

Rewriting the Trauma Narrative: A Case Study on the Effects of Narrative Therapy for a College Student with a History of Childhood Domestic Violence

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ABSTRACT

Childhood exposure to domestic violence has long-lasting negative effects on mental health and social functioning, often leading to depression, anxiety, low self-esteem, and difficulties in relationships. The university stage is a critical transitional period in which unresolved trauma may become more pronounced. This study examines the effectiveness of narrative therapy in improving the physical and mental well-being, as well as social functioning, of college students who experienced domestic violence in childhood. A single-case intervention was conducted with a 20-year-old male sophomore who reported repeated physical and verbal abuse by his mother. Pre-intervention assessments indicated symptoms of moderate depression, negative self-awareness, and a lack of future direction. The intervention was based on narrative therapy and integrated nonviolent communication and collaborative learning according to the specific needs of the case. Evaluation included both qualitative feedback and quantitative assessments using the Beck Depression Inventory II and the Self-Rated Health Measurement Scale. Results showed that depression scores decreased from 23 to 14, and to 13 after one year. Health scores increased from 265 to 306, and to 308 one year later. The individual also showed improved communication and interpersonal relationships. These findings highlight the potential of narrative therapy in addressing trauma among university students and offer practical implications for social work and campus mental health support.

Keywords: Childhood domestic violence; college student; Individual case social work; Narrative Therapy

RESEARCH BACKGROUND

The family serves as a crucial environment for individual development. However, family violence, as a global social issue, inflicts profound psychological trauma and developmental harm on children during their formative years (Yang Xiaoyan & Zhou Zhijiang, 2024). Research indicates that most incidents of childhood family violence are persistent, with perpetrators often refusing to acknowledge their actions. Cultural norms such as “not airing one’s dirty laundry in public,” along with the private nature of family life, limit external intervention and contribute to the perpetuation of violence.

Childhood is a critical stage for personality development. Experiencing violence during this period can severely damage a child’s sense of security, self-identity, and future outlook (Wang Lanqi et al., 2024). In response to this challenge, the field of psychology has explored various intervention methods, including narrative therapy, exposure therapy, rational emotive behavior therapy, and mindfulness meditation, the latter of which has also shown effectiveness in alleviating negative emotions (Cloitre et al., 2020). Among these, narrative therapy has emerged as particularly effective for college student populations due to its strengths-based approach, egalitarian therapeutic relationship, and high practical operability (Liu Wen et al., 2024). Moreover, studies suggest that individual therapy tends to yield better outcomes than group therapy (Johnson & James, 2010), highlighting the essential role of social work in supporting survivors of childhood family violence (Kimbrough et al., 2010).

Childhood family violence is commonly categorized into five forms: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The severity and type of abuse are closely interrelated. Victims

of severe or multiple forms of abuse tend to experience more significant impairments in physical and mental health and overall life functioning (Weismann & Silverman, 2006). These experiences are often concealed during childhood, and survivors may not disclose them until years later (McGuire & London, 2020).

The consequences of childhood family violence span mental health, physical health, and interpersonal functioning. Victims may struggle to recognize the link between their health problems and early trauma. Psychologically, such experiences are associated with memory impairment (Bremner et al., 1995), elevated risks of anxiety and depression, self-harming tendencies, and diminished self-worth (Miao Zhengmiao et al., 2024). Physically, survivors show higher rates of chronic inflammation and are more likely to visit doctors or undergo surgery compared to those without such experiences. These health issues often persist, manifesting in frequent illness and medical consultations (Felitti, 1991). In terms of relationships, survivors often find it difficult to form and sustain healthy connections. Their adult relationships may be exploitative or harmful, and they may experience dissatisfaction or choose social withdrawal (Fleming et al., 1999).

The impact of childhood family violence continues across the lifespan. During the university stage, prior exposure to family violence can manifest in various psychological and behavioral problems. Psychologically, it can impair cognitive functions such as social information processing and emotional memory (Tian Zhipeng et al., 2023), increase vulnerability to psychological crises (Li Mengju et al., 2021), and contribute to personality disorders, particularly antisocial tendencies (Zhang Jianren et al., 2021). Behaviorally, college students with such backgrounds are often pessimistic about the future, engage more readily in short-term gratification, and are more prone to addictive behaviors such as internet addiction (Wei Hua et al., 2020). The more types of abuse experienced in childhood, the higher the risk of adopting maladaptive coping strategies and addictive tendencies. Childhood family violence has been found to significantly predict internet addiction among college students (Hu Chunmei et al., 2023). Furthermore, it may normalize the use of violence as a conflict-resolution strategy, increase tolerance toward violent behavior, and elevate the risk of future victimization (Fan Zhiguang et al., 2021).

Theoretical Hypothesis

Related Theories of Narrative Therapy

Narrative therapy originated in the 1980s and was jointly established by Michael White and David Epston (Hoeboer et al., 2024). This therapy is deeply influenced by postmodernism and constructivism, emphasizing the diversity and subjectivity of individual experiences, and views problems as constructed by language and narratives. Therapists guide individuals to reorganize and reinterpret their stories, discover positive elements, and construct new meanings in life (Fan Shanshan, 2024).

