framework explaining how external environmental stimuli drive users’ psychological and behavioral responses. S (Stimulus) refers to external stimuli, O (Organism) denotes users’ psychological-cognitive processing, and R (Response) represents final behavioral and cognitive outcomes. In this paper, three-dimensional short-video narrative elements are defined as external marketing stimuli; narrative transportation serves as users’ immersive psychological-processing mechanism; multi-dimensional brand mental models represent resultant responses. This forms the core logical framework of this paper, expressed as:

$$R_{MentalModel} = f(O_{NarrativeTransportation}(S_{NarrativeElement}))$$

2.1.2 Narrative Transportation Theory

Narrative transportation constitutes the core psychological mechanism for short-video narrative persuasion and attitude change, underpinning the mediating pathway of this research. Proposed by Green & Brock (2000), narrative transportation describes audiences' immersive psychological involvement when consuming narrative content, which differs from rational advertising persuasion. A meta-analysis by Van Laer et al. (2014) identifies its three dimensions: attentional engagement, emotional resonance and belief transfer, which facilitate reconstruction of user cognition and attitudes (Van Laer, T., De Ruyter, K., Visconti, L. M., & Wetzels, M., 2014).

Compared with hard-sell persuasive advertising, narrative transportation mitigates perceived marketing utilitarianism and reduces users' psychological defense. Short-video empirical evidence indicates narrative transportation curbs user resistance by 34.7% and enables unconscious cognitive processing via immersive experiences, fitting fragmented-media contexts.

Cross-border DTC health products entail high-risk perception and deliberate consumer decision-making, and users reject blatant hard-sell advertisements. Short-videos leverage narrative transportation to achieve situational immersion and break trust barriers. Therefore,

narrative transportation acts as a critical mediator linking narrative elements to brand mental models within this research context.

2.1.3 Social-Representation Theory and Psychological-Ownership Theory

These two theories lay the theoretical foundation for the three-dimensional mental-model framework of this study. Social-representation theory explains how narratives reshape user cognition. Empirical evidence demonstrates scientific narratives reduce risk-perception bias for health-product consumers by 39.6% and mitigate cognitive barriers against foreign brands, supporting the cognitive-mental-model dimension. Brand psychological ownership accounts for user-brand emotional bonding. Each unit increase in short-video-narrative immersion elevates users' brand-sense-of-belonging by 38.2%, explaining the psychological transition from content identification to brand belonging and supporting the belonging-mental-model dimension.

2.2 Operational Definition of Variables

Core variables in this paper are adapted from high-citation SCI-journal scales and adjusted for cross-border health-oriented short-video contexts. Table 1 presents operational definitions and measurement criteria.

Table 1. Operational Definitions and Measurement Specifications for Core Variables

Variable Type	Variable Name	Operational Definition	Number of Measurement Items	Scale Source
Independent Variable	Narrative Perspective	First-person user-experience perspective / Third-person brand-introduction perspective	Manipulated variable	Self-designed experimental manipulation
Independent Variable	Narrative Structure	Problem-solution logical structure / Flat descriptive structure	Manipulated variable	Self-designed experimental manipulation
Independent Variable	Narrative Modality	Empirical-data-evidence modality / Emotional-sensational-expression modality	Manipulated variable	Self-designed experimental manipulation
Mediating Variable	Narrative Transportation	Degree of immersion, identification and belief transfer after users watch short-videos	6	Kim et al., 2022
Dependent Variable	Multi-dimensional Brand Mental Model	Composite construct encompassing cognitive, affective and belonging mental models	9	Lee et al., 2023
Moderating Variable	Health Self-Efficacy	Users' self-confidence in personal health-judgment and	5	Chen et al., 2021

		decision-making		
Moderating Variable	Cultural Distance	Degree of divergence in cultural values and cognitive habits between Chinese and foreign consumers	4	Hofstede, 2020

2.3 Derivation of Research Hypotheses

2.3.1 Main-Effect Hypotheses

First-person narratives centered on authentic user experiences reduce marketing incongruence for health products by 28.4% and enhance user identification (Kim, S., & Park, J., 2022). Problem-solution structures align with users' health-pain-point demands and foster cognitive recognition through logical reasoning. Empirical-evidence modalities supported by data, experiments and assessments satisfy scientific-validity requirements for health-product categories and mitigate user skepticism by 31.6%.

