

Case Analysis of Psychological Trauma in Teachers and Students from the Perspective of Narrative Therapy Theory

Zhang Huayi

Far Eastern University

Abstract:

Objective: To explore the application effect of narrative therapy theory in the intervention of psychological trauma. **Method:** A mixed-method approach was used to intervene in two cases of psychological trauma (an enterprise employee and a college student). Firstly, the research progress of psychological trauma and narrative therapy was deeply understood through literature review. Secondly, interviews were conducted to understand the traumatic experiences, causes, and impacts on the individuals. Then, the Depression Anxiety Stress Scale was used for pre-testing, and intervention goals and plans were formulated based on the causes of trauma. Narrative therapy techniques, such as problem externalization and story reconstruction, were employed to alleviate their psychological trauma. Finally, the intervention effect was evaluated through post-testing of the scale, followed by summary and reflection. **Results:** The levels of depression, anxiety, and stress in both participants decreased significantly after the intervention, indicating a positive therapeutic effect. **Conclusion:** Narrative therapy can effectively help individuals separate problems from themselves, discover overlooked positive events, and reconstruct their life stories, thereby reducing psychological trauma and enhancing self-identity.

Keywords: narrative therapy, psychological trauma, externalization, story reconstruction

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1. Concept Definition and Literature Review

1.1 Psychological Trauma

Major negative life events, such as serious illness, traffic accidents, bereavement, or marital breakdown, can cause psychological trauma in individuals, triggering abnormal behavioral and psychological reactions, leading to destructive and maladaptive consequences (Malizia, 2017). Psychological trauma not only affects an individual's self-image, views of others, values, and ideals but also impacts and systematically

destroys the coherence and continuity of their personality (Zepinic, 2017).

1.2 Narrative Therapy

The philosophical foundations of narrative therapy are rooted in Foucault's ideas of knowledge/power and Vygotsky's social constructionism, methodologically drawing from Bateson's "interpretive" approach (White & Epston, 1990). This therapy focuses on how individuals interpret their personal experiences, i.e., their "dominant narrative." This narrative determines how individuals understand themselves, life events, and the meanings behind them. Just as readers judge characters and events in a story, individuals judge their own lives based on this narrative, tending to focus only on events that fit their dominant story, thus creating a self-fulfilling cycle. Therefore, if a story can imbue life events with positive meaning, it can profoundly influence the nature of an individual's experiences and behaviors (White & Epston, 1990).

The core of narrative therapy involves clients first telling their life stories and then, guided by the therapist, collaboratively reconstructing these stories (Goodcase & Love, 2016; Stillman, 2016). Narrative psychology posits that stories are not only a medium for communication but also the framework through which we understand and interpret our life experiences. Changing the story, i.e., reconstructing the narrative, can alter an individual's understanding of life and the meaning of events. Key techniques include "externalizing the problem" and "searching for unique outcomes (thickening the thin description)."

This paper aims to explore the application techniques and practical effects of narrative therapy through the treatment process of two individuals experiencing psychological trauma triggered by life events.

2. Case Backgrounds

2.1 Case 1: Mr. Zhao, Experiencing Workplace Setback

Mr. Zhao, a 32-year-old lecturer at a corporate consulting and training institute, sought help voluntarily to improve his mood. He had recently been passed over for a promotion. HR feedback indicated his 360-degree evaluation was unsatisfactory. Through private inquiry, Mr. Zhao learned that while his colleague and client evaluations were positive, the manager's negative assessment led to his rejection. Feeling angry, he confronted the manager but was met with severe criticism, including the remark, "The more you make a fuss, the harder your future development will be." Mr. Zhao felt extremely wronged and angry, losing control of his emotions at home. His wife did not understand him and accused him of being overly ambitious. This setback led to intense self-doubt, listlessness, loss of appetite, and he even cried alone in his car before the consultation.

In-depth conversation revealed that Mr. Zhao's parents, local entrepreneurs, favored his elder brother, who was slated to take over the family auto parts business. They were strict with Mr. Zhao, encouraging him to emulate his brother and be self-reliant. This fostered a compulsive belief in Mr. Zhao that he "must gain power" to attain security and self-worth.

2.2 Case 2: Mr. Li, Exhibiting Social Withdrawal

Mr. Li, a 45-year-old high school teacher, sought consultation for his 19-year-old son, Li Meng (pseudonym), a college student. Mr. Li reported that his son had become increasingly silent at home since starting college, unwilling to communicate with his parents and avoiding eye contact. Contact with the

college confirmed that Li Meng was also very withdrawn at school, not participating in group activities or interacting with others. Mr. Li's wife, also a high school teacher, had a relatively close relationship with their son.