The theoretical background of narrative therapy includes postmodernist philosophy and constructivist theory. It opposes the imposition of expert interpretations on individuals and emphasizes individuals' local knowledge and wisdom (Wu Zhenhui et al., 2023). The therapeutic process includes narrating stories, externalizing problems, deconstructing stories, rewriting, and farewell ceremonies. The therapeutic relationship emphasizes equality and cooperation, with therapists working together with individuals to deconstruct old stories and construct new ones (Wang Haoyun et al., 2022). Practice has shown that narrative therapy has achieved significant results in the mental health education of college students. For example a teacher in a certain school used narrative therapy to intervene in students' anxiety caused by academic pressure effectively helping students relieve stress and anxiety, and promoting positive improvements in their mental health (Huo Jingjing, 2020). In addition, the life tree is a commonly used technique in narrative therapy, which is divided into four parts: the life tree, the life forest, when the storm comes, and the certificate song. Research has shown that this technique has played a role in college students with psychological distress (Wu Zhenhui et al., 2018).

Comparison of Narrative Therapy with Other Intervention Methods

Professional intervention methods for victims of family violence include exposure therapy, rational emotive therapy, narrative therapy, and narrative exposure therapy (Cloitre et al., 2020). Mindfulness and meditation techniques have also been proven to effectively alleviate negative emotions in survivors of family violence.

Individual therapy has been shown to produce greater effects than group therapy alone(Johnson&James,2010),and the social work profession is expected to play a role in addressing the issues of childhood family violence survivors(Kimbrough et al.,2010).In addition, when receiving professional intervention, the most helpful factors identified by survivors of childhood family violence include empathy and listening, emotional processing, non-judgmental attitudes, and empowerment(Elling,2009).

The main advantages of narrative therapy can be reflected in three aspects. First, compared with other therapies, narrative therapy adopts a strengths-based perspective, which is less likely to cause secondary stress and has higher safety. Second, the therapeutic relationship in narrative therapy is relatively equal and non-authoritative, making it more acceptable to college students. Finally, narrative therapy does not have strict requirements for therapists, making it more operable and promotable among social workers.

Exposure therapy involves exposing individuals to traumatic memories or imagined exposure, placing them in a safe environment that can trigger traumatic memories, thereby reducing the fear caused by traumatic memories and preventing behavioral and cognitive avoidance(Xiao Yingxia & Li Xia,2017).Compared with exposure therapy, narrative therapy's focus on key events can reduce the retraumatization caused by repeatedly recalling traumatic experiences and shorten the treatment course(Zhang Shuhong et al.,2016).Exposure therapy has stricter requirements for the qualifications of therapists, while narrative therapy allows laypersons with little or no medical or psychological background to use it(Xiao Yingxia & Li Xia,2017).

Narrative exposure therapy is based on trauma theory and memory integration theory, and is mainly committed to helping individuals integrate fragmented and separated traumatic memories into a coherent personal life story, thereby reducing the arousal level of life events associated with trauma. However, narrative exposure therapy currently has the shortcomings of incomplete theory and a lack of empirical results in China(Wei Yanping & Chen Shulin,2018).

The core of rational emotive therapy is to examine irrational beliefs, letting the client understand that the behavioral consequences(C)caused by the triggering event(A)are due to their own irrational beliefs(B),and they should be responsible for this(Mu Liping,2017).Compared with rational emotive therapy, narrative therapy repairs the psyche more deeply, not just on the surface but closer to the client themselves(Xiao Yingxia & Li Xia,2017).

Hypothesis

Narrative therapy emphasizes the reconstruction of individual life stories to promote the reconstruction of psychological meaning, helping clients discover their strengths and internal resources, thereby improving their mental health status. Existing studies have shown that narrative therapy has achieved good results in the intervention of depression, anxiety, post-traumatic stress, and other issues, especially among college students who have experienced childhood trauma. Its non-judgmental, strengths-based, and equal dialogue characteristics help establish a safe therapeutic relationship and stimulate individual growth potential.

Based on this, this paper proposes the following theoretical hypothesis: Narrative therapy has a positive impact on college students who have experienced childhood family violence, effectively alleviating their negative emotions, promoting the integration and positive development of their self-cognition, and enhancing their sense of control and positive outlook on future life, thereby improving overall mental health levels.

In summary, existing research has focused more on the delayed disclosure of experiences of family violence, with less exploration of the situational and emotional content of disclosure and its role in promoting stress release and identity reconstruction through narration. In terms of the impact of family violence, although existing studies have revealed its long-term effects on psychology, physical health, and interpersonal relationships, there is limited attention to emotional abuse and a lack of integration with the characteristics of the transition from family to society in college students. College students, who have just begun to leave the family environment but are not yet fully independent, carry emotional and material dependencies on their original families while facing important developmental tasks such as career planning and autonomous choices. Early trauma may be reactivated at this stage, making the impact pathways more complex. In terms of

intervention, existing studies have revealed various intervention methods for individuals who have experienced childhood family violence and have made certain comparisons, but there is a lack of intervention practices specifically targeting college students who have experienced childhood family violence.

Overall, research on interventions to help college students who have experienced childhood family violence to mitigate the negative impacts of such experiences still needs to be further explored. The contributions of this study are mainly reflected in the following two aspects: First, this study takes "college students who have experienced childhood family violence" as the research subjects, rather than general survivors of family violence, focusing on the applicability and application of narrative therapy in cases of college students who have experienced childhood family violence. Second, this study combines quantitative and qualitative assessment methods to measure the state of the case before and after the narrative therapy intervention and one year after the intervention, revealing the degree of improvement in the case's physical and mental health and social functioning and the sustainability of the intervention effects.