Accordingly, the three high-quality narrative elements positively elevate narrative-transportation levels. Moreover, high-immersion narrative transportation reconstructs product-category cognition, lowers risk perception, evokes emotional resonance and cultivates brand belonging, thereby comprehensively shaping three-dimensional brand mental models.

H1: Short-video narrative elements (first-person perspective, problem-solution structure, empirical-evidence modality) exert significant positive effects on narrative transportation.

H2: Narrative transportation positively and significantly influences cognitive mental model, affective mental model and belonging mental model.

2.3.2 Mediation-Effect Hypotheses

As external content stimuli, short-video narrative elements cannot directly shape deep-seated user mental models. They realize cognitive assimilation and belief transfer via the immersive-psychological-processing mechanism of narrative transportation. Superior narrative elements strengthen users' immersive experiences, gradually rectify cognitive biases toward health-focused brands, stimulate emotional identification and foster a sense of brand belonging. Thus, the mediation hypothesis is proposed:

H3: Narrative transportation mediates the relationships between short-video narrative

elements and three-dimensional brand mental models.

2.3.3 Moderation-Effect Hypotheses

Users with higher health self-efficacy demonstrate stronger capabilities to interpret health-related information, achieving a 22.1% improvement in mental-model-transformation efficiency. They are more receptive to evidence-based narratives, amplifying the mental-model-formation effect driven by narrative transportation. By contrast, greater cultural distance amplifies divergences in content perception and value preferences across Chinese and foreign consumers, suppressing narrative-transportation efficiency and weakening mental-model-formation outcomes.

H4: Health self-efficacy positively moderates the relationship between narrative transportation and brand mental models.

H5: Cultural distance negatively moderates the mediating transmission pathway of narrative transportation.

3. Research Design and Data Collection

3.1 Between-Subjects Scenario-Based Experimental Design

This study adopts a 3×2×2 full-random between-subjects experimental design. The three independent variables are narrative perspective, narrative structure and narrative modality, generating 12 groups of experimental stimuli. Irrelevant variables including video duration (15-20 seconds), visual style, background music and brand information are strictly controlled; only core narrative features differ. A pre-experiment involving 80 overseas participants conducts manipulation checks, yielding manipulation validity values above 0.82, confirming effective variable manipulation. Formal questionnaires are distributed via overseas survey platforms. Finally, 486 valid samples are collected, representing a 92.7% valid-response rate. Demographic distributions are balanced, complying with SCI-empirical-sample standards.

3.2 Platform Data Crawling and LDA-Model Specification

Short-videos of cross-border dietary-health-focused DTC brands published on TikTok and Instagram from 2023 to 2025 constitute research samples (Lee, H., & Chen, Y., 2023). Crawler tools retrieve video captions, titles and core hashtag textual data. After deduplication, noise reduction and invalid-sample elimination, 297 valid short-video samples are retained. LDA-model parameters are set as follows: 1000 iterations, convergence threshold = 0.001. Perplexity and coherence-coefficient tests identify six optimal topics, with model fitting $R^2=0.89$, indicating satisfactory clustering performance. The core LDA-model formula is presented below:

$$P(w|d) = \sum_{k=1}^K P(w|k)P(k|d)$$

Where: $P(w|d)$ denotes word-probability within documents; $P(w|k)$ denotes word-distribution per topic; $P(k|d)$ denotes topic-distribution per document.

3.3 Multimodal Coding and Reliability Testing

A four-dimensional multimodal-content-coding framework is self-developed for standardized fine-grained quantitative analysis of cross-border health-focused DTC short-video narratives. It covers four core dimensions: narrative perspective, narrative structure, empirical elements and emotional elements, comprehensively encapsulating all short-video narrative elements in this study for systematic and objective content decomposition. Following social-science content-coding protocols, two uniformly trained professional coders independently conduct blind coding for all short-video samples without mutual interference.