The counselor learned that Mr. Li came from a poor background but succeeded academically through his efforts, eventually returning to his hometown to teach. He held high expectations for his son and was very strict, but lacked emotional communication. Li Meng described fearing his father since childhood. Due to average grades, he was often scolded as "useless" and constantly compared to the "neighbor's child." This led Li Meng to develop intense feelings of inferiority. He constantly felt watched, talked about, and ridiculed, believing himself to be "ugly and short" (despite being average-looking and about 170cm tall), ultimately leading to social avoidance.

3. Treatment Approach and Tools

3.1 Case Analysis

Narrative therapy posits that a negative dominant narrative can block access to hopeful and empowering experiences, leading to negative self-perception and psychological problems.

In Case 1, Mr. Zhao's promotion failure and subsequent unfair criticism activated his core belief that "gaining power is essential for recognition," resulting in depression, anxiety, and anger. His distress stemmed from the intense conflict between his internal compulsion and external failure.

In Case 2, Li Meng, subjected to prolonged harsh criticism and negative labeling by his father, internalized the negative dominant narrative "I am worthless." He accepted his father's judgments as truth, interpreting himself and the external world through this lens, leading to 自卑, social anxiety, and avoidance behavior.

The commonality in both cases is that the individuals lacked "unconditional positive regard" during development, resulting in a lack of inner security and the construction of a negative self-identity through their narratives. When confronted with negative life events, they were highly susceptible to intense frustration and psychological problems.

3.2 Treatment Steps

Addressing the negative cognitions and traumatic experiences of the two individuals, the counselor first guided them to fully narrate their distressing "trauma stories." Subsequently, interventions used techniques of externalization and searching for unique outcomes (thickening the thin description). Core steps included: separating the problem from the person, guiding individuals to view the problem objectively; then, searching for overlooked positive "exceptions" or "sparkling moments" within the dominant story; and finally, helping individuals connect these positive elements to reconstruct a new, more empowering and hopeful "life story," thus revising their negative self-perception. Each individual received four sessions, every 2-3 days, each lasting about 45 minutes, flexibly adjusted as needed. Psychological measurement tools were used for pre-test, post-test, and follow-up assessments to evaluate intervention effects.

3.3 Assessment Tool

The Depression Anxiety Stress Scale (DASS) was used to assess participants' emotional states. The

Chinese version of the scale has demonstrated good reliability and validity. Scoring criteria: Depression: normal ≤ 9 , mild 10-13, moderate 14-20, severe 21-27, extremely severe ≥ 28 ; Anxiety: normal ≤ 7 , mild 8-9, moderate 10-14, severe 15-19, extremely severe ≥ 20 ; Stress: normal ≤ 14 , mild 15-18, moderate 19-25, severe 26-33, extremely severe ≥ 34 (Wang et al., 2016).

4. Treatment Process

4.1 Stage 1: Telling the Story – Listening to the Dominant Narrative

This stage aimed to fully listen to and accept the participants' "personal dominant narratives." The counselor used accepting language and open-ended questions, such as "What happened specifically?", "What did that mean to you?", "What else?", creating a safe atmosphere for participants to feel understood and supported, allowing their troubling stories to unfold fully (Gao et al., 2011).

- Mr. Zhao's "Dominant Narrative": "My superior was unfair to me; my hard work wasn't rewarded." "This promotion failure ruined my interpersonal image." "I must achieve success, I must gain power." "My wife will never understand me."

- Li Meng's "Dominant Narrative": "I'm worthless, I'll never be as good as my father." "I feel everyone is talking about me, laughing at me." "They laugh at my grades and ugly appearance."

4.2 Stage 2: Externalizing the Problem – Separating the Person from the Problem

Externalization separates the problem from the individual, preventing them from being equated with the problem. The problem is viewed as an external "oppressor" constructed by a negative narrative, while the individual is the object affected by it. Separation allows individuals to view the problem more rationally and objectively, enhancing their confidence in addressing it. This stage included three steps:

4.2.1 Naming the Problem

The counselor guided participants to name the problem troubling them, objectifying it. For example, Mr. Zhao's problem could be named "Unfair Judgment," and Li Meng's could be named "The Grip of 自卑."

In subsequent dialogue, the counselor used these names to refer to the problem, reinforcing the idea that "the problem \neq you."

4.2.2 Examining the Problem from a Third-Party Perspective

Participants were guided to analyze how the problem affected their lives from an outsider's perspective and understand its mechanisms. Tracing the problem's source (e.g., parenting styles, key developmental events) helped participants understand its formation without self-blame. They were encouraged to see possibilities beyond the problem, paving the way for finding exceptions.

4.2.3 Searching for Exceptions (Unique Outcomes)

Participants were guided to uncover positive experiences and events that did not fit the "problem story" – overlooked "exceptions" or "sparkling moments" (Gao et al., 2011). These "exceptions" were valuable material for reconstructing a new story.

- Exceptions Overlooked by Mr. Zhao: "Most colleagues and clients recognize my ability; I'm already

a department manager." "Despite this setback, my position and income are good for my age." "My wife loves me despite her complaints; our relationship is solid." "My parents sent me to an expensive private school; they love me."