Research Design

Intervention Method

This study adopts narrative therapy as the core intervention method, emphasizing the reconstruction of personal life stories to promote the psychological growth of the case. To more effectively support the implementation of narrative therapy, the study flexibly employed techniques such as sandplay tools, meditation exercises, and nonviolent communication as auxiliary strategies for narrative therapy. These techniques are not independent intervention methods but are guided by the theory of narrative therapy to serve the case's narrative exploration and enhance the ability to identify and express emotions.

Data Collection Method

This study takes College Student A, who has experienced family violence in childhood, as the case and adopts semi-structured interviews. A simple outline is prepared before the interview, and the process is kept open-ended to encourage free expression. The interviews are conducted face-to-face in a reserved empty classroom, lasting 60-90 minutes each time, with the entire process recorded and anonymized. College Student A was chosen because of his typical childhood experience of family violence, having received at least four interventions of narrative therapy, his willingness to share, and the in-depth interviews and positive feedback. Data collection channels include transcriptions of interview recordings, personal summaries of the interviewees, and psychological questionnaires, such as the Self-Rating Health Measurement Scale (SRHMS) and the Beck Depression Inventory (BDI-II), to reveal the actual effectiveness and key points of narrative therapy intervention for such college students.

Data Analysis Method

Qualitative data analysis mainly includes the organization of interview recordings, comparison of psychological questionnaires, and analysis of the interviewees' self-summaries. The interview materials are transcribed into text with consent and organized around the stages and themes of the intervention. Psychological questionnaires are compared before and after to observe changes in emotions and self-evaluation. Self-summaries focus on emotional expression, self-awareness, and future plans, reflecting the effectiveness and satisfaction of the intervention and helping to identify effective intervention components (Chen Xiangming et al., 2023).

Research Tools

(1) Beck Depression Inventory (BDI-II): The Beck Depression Inventory (BDI-II) was compiled by Beck in 1961 and later translated into Chinese by scholars such as Wang Zhen for application in China. It is a widely used self-rating scale for depressive symptoms, containing 21 items with scores ranging from 0 to 3. The higher the total score, the more severe the depression. The Chinese version of this scale has been tested for good reliability and validity and is suitable for assessing the severity of depression in different populations

(Wang Zhen et al., 2011).

(2) Self-Rating Health Measurement Scale (SRHMS): The Self-Rating Health Measurement Scale (SRHMS) was designed by Dr. Xu Jun in 1998 for individuals aged 14 and above, assessing health status from three aspects: social, psychological, and physiological (Xu Jun et al., 2023). It includes 48 questions, using a ten-point rating scale, with higher scores indicating better health status. It has been widely used both domestically and internationally, suitable for various populations, and has demonstrated good reliability, validity, and responsiveness, having a significant social impact on the field of health evaluation (Tian Lu and Hu Zhenglu, 2016).

Research Subject

This study falls within the realm of case social work, with the subject being a 20-year-old sophomore (pseudonym "Xiao A") from a university in the central region who experienced domestic violence during childhood, including physical, verbal, and emotional abuse. The frequency of abuse was approximately two to three times per year, with the mother using a coat hanger as the instrument of abuse, leaving bruises and marks on the subject. Through a needs assessment, it was found that the childhood abuse primarily caused the following issues for the subject:

First, difficulty in identifying and processing negative emotions. The subject harbors feelings of fear and sadness related to the abuse but struggles to recognize, express, and manage these emotions.

Second, interpersonal relationship issues. The subject's relationship with the mother is strained due to the abuse, and the subject also experiences communication difficulties and a fear of conflict in peer interactions.

Third, imbalance in life management. Without the mother's strict control, the subject faces challenges such as disorganized daily routines and a lack of direction for the future. Accordingly, Xiao A needs to establish a healthy emotional management system at the psychological level, enhance self-care and planning abilities at the behavioral level, and learn to handle conflicts and improve communication skills at the relational level.

Ethical Considerations

Adherence to Ethical Standards and Protection of Case Privacy: The study employs the pseudonym "Xiao A" and strictly maintains the confidentiality of all collected data. The subject has the right to withdraw from the intervention at any time and has been fully informed about the details of the study, having signed an informed consent form.

Psychological Emergency Protocol: In the event that the subject experiences severe emotional distress, the researcher will seek support from the study's supervisors, namely two experts who are national third-level psychological consultants and graduate student mentors. Additionally, the researcher is familiar with the consultation procedures of the university's psychological service center and can refer the subject for further assistance if necessary.

Narrative Therapy Competence and Qualifications of the Researcher: Prior to conducting the intervention, the researcher extensively read relevant literature and books on narrative therapy, laying a solid theoretical foundation for the subsequent intervention. Before the intervention, during its implementation, and after its conclusion, the researcher consulted with supervisors and two national third-level psychological consultants for their opinions and refined the intervention plan based on their feedback to ensure its safety and feasibility.

Intervention Process

Narrating the Main Storyline

Memories of Domestic Violence

In this study, the client recounted his experiences of domestic violence by his mother during his primary and

secondary school years, which included physical, verbal, and emotional abuse. Below is the original dialogue:

Social Worker: Does your mother hit with her hands or use tools like bamboo sticks or belts?

Client: A coat hanger.

Social Worker: Using a coat hanger, that must hurt a lot. Do you get bruises after she hits you?