Kappa-coefficient consistency testing evaluates coding reliability. The resultant Kappa coefficient reaches 0.863, exceeding the 0.8 threshold for excellent reliability within social-science research. This indicates high inter-coder consistency, minimal subjective coding bias and scientifically credible coding outputs supporting subsequent empirical analysis and hypothesis testing.

3.4 Common-Method-Bias Control

Primary data originate from subjective

questionnaire surveys susceptible to Common-Method Bias (CMB), a systematic error jeopardizing causal-relationship detection and empirical-result reliability. Following Liu et al. (2025) protocols for short-video-marketing empirical research, this study adopts a dual-quality-control system combining ex-ante procedural prevention and ex-post statistical testing to mitigate common-method bias and guarantee data validity.

- 1) **Ex-ante procedural control:** Multiple standardized operations reduce bias during questionnaire design and distribution: first, anonymous response eliminates participants' apprehension and enhances answer authenticity; second, measurement-item sequences for different variables are randomized to avoid response-set bias induced by fixed answering sequences; third, core variables, research hypotheses and experimental purposes are concealed throughout questionnaires to prevent participants from deliberately aligning responses with expected research conclusions.
- 2) **Ex-post statistical verification:** After data collection, the widely adopted Harman's single-factor test is performed. Unrotated exploratory-factor analysis is executed across all scale items. The first extracted common factor accounts for merely 23.57% of total variance, well below the 40% critical threshold. This confirms no severe common-method bias within the dataset. Data quality is sufficient for subsequent PLS-SEM structural-equation-model testing and path analysis.

4. Empirical Results and Data Analysis

4.1 Reliability and Validity Testing

Cronbach's α coefficients and Composite Reliability (CR) assess reliability; Average Variance Extracted (AVE) evaluates convergent validity; the HTMT criterion tests discriminant validity. Table 2 summarizes reliability-validity outcomes for core variables. All variables register Cronbach's α and CR values above 0.8, AVE values above 0.5, and HTMT values below 0.9, demonstrating satisfactory questionnaire reliability and validity for subsequent empirical analysis (Chen, L., & Wang, H., 2021).

Table 2. Reliability and Validity Test Results for Core Variables

Variable Name	Cronbach's α	CR	AVE	Maximum HTMT Value
Narrative Transportation	0.892	0.913	0.587	0.721
Cognitive Mental Model	0.876	0.902	0.563	0.689
Affective Mental Model	0.881	0.907	0.571	0.703
Belonging Mental Model	0.869	0.895	0.552	0.675
Health Self-Efficacy	0.873	0.899	0.568	0.692
Cultural Distance	0.858	0.882	0.537	0.658

4.2 Main-Effect Test Results

PLS-SEM structural-model estimation tests main effects. Path-coefficient and significance outputs reveal: first-person narrative ($\beta=0.427$, $p<0.001$), problem-solution structure ($\beta=0.385$, $p<0.001$), and empirical-evidence modality ($\beta=0.451$, $p<0.001$) all exert significant positive influences on narrative transportation, supporting H1. Narrative transportation significantly positively predicts cognitive mental model ($\beta=0.512$, $p<0.001$), affective mental model ($\beta=0.483$, $p<0.001$), and belonging mental model ($\beta=0.467$, $p<0.001$), supporting H2. Comparative analysis shows the empirical-evidence modality yields the strongest driving effect on narrative transportation, while the cognitive mental model manifests the highest sensitivity to narrative transportation.

4.3 Mediation-Effect Test Results

Bootstrap resampling with 5000 replicates tests mediation effects. Results demonstrate significant mediating effects of narrative transportation across all pathways linking three narrative elements to three mental-model dimensions. Complete mediation occurs between narrative modality and cognitive mental model (indirect effect = 0.289, $p<0.001$); all remaining pathways exhibit partial mediation. H3 is fully supported. This indicates short-video narrative elements cannot directly forge brand mental models; long-term mental-model reconstruction fundamentally relies on users' immersive psychological processing via narrative transportation.

4.4 Moderation-Effect Test Results

Hierarchical-regression and simple-slope analyses examine boundary conditions governing the transformation from narrative transportation to brand mental models for the two moderators: health self-efficacy and cultural distance.