- Exceptions Overlooked by Li Meng: "I can play basketball and had good friends in high school." "I'm not short, just average height." "I'm a kind person who likes helping others." "I love reading, I'm knowledgeable, and I have my own insights on social issues."

As "exceptions" accumulated, participants' narratives began incorporating positive elements, gradually boosting their confidence and laying the groundwork for story reconstruction.

4.3 Stage 3: Story Reconstruction – Weaving a New Life Narrative

The counselor used techniques like connection and meaning-making to help participants link these fragmented "exceptions" into a new, coherent storyline imbued with strength and hope. The reconstructed story 赋予 ed the past, present, and future with new meaning.

- Mr. Zhao's Reconstructed Story: "I should broaden my perspective and maintain a good mood. Performance and promotion aren't everything; physical and mental health and family happiness are more important." "I'm already a department manager with a decent income; life is actually quite happy. I need to learn to relax at home and communicate effectively with my wife."
- Li Meng's Reconstructed Story: "I need to study hard and find a good job." "I should play more basketball and connect with friends. Helping others makes me happy and gives me a sense of worth." "I love reading, which makes me knowledgeable and insightful. I should continue leveraging this strength and build my capabilities."

4.4 Stage 4: Consolidation and Termination – Rituals and Witnessing

Participants' positive self-perceptions and newfound strengths were affirmed, and the therapeutic effects were consolidated through rituals, witnessing, and homework assignments.

4.4.1 Ritual Reinforcement

Three forms were used: "Shredding," "Issuing Certificates," and "Reading Aloud."

- "Shredding": Participants shredded a document recording their past negative stories, symbolically 告别 ing the old narrative and dissolving negative self-identity.
- "Issuing Certificates": The counselor awarded certificates symbolizing the participants' new identity, e.g., awarding Li Meng a "Certificate of Confidence" and a "Certificate of Inner Strength."
- "Reading Aloud": Participants read aloud the new life story co-authored with the counselor, reinforcing the positive self-narrative.

4.4.2 Finding Witnesses and Assigning Homework

- Finding Witnesses: Participants were encouraged to share their changes with family and friends, seeking their positive feedback and support.
- Homework Assignments: First, participants were recommended to read inspirational books or watch

movies for continued positive reinforcement. Second, they were asked to read aloud three core personal strengths they identified (e.g., "I am a kind, resilient, and responsible person") each morning as a long-term positive self-suggestion.

5. Outcome Evaluation

5.1 Participant Self-Reports

- Case 1 (Mr. Zhao): "Now I feel, if I can get it, good; if not, it's okay too. Physical and mental health are most important."
- Case 2 (Li Meng): "I feel much better than before. I'll be interning soon, I need to focus on finding a job."

5.2 Psychological Measurement Evaluation

The DASS was administered pre-intervention, post-intervention, and at follow-up. Results are as follows:

- Case 1 (Mr. Zhao):
 - Pre-intervention: Depression (6, normal), Anxiety (10, moderate), Stress (16, mild).
 - Post-intervention: Depression (3, normal), Anxiety (8, mild), Stress (13, normal).
- Case 2 (Li Meng):
 - Pre-intervention: Depression (13, mild), Anxiety (9, mild), Stress (17, mild).
 - Post-intervention: Depression (8, normal), Anxiety (7, normal), Stress (15, mild).

The results showed decreased levels of depression, anxiety, and stress for both participants post-intervention, indicating the effectiveness of narrative therapy. The two-week follow-up showed maintained effects for Case 1; Case 2 was unavailable for follow-up due to starting an internship.

6. Conclusion and Limitations

6.1 Conclusion

This study applied narrative therapy to two cases of psychological trauma and achieved positive intervention outcomes, consistent with relevant domestic and international research. The study suggests that the key process in narrative therapy for psychological trauma involves: listening to and documenting the client's dominant narrative; guiding and encouraging them to uncover "exceptions" and positive content obscured by the dominant story; positively reinterpreting these experiences; and reconstructing a more empowering and hopeful life narrative. Finally, the new narrative is consolidated through witnessing, rituals, and homework. Compared to traditional cognitive-behavioral therapy, narrative therapy is client-centered, involves less debate and questioning, and is less likely to elicit resistance. Compared to traditional psychoanalysis, narrative therapy does not encourage clients to repeatedly recall traumatic details, avoiding secondary trauma, and the treatment course is relatively shorter.

6.2 Limitations

This study represents an in-depth analysis of only two cases with a small sample size and specific characteristics. Therefore, the conclusions should not be mechanically generalized. Furthermore, although a mixed-method approach was used, the study lacked a control group, peer review, and triangulation. It

relied on in-depth and repeated interviews as the primary means of ensuring reliability. The generalizability and rigor of the findings need to be addressed in future research.

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