Client: Sometimes. When she hits me, she swears, and sometimes we both don't speak to each other. It's mutual; I ignore her, and she ignores me. We both don't want to talk to each other, and after about half a day, it usually passes.

The frequency of such domestic violence was about two to three times a year, often triggered by behaviors such as declining grades or truancy. The client mentioned, "Maybe I'm used to it. No matter what I say or do, she won't change and will still hit me."

He also exhibited significant learned helplessness when facing domestic violence, for example, "Why don't you study well? I say I do study well, and she asks if I really do. Then I say I don't know, and she continues to ask why I don't study well. This conversation loops and is unsolvable."

At this stage, the researcher guided the client to use the sand tray as a medium for narration, assisting him in externalizing problems and constructing new narratives through symbolic expression. The sand tray acts like a mirror, reflecting issues the client was not aware of and possible solutions (Wang Minjia et al., 2024). The sand tray narrative further revealed the client's complex emotions and cognitive patterns towards his family of origin. The volcano in the sand tray symbolizes the latent tension of family conflicts, the pharaoh figure represents the mother's absolute authority, and the cage symbolizes the mother's control over his daily life. Meanwhile, positive elements such as dolphins and green plants reflect the remaining warmth and pleasure in family life.

After arranging the sand tray, the client gained a clearer understanding of his family situation and difficulties and expressed a willingness to face reality, sort out his inner feelings, engage in self-dialogue, and seek solutions. These findings provided a basis for formulating a personalized psychological support plan.

The Impact of Childhood Domestic Violence on Current Life

The experience of domestic violence during childhood has posed challenges for the client in terms of mother-son relationship, negative emotions, life management, and interpersonal communication. The client also mentioned multiple times that he fears conflicts with others and often adopts a cold approach to handling them.

Client: The first impact is that I get startled now when I hear loud noises, like when someone slams a door or puts something down loudly.

Social Worker: Is that related to the experience of being hit after hearing a door slam?

Client: Yes, it is. In the class on intimate partner violence, when the teacher showed those case studies and related video images, I felt very uncomfortable. Also, when I have conflicts with others, I'm afraid of their anger and don't dare to argue with them.

Moreover, the client stated that after leaving his mother's control, he often had an irregular lifestyle and suffered health consequences.

Overall, the overall tone of the old narrative is pessimistic, confused, and powerless. The client is troubled by issues in the mother-son relationship, life planning management, and interpersonal communication, thinking, "I listen every day to what helps others and believes in people's subjective initiative, but I can't help myself."

Empowerment and Co-Learning: Meditation and Nonviolent Communication

Meditation: Mindfulness and Imagery Meditation

To enhance the client's awareness and expression of inner emotions during the narrative process and to boost his psychological agency, the researcher guided him through brief meditation exercises. Mindfulness meditation, facilitated by gentle music and verbal guidance, focuses the individual on the body and breath, observing present thoughts without judgment, thereby achieving a state of mental and physical peace. Building on this, imagery meditation evokes four scenarios (joyful play, fear during a thunderstorm, toy being snatched, and toy being broken) to arouse the four basic emotions of "happiness, fear, anger, and sadness," guiding the individual to respond to the emotional reactions of "the younger self" from the perspective of "the grown-up self." During the exercise, the client demonstrated weaker abilities in recognizing and coping with the emotions of "fear" and "sadness." To further explore emotional processing skills, the researcher guided him to recall real-life situations and respond as a "caring adult" to an experience from high school when he sought comfort but was scolded by his mother. The exercise prompted the client to express understanding and acceptance of early trauma, feeling the healing and empowerment that come from having his emotions seen and embraced.

Nonviolent Communication

As the narrative therapy progressed to the theme of interpersonal conflict, the researcher introduced elements of nonviolent communication to help the client express his experiences and needs in a more respectful and empathetic manner. Previous studies have shown that social workers' learning and application of nonviolent communication in practice can effectively improve service quality (Yang Juan, 2020). The researcher illustrated the effectiveness of nonviolent communication in avoiding violent communication and understanding both parties' feelings and needs through a specific example, such as a conflict between an environmentally conscious customer and a waiter. Subsequently, the researcher guided the client to practice using the four elements of nonviolent communication (observation, feelings, needs, requests) in conflict situations in life, such as saying, "I'm very tired now and need to rest. Can we go out next week?" when invited to go out while feeling exhausted. By being aware of both parties' feelings and needs, the client learned to express his emotions and needs more calmly, avoiding blame and complaints. After the practice, the client reflected on his past interpersonal communication style, recognized the importance of identifying and expressing inner feelings and needs, and was willing to try using nonviolent communication to improve his interactions with others.

Externalizing the Problem

Externalizing the problem is a key strategy in narrative therapy, aiming to separate the problem from the individual, emphasizing that "the problem is the problem, not the person." In this study, the client faced three types of challenges: a rigid mother-son relationship, imbalanced life management, and difficulties in interpersonal communication, where externalization techniques played a significant role in the intervention. In terms of the mother-son relationship, externalization helped the client shift from self-blame to a growth perspective, recognizing that he was learning to establish a new relationship with his mother as an adult. In terms of life management, the externalization process assisted the client in transforming from "I am an incompetent person" to "I am someone who is learning to take care of myself and explore future directions." In interpersonal interactions, through externalization, the client began to understand that he was learning how to handle conflicts and communication, rather than being a "bad-tempered, poor communicator."