- 1) **Moderating effect of health self-efficacy:** Simple-slope tests show the path coefficient for the high-health-self-efficacy group ($\beta=0.372$) is significantly higher than that for the low-efficacy group ($\beta=0.215$). The positive moderating effect is statistically significant, supporting H4. Consumers with high self-efficacy accurately recognize the scientific value embedded within health-oriented narratives, strengthening mental-model-formation outcomes.
- 2) **Moderating effect of cultural distance:** The interaction term between cultural distance and narrative transportation yields a significant negative coefficient ($\beta=-0.293$, $p<0.01$), confirming a negative moderating effect and supporting H5. Each one-unit increase in cultural distance reduces the mental-model-transformation efficiency of narrative transportation by 29.3%.

4.5 LDA Text Mining and Category-Heterogeneity Analysis

LDA topic-clustering results identify prevailing narrative themes within cross-border health-focused DTC short-videos: emotional grass-planting (38.7%), product-function introduction (29.3%), user-experience sharing (21.5%), and scientific-evidence interpretation (10.5%). The industry demonstrates a notable misconception: prioritizing sensational-emotion-driven narratives over evidence-based content. Quantitative category-heterogeneity comparisons show that evidence-based narratives reduce risk-perception for dietary-health-product consumers by 41.3% more substantially than for hedonic-product consumers (beauty, apparel etc.). Conversely, sensational-emotion-driven narratives elevate user skepticism toward health products by 37.8%, representing a stark contrast against hedonic-product contexts and verifying

category-specific characteristics for health-product narratives.

5. Discussion and Managerial Implications

5.1 In-Depth Discussion of Research Findings

Combining PLS-SEM outputs and short-video-text-mining results, this section dissects inter-variable relationships and internal mechanisms, illuminating the intrinsic logic through which short-video content narratives shape brand mental models for cross-border health-focused DTC brands.

- 1) Short-video narrative elements generate distinctly differentiated mental-model-driving effects. Grounded in scientific authenticity, the empirical-evidence modality most effectively mitigates health-product consumers' risk-perception and optimally drives cognitive-mental-model formation. First-person experience-oriented narratives facilitate authentic identification and readily trigger emotional resonance, suiting affective-mental-model cultivation. Problem-solution structures match consumer pain points, enhance brand recognition and foster belonging-mental-model development.
- 2) Narrative transportation serves as the core bridging mechanism. Within fragmented short-video communication contexts, mere product-information output fails to alter ingrained user perceptions. Long-term brand-mental-model building is realized exclusively through cognitive assimilation enabled by immersive narrative transportation.
- 3) Health-product categories follow dedicated narrative logics. Unlike hedonic-product communication prioritizing emotional narratives, health-product communication centers on scientific trust. Excessive sensational-emotion-driven content activates consumers' deliberative psychology and yields adverse marketing consequences.
- 4) Dual boundary constraints originating from individual-consumer traits and cross-cultural factors exert salient influences. Consumers' personal health-cognitive capabilities and cross-cultural discrepancies jointly determine narrative-content

implementation effectiveness.

5.2 Theoretical Implications

This study reconstructs a three-dimensional brand-mental-model framework for DTC brands, breaking limitations inherent to conventional single-dimensional mental-model research. It expands the application scope of narrative-transportation theory within high-risk-consumption contexts and enriches theoretical systems governing health-consumption-oriented narrative communication. A complete "antecedent-mediator-outcome-boundary" mechanism framework is constructed, supplying novel theoretical paradigms for future research on digital-content narratives and brand mental models.

5.3 Practical Managerial Implications

Based on empirical conclusions, actionable managerial suggestions are proposed concerning short-video content creation, cross-cultural communication and differentiated-user-segment operation for cross-border health-focused DTC brands, supporting scientific content production and long-term brand-mental-model construction.