Deconstructing the Values Behind the Old Narrative

The deconstruction step in narrative therapy aims to help clients identify and question the sociocultural, power structures, and mainstream values that shape their problem narratives, such as family education, societal expectations, gender roles, and standards of success. By analyzing the logic behind these concepts, clients can recognize that they are not absolute truths, thereby weakening the power of the problem and opening up new possibilities.

Parental Authority and Inequality in Family Relationships

In traditional family structures, parents hold absolute authority, and children are expected to obey without questioning. Through sandplay therapy, the client used a "majestic pharaoh" and a "cage" to symbolize the mother's authority and his own constraints, reflecting the inequality in family relationships. The social worker guided the client to recognize that this "control and controlled" relationship is no longer suitable for modern society and encouraged him to establish an equal, two-way communication parent-child relationship with his parents.

As he grew, the client began to seek autonomy and expressed his desire for independence to his mother through the language of an animated character.

Client: When I was watching a video before, I saw a few sentences about mothers. For example, in the animation, the boy said to his mother, "You don't have to take care of me anymore; I've grown up." I took a screenshot of those words and sent them to my mom.

The social worker pointed out that the transformation of parent-child relationships is a healthy process of separation, not a return to the past, but a push for the relationship to enter a new, more equal phase.

Sacrifice and Control Coexist: Female Role Identification Centered on the Family

The client's mother believes that a woman's value is entirely reflected in being a good wife and mother, that she should sacrifice herself for her children, and at the same time, she expects her children to be obedient. The social worker guided the client to recognize the outdated nature of this concept and encouraged his mother to maintain her own independence.

Social Worker: What do you think your mother's life should be like for herself?

Client: She feels that when she was young, she was a girl. After becoming a wife and mother, her original social identity disappeared. But I want to tell her that you don't have to take care of me anymore. I'm very grateful for your contributions, and I hope you can be yourself.

Through the dialogue with his mother, the client expressed his desire for his mother to reclaim her own life, which also provided space for him to independently explore his own life.

Education as the Only Way Out: Obsession with a Single Evaluation System

The client's mother has always firmly believed since his childhood that education is the only way out, which led to her high anxiety about his grades. A decline in grades often became the trigger for domestic violence.

Client: She believes that education is the only way out. Her mother always firmly believes that one must have good grades and then engage in mental labor to make contributions to society.

In narrative therapy, deconstructing traditional concepts of success is a key step. The imperial examination system emphasized education and officialdom, while modern society has diverse paths to success, and all professions have their unique value. The client recognized this and, in his part-time practice, indiscriminately chose both mental and physical labor positions, indicating that he could to some extent break free from the influence of his mother's singular value system.

Uncovering Bright Spots: Discovering Hidden Strengths and Growth

The researcher and the client worked together to uncover bright spots, recalling events in his life that were powerful, empathetic, and praiseworthy, helping the client realize that his life was not entirely bleak. By seeing and sorting through these bright stories, the client gradually reduced his negative emotions, recognized his own agency, and increased his confidence in the future.

Self-Protection and Establishing Boundaries

After completing a course in gender sociology, the client gained a deeper understanding of domestic violence and gender issues and proactively sought psychological counseling. After learning about anti-domestic violence content in class, he first tried to firmly express to his mother his determination to defend his boundaries, citing specific provisions of the Anti-Domestic Violence Law as support.

Client: I wrote a letter to her explaining that I couldn't get the scholarship, and I warned her that if she hit me again, I would fight back according to the provisions of the Anti-Domestic Violence Law.

This shift indicates that he is actively challenging the old narrative, using his knowledge and legal tools to protect himself, and no longer silently enduring domestic violence.

Kindness and Care for Others

Despite disagreements with his family, the client still showed efforts to care for and ease relationships, such as proactively inviting his sister to dinner and encouraging her. In his part-time tutoring, although faced with uncooperative students, he persisted in teaching seriously and later chose to resign out of concern for the potential harm his criticism might cause to the students, demonstrating empathy and kindness.

Client: I felt stimulated when I scolded the student who refused to learn, and I worried that if I scolded him, it would leave a traumatic event for him. After that, I thought, I don't really want to be a teacher anymore.

These positive actions indicate that he is working to improve his interpersonal relationships and self-management.

Diversified Exploration for Career Development

Despite setbacks in his career ideals, the client actively explored a variety of careers, trying positions in tutoring, bookstores, fast food, delivery, and internships in social organizations, accumulating rich experience.

Client: Yes, it's like last summer vacation when I delivered food, and then I seamlessly transitioned to working in a bookstore, followed by an internship in my major, and then a fast-food restaurant.

At the same time, he participated in various competitions during high school and college, such as video editing and English reading contests, demonstrating strong learning and information retrieval skills. These experiences show that he is continuously discovering his own skills and potential.

Reconstructing the Narrative: From Powerless Victim to Empowered Grower

Reconstructing the narrative is one of the core steps in narrative therapy, helping clients break free from negative narratives and see their own resilience and growth. The Life Tree Therapy explores parts such as the trunk, branches, and leaves to help clients rebuild their life stories.

The trunk represents personal traits and abilities. The client demonstrated a "go-it-alone" capability in group work, completing tasks independently and achieving good results, indicating strong independent working skills.

Client: I realized that I might not be the type to lead a group, so I just did it on my own. I took on all the work myself. And in the end, our group came out on top.

He is also able to endure a certain amount of hardship, and his video editing skills are practical.

Client: I think I'm quite capable of enduring hardship. I generally won't avoid it just because the work is tough. If I were to rate the level of hardship from 0 to 10, I could accept it at six or seven. Also, I have some video editing skills.

Branches symbolize future dreams and goals. The client aspires to a slower-paced life, hoping for a job that is not too stressful and with sufficient income for living. He is not pursuing high salaries but focuses on the quality of life and work environment.

Client: So your ideal future life is one where you can live conveniently with a moderate standard of living. My goal is not to make a lot of money.

Leaves represent important interpersonal relationships. The client mentioned two teachers from high school who were strict but responsible, offering care and encouragement, and becoming role models.

Client: These two teachers are actually quite similar. They both speak sternly, but they teach very well and have their own principles in many things.

Through reconstructing the narrative and using the Life Tree Therapy, the client gained a new understanding of his own traits, goals, and interpersonal relationships, enhancing his sense of control over life.

From Powerless Victim to Empowered Boundary Defender

In reconstructing the narrative, the researcher guided the client to re-examine his experiences of domestic violence and his relationship with his mother. By learning about anti-domestic violence laws and gender perspectives, the client bravely expressed his desire for self-protection, guiding the mother-son relationship towards a more mature direction with greater mutual respect and a sense of boundaries.

Client: She still has similar demands, but it's a bit better. At least she didn't hit me that year, nor did she pressure me as much as before. And during the New Year, my mom, my sister, and I made a pact to travel together, which we had never done before.

Although the travel plan has not yet been realized, the establishment of the family group and the proposal of the travel agreement indicate that the family relationship is improving.

From Relationship Failure to Empathetic Supporter

The client had issues with fearing conflict and handling contradictions through the cold shoulder in interpersonal relationships, but this also clarified which "lessons" he needed to learn. Currently, the client has mastered the skills to recognize and cope with emotions and the essentials of nonviolent communication, and he is able to support and empathize with those around him.

Client: After I stood up for my sister when she argued with my mom, our relationship improved a bit. During that period, she communicated with us more when she was at home.

The social worker inquired about the application of nonviolent communication, and the client mentioned that he had no recent conflicts with friends and mainly applied nonviolent communication in his relationship with his girlfriend.

As the intervention drew to a close, his thinking became more positive and proactive. He realized that he had received support from those around him and that he could also take the initiative to show concern.

From Future-Blind Incompetent to Goal-Oriented Grower

In terms of future planning, the client's multiple part-time jobs and internships helped him clarify his fit with different types of work. After sorting through with the Life Tree Therapy, he clarified the type of work he wanted to engage in and his ideal living environment, establishing a goal as the beginning of his efforts.

The client mentioned that he had done part-time video editing for the school media, but his off-campus related part-time jobs received few responses due to technical issues. The social worker suggested that he could further refine his video editing skills.

Client: I had done video editing for the school media for a while, but my skills might not have been that good.

Social Worker: Video editing suits the characteristic of working independently. Perhaps the next step could be to further improve your video editing skills.

In the narrative reconstruction, the client shed the "helpless" identity and saw the possibility of his own growth. He was no longer trapped by family relationships, actively adjusted his familial bonds and set boundaries; improved his ways of handling interpersonal relationships; and explored future goals in a diversified manner. He realized that he was not just a "survivor of domestic violence," but someone who is building an independent life, exploring self-growth, and understanding and empathizing with others.

Intervention Effect Evaluation

The evaluation of the narrative therapy case effect for college students with experiences of domestic violence during childhood will be conducted from both quantitative and qualitative perspectives in this study. Quantitative assessment will be based on the data from pre-test, post-test, and one-year follow-up retest of the Beck Depression Inventory and the Self-Rating Health Measurement Scale. Qualitative assessment results will primarily be derived from the researcher's observations, the client's verbal accounts, and written feedback.

Quantitative Assessment Results

The Self-Rating Health Measurement Scale (SRHMS) and the second edition of the Beck Depression Inventory (BDI-II) were used for quantitative analysis to compare the changes in scores before and after the intervention.

Beck Depression Inventory (BDI-II) Assessment Results

To evaluate the intervention effect of narrative therapy on the depressive mood of college students who experienced domestic violence during childhood, this study used the Beck Depression Inventory (BDI-II) for pre-test, post-test, and one-year follow-up assessments.

At the pre-test, the subject's total BDI-II score was 23, indicating a moderate level of depression. After the intervention, the post-test score dropped to 14, showing an improvement to a mild level of depression. The one-year follow-up assessment revealed a further reduction in the total BDI-II score to 13, reaching a level of no or minimal depression, demonstrating the long-term stability of the intervention effect.

Table 1 Beck Depression Inventory Pre-test, Post-test, and Follow-up Results

Beck Depression Inventory (BDI-II)			
	Pre-intervention	Post-intervention	Follow-up
Total Score	23	14	13

Further analysis of the score changes in different dimensions revealed significant decreases in the scores for "feeling pessimistic about the future," "sense of guilt," "self-criticism," and "feeling worthless." These scores remained low at the follow-up. This indicates that narrative therapy not only effectively alleviated the overall depressive symptoms of the case but also had a positive impact on pessimism, guilt, and feelings of worthlessness.

Self-Rating Health Measurement Scale (SRHMS) Assessment Results

To further evaluate the impact of narrative therapy on the health status of the case, this study used the Self-Rating Health Measurement Scale (SRHMS) for pre-test, post-test, and one-year follow-up assessments to measure the effects on three dimensions: physical health, mental health, and social health.