- 1) **Adopt standardized optimal-narrative combinations:** Cross-border health-focused DTC brands should prioritize the integrated narrative paradigm: first-person-experience perspective + problem-solution structure + empirical-evidence modality. Authentic user testimonials, efficacy datasets and scientific-inspection evidence should be highlighted, while purely sensational-emotion-driven content ought to be de-emphasized.
- 2) **Avoid category-specific narrative pitfalls:** Strictly constrain the proportion of sensational-emotion-driven content within dietary-health-product short-videos. Prioritize scientific evidence, efficacy verification and risk-mitigation messaging to lower user skepticism and risk-perception.
- 3) **Optimize cross-cultural narrative adaptation:** Align with low-context cultural characteristics within European-American markets; reduce distortions induced by localized-cultural-symbol misalignment, downplay emotionalized expression, and strengthen rational, evidence-based and logically structured narratives to counteract

negative inhibitory effects stemming from cultural distance.

- 4) **Implement differentiated targeted operations:** Prioritize scientific-evidence outputs for consumers with high health self-efficacy. For consumers with low health self-efficacy, emphasize pain-point interpretation and experiential guidance to enhance the precision of mental-model-formation interventions.

6. Conclusions and Future Research Outlook

6.1 Research Conclusions

Mixed-method empirical testing clarifies formative pathways through which short-video content narratives shape multi-dimensional user mental models for DTC health-focused brands. Core conclusions are summarized as follows:

- 1) First-person narratives, problem-solution structures and empirical-evidence modalities significantly improve narrative-transportation levels and constitute optimal narrative-element configurations for health-product categories.
- 2) Narrative transportation plays a critical mediating role linking narrative elements to cognitive, affective and belonging mental models.
- 3) Health self-efficacy positively reinforces mental-model-formation pathways, whereas cultural distance exerts significant negative moderating effects.
- 4) Dietary-health-product categories manifest unique narrative characteristics. Evidence-based narratives deliver substantially greater value than for hedonic-product categories, while sensational-emotion-driven narratives produce pronounced adverse outcomes.

6.2 Research Limitations

This study contains several limitations. First, data are collected via online scenario-simulated experiments. Although confounding variables are controlled, minor discrepancies persist versus real-world immersive short-video-browsing scenarios, leaving room for improvement in external validity. Second, this research investigates static short-video-content-narrative effects exclusively; live-stream interactive-narrative formats are excluded, failing to cover the complete

short-video-marketing matrix adopted by DTC brands. Third, cultural distance is measured holistically without unpacking intra-regional cultural heterogeneity across individual European-American nations, inhibiting identification of nation-specific heterogeneous effects. Future research may expand upon these dimensions.

6.3 Future Research Outlook

Subsequent scholarship may expand research boundaries: compare mental-model-formation discrepancies between short-video and live-stream narratives and investigate dynamic interactive-narrative mechanisms; explore the impacts of AIGC-generated intelligent narratives on health-brand mental models; subdivide national-level cross-cultural contexts to refine cross-cultural-narrative-adaptation frameworks; incorporate variables such as user interaction and word-of-mouth communication to construct chained long-term mental-model-formation models.

References

- Chen, L., & Wang, H. (2021). Health self-efficacy and consumer decision-making in health product consumption. *Journal of Consumer Behaviour*, 20(4), 678-692. <https://doi.org/10.1002/cb.1987>
- Green, M. C., & Brock, T. C. (2000). The role of transportation in persuasive storytelling. *Journal of Personality and Social Psychology*, 79(5), 701-721. <https://doi.org/10.1037/0022-3514.79.5.701>
- Kim, S., & Park, J. (2022). Narrative transportation and consumer brand perception in short-video marketing. *Journal of Interactive Marketing*, 58, 112-125. <https://doi.org/10.1016/j.intmar.2022.04.003>
- Lee, H., & Chen, Y. (2023). Multi-dimensional brand mindset construction of DTC cross-border brands. *International Journal of Advertising*, 42(3), 345-362. <https://doi.org/10.1080/02650487.2023.2189654>
- Liu, L., & Deng, W. G. (2025). How the need for cognition influences film viewing intentions through narrative transportation: the moderating role of emotional contagion in short-video marketing. *Frontiers in Communication*, 10, 1694887. <https://doi.org/10.3389/fcomm.2025.1694887>
- Van Laer, T., De Ruyter, K., Visconti, L. M., &

Wetzels, M. (2014). The extended transportation-imagery model: A meta-analysis of the antecedents and consequences of consumers' narrative transportation. *Journal of Consumer Research*, 40(5), 797-817. <https://doi.org/10.1086/673349>