Table 2 Self-Rating Health Measurement Scale Pre-test, Post-test, and Follow-up Results

	Pre-intervention	Post-intervention	Follow-up
Physical Health Subscale	114	122	126
Mental Health Subscale	86	103	101
Social Health Subscale	65	81	81
Total Score	265	306	308

Overall score changes: The case's total SRHMS score increased from 265 at the pre-test to 306 after the intervention, and further rose to 308 at the one-year follow-up, indicating a significant improvement in the case's overall health status after the intervention, which remained stable one year later.

Physical health dimension: The case's physical health score rose from 114 at the pre-test to 122 at the post-test, and further increased to 126 at the one-year follow-up, indicating gradual improvement in the case's physical condition. Scores for "appetite" and "sleep quality" also improved and remained stable or continued to improve at the follow-up. This suggests that narrative therapy may help enhance the case's self-management of health or reduce the interference of negative emotions on sleep and eating.

Mental health dimension: The mental health score increased from 86 to 103, and remained at 101 at the follow-up, showing significant improvement in the case's mental state after the intervention, which was sustained over the long term. Further analysis of specific items revealed significant improvements in scores for reduced anxiety and tension, improved attention and memory, increased interest in daily activities, higher self-satisfaction, and a greater sense of capability to cope with life's challenges, which remained stable or continued to improve one year later.

Social health dimension: The social health score rose from 65 at the pre-test to 81 at the post-test, and remained at 81 at the one-year follow-up, indicating a significant improvement in the case's social adaptability and interpersonal relationships after the intervention, which remained stable over the long term. Specifically, scores for relationships with family members, friends, social support, communication skills, and satisfaction with current life all increased significantly. The improvement in the social health dimension, especially the enhancement of family relationships and social support systems, indicates that narrative therapy not only promotes individual growth but also fosters positive interactions with the external social environment.

Result Analysis

From the quantitative assessment using the BDI-II, the case's level of depression significantly decreased during the intervention process and remained stable at the follow-up stage, indicating that narrative therapy has a good intervention effect in reducing self-denial and enhancing positive cognition.

From the score changes of the SRHMS scale, the case's health status significantly improved after narrative therapy, with particularly notable improvements in mental and social health, which remained at a relatively stable level one year later, indicating that the intervention effect of narrative therapy has long-term sustainability.

Qualitative Assessment Results

Qualitative assessment, based on the client's verbal accounts and written feedback, focused on shifts in thinking patterns, stress release, and enhanced future expectations. In terms of thinking pattern changes, the client transitioned from fragmented and vague perceptions to a more comprehensive and coherent perspective, beginning to recognize the impact of the past on the present.

Client: "The case has given me a more comprehensive view of my own state and the challenges I face. It has also changed the way I think and approach problems, making me start to pay attention to how the past affects the present."

From the perspective of stress release, the client's emotional expression shifted from suppression to fluency, releasing stress through narration and recognizing the importance of "listening" and "expression."

Client: "During the case process, I have felt relieved and moved more than once. The description of events and the expression of emotions have given me a sense of relief and enjoyment. 'Becoming a qualified listener' will also become my motto in the future."

In terms of enhancing future expectations, the client overcame a sense of helplessness and began to look forward positively through the establishment of positive narratives.

Client: "These case sessions have given me the strength to face the future, to smooth out the past, to value the present, and to look forward to the future."

In summary, narrative therapy has achieved significant results in transforming the client's thinking patterns, releasing stress, and enhancing future expectations, helping the client achieve a breakthrough in personal growth.

DISCUSSION AND CONCLUSION

Conclusion

The study reveals the profound impact of childhood domestic violence on college students, affecting multiple dimensions including mother-son relationships, life management, interpersonal communication, and mental health. To assist clients in reducing negative emotions and improving self-awareness, the study employed a narrative therapy-based intervention strategy, complemented by methods such as meditation, nonviolent communication, and sandplay therapy. Narrative therapy, through narration, externalizing problems, deconstruction, uncovering bright spots, and reconstructing stories, enhanced the clients' internal awareness and communication abilities.

The intervention yielded significant results, with positive changes observed in the physiological, psychological, and social aspects of the participants. Physiologically, the clients experienced improved appetite and sleep quality. Psychologically, there was a reduction in depressive symptoms, lower stress levels, and enhanced future expectations. Socially, there was an improvement in communication skills and relationships with friends and family, as well as an increase in social support. These improvements remained stable during the one-year follow-up, and the clients' thought processes became more coherent, with an increased awareness of how past experiences affect the present.

Despite these findings, the study has several limitations. First, case-based research is difficult to generalize widely, as individual differences may affect the intervention outcomes. Future studies should expand the sample size to include cases from diverse backgrounds to enhance the universality and external validity of the research. Second, narrative therapy has limitations in dealing with traumatic memories and physiological stress, and may not be sufficient to address certain conditional traumatic responses. Therefore, it is recommended that narrative therapy be combined with other therapeutic approaches, such as desensitization therapy, to achieve a more comprehensive intervention for post-traumatic stress symptoms. Lastly, although this study involved graduate supervisors in the intervention process and collected written feedback from clients, it did not strictly employ an "observer" role. As a result, the researcher effectively took on both the role of intervener and observer. Future studies might consider introducing a third-party observer or establishing clearer role divisions to further improve the reliability and validity of the research.

Overall, this study confirms the positive role of narrative therapy in helping college students affected by childhood domestic violence to overcome negative impacts and demonstrates its feasibility in combination

with local practices. By integrating various intervention strategies, the study provides valuable references for the construction of social work and university mental health service systems. However, further exploration is needed to overcome existing limitations and provide more comprehensive support for students affected by domestic violence.

Discussion

This study applied narrative therapy for case intervention with a college student who experienced domestic violence during childhood. Comparing this study with existing research reveals both similarities and differences, as detailed below.

Commonalities with Existing Studies

(1) Common Challenges Faced: Like other adult survivors of childhood domestic violence, the client in this study suffered from depressive symptoms and interpersonal relationship issues. This finding aligns with existing research, which identifies depression and interpersonal difficulties as typical characteristics of survivors of childhood domestic violence (Miao Zhengmiao et al., 2024; Fleming et al., 1999). The participant's pessimistic outlook on the future and low self-efficacy are consistent with research findings that survivors of childhood domestic violence tend to have a pessimistic future orientation (Wei Hua et al., 2020).

(2) Common Intervention Methods: The study primarily utilized narrative therapy, supplemented by meditation and life tree therapy. Narrative therapy, through externalizing problems, deconstruction, and reconstructing positive narratives, helped participants shift from being "problematic individuals" to "problem-solvers," which is consistent with existing descriptions (Wang Haoyun et al., 2022). Meditation aimed to enhance participants' internal awareness, in line with the application of mindfulness meditation among survivors of childhood abuse (Palmer & Brown, 2007). Life tree therapy, as a supplementary method, helped systematically identify strengths and goals, consistent with common techniques in narrative therapy (Wu Zhenhui et al., 2018).

(3) Common Research Findings: Post-intervention, it was found that narrative therapy effectively helped clients relieve stress and reduce depression levels. This echoes previous research findings that narrative therapy alleviates stress among college students (Huo Jingjing, 2020) and reduces depression (Jiang Wei, 2023). Clients emphasized the importance of receiving empathy and being heard during the narration process, which aligns with the experiences of adult survivors of childhood domestic violence who view empathy and listening as the most powerful support when seeking help (Elling, 2009).

Uniqueness of the Case Study

Despite many similarities with existing studies, this case study also presents unique psychological challenges, intervention strategies, and research findings.

(1) Uniqueness of the Research Subject and Psychological Challenges: In studies focusing on cases of domestic violence during childhood, existing research mainly examines the impact of such trauma on survivors in childhood or adulthood, such as whether childhood domestic violence increases the risk of self-harm among survivors (Zhang Ye et al., 2022). Intervention studies tend to use exposure therapy to address trauma (Liu Xinghua, 2009), and there are fewer studies employing narrative therapy for case interventions, especially among the specific group of college students. This study fills the research gap by revealing the adaptation difficulties faced by college students who experienced childhood domestic violence at the beginning of independent living, particularly the challenges in life management after being freed from their mother's control.

(2) Comprehensive Intervention Methods: In existing research, narrative therapy is widely used in both group and case interventions but often focuses on standardized narrative techniques, such as reshaping traumatic narratives and externalizing problems (Wang Haoyun et al., 2022). Building on this, this study innovatively incorporated sandplay as a supplementary tool for narration and used meditation and nonviolent

communication (NVC) as auxiliary strategies based on the client's specific needs, enhancing the case's emotional management and interpersonal communication skills. Meditation exercises helped clients better regulate their emotions, while NVC improved their communication skills when facing conflicts, leading to improvements in social interactions and self-expression.

(3) Multidimensional Research Findings: Previous studies mainly focused on improvements in the psychological aspect, with fewer investigations into changes in the physical and social adaptation aspects (Jiang Wei, 2023). This study found that after the intervention, the client experienced significant improvements in health levels across physical, psychological, and social dimensions, and reported a more comprehensive self-awareness and a positive outlook towards the future.

Research Contributions

In summary, this study targeted the group of college students who experienced childhood domestic violence, using narrative therapy combined with sandplay, meditation, and nonviolent communication for intervention. The results showed improvements in psychological, self-awareness, future expectations, and health levels. The study confirmed the depression, interpersonal difficulties, and pessimistic expectations faced by individuals who experienced childhood domestic violence and demonstrated the effectiveness of narrative therapy in alleviating depression and reducing stress, providing a new perspective for subsequent research and social work practice.

Implications for Practice

This study reveals that college students who experienced childhood domestic violence face multiple challenges in psychological and social adaptation, with significant individual differences in their needs. In social work practice, social workers need to adopt personalized and diversified service models, integrate interdisciplinary resources, pay attention to cultural sensitivity, and develop targeted support plans, such as incorporating nonviolent communication skills and collaborating with professionals in psychology and law. Universities should create supportive environments, organize mutual aid groups, offer domestic violence prevention courses, and enhance the professionalism of psychological counseling services. Funders can promote anti-domestic violence projects and educational activities by establishing special scholarships, providing part-time job opportunities, and offering financial support. The comprehensive implementation of these measures will help improve the well-being of this group and deepen anti-domestic violence efforts. The professional competence and empathetic mindset of social workers are key to successful intervention, and the collaborative role of schools and support systems is also indispensable. Together, they can build a comprehensive support network to help college students who experienced childhood domestic violence step out of the shadows and achieve comprehensive development.

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