

Combining Ericksonian and Sandplay Approaches to Therapy with Children who Manifest Depression as a Developmental Barrier

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This study reports on the use of the Ericksonian approach combined with sandplay therapy to assist children who present with depression, a troublesome developmental barrier. Participants were six children and/or adolescents with depression (two males and four females; age range 7 to 18; ethnicity: five white and one black). The intervention occurred once a week over a two-month period (eight 60-minute sessions in total). Outcome data were collected using qualitative interview and thematically analyzed. The Ericksonian approach to sandplay therapy had an overall positive effect on children who experienced depression as a developmental barrier.

Keywords: Adolescents, developmental barriers, depression, Ericksonian approach, sandplay therapy, case study

According to Yapko (2001, 2006) depression is the most common mood disorder in the world and a problem growing in scope and severity. According to the World Health Organization as well as cross-national epidemiological surveys, the rise in the rate of depression around the world is a leading cause of human suffering and disability (Yapko, 2006). The costs of depression are huge and the condition affects society on a variety of levels. It destroys marriages and causes families to disintegrate; it makes individuals suffer; communities are subjected to the consequences of the often destructive behaviours of people who either cope badly or not at all with their depression, and society faces the tragedy of individuals committing suicide or losing their lives to despair and apathy (O'Connor, 1999; Yapko, 2006).

Depression is a terribly disabling disorder, and despite significant advances in treatment, the problem steadily continues to grow in scope (Prendergast, 2006; Yapko, 2006). According to Yapko (2006) it is a multidimensional condition that has biological components based in genetics, neurochemistry and physical health. Its psychological components involve many individual factors such as cognitive style, coping style and qualities of personal behaviour. Depression also comprises social components – factors that are mediated by the value of one's relationships – including such variables as the family and culture one is socialised into, and one's range of social skills (Yapko, 2006).

Context of the Study

This study was motivated by the third listed author's prolonged interaction with children whose optimal functioning is limited by barriers to emotional development. Such children usually experience difficulty in verbalising their feelings and describing their situation and context. Through her dealings with them, however, it became apparent that they were able to attain higher levels of expression through telling stories. In addition, sandplay therapy helped them to be more relaxed in their participation in the counselling situation. The advantage of this type of

therapy appeared to be twofold: it was neither threatening, nor did it require clients to verbalise their thoughts and feelings. Instead, the latter were expressed in the sand. The therapist may direct the client by way of stories or metaphors, or the client may create his/her own story in the sand with the therapist as an observer.

Numerous authors emphasise the value of stories in therapy (Bellak & Abrams, 1997; Brandell, 2000, p. 36; Schaffer, 1999; Sunderland, 2004; Teglassi, 2001) as it is well known that children enjoy listening to and telling stories. Brandell (2000) emphasises the creative ways in which children give expression to their lives through narration, and remarks that "few adolescents and even fewer children express interest in discussing their wishes or intrapsychic conflicts, nor are most very receptive to this idea".

Sandplay as Therapy

Sandplay, according to Boik and Goodwin (2007), is an imaginary activity performed in the sand by the client. These authors regard sandplay as a natural mirror of the client's ongoing process of individualisation. Kaff (2007, p. 1) states that in sandplay therapy "the client is given the possibility, by means of figures and the arrangement of the sand in the area bounded by the sandbox, to set up a world corresponding to his or her inner state. In this manner, through creative play, unconscious processes are made visible". Sometimes the client talks about his/her life issues and the therapist responds; other times both remain silent (Dean, 2007).

Ericksonian Approach

The Ericksonian approach applies latent or underdeveloped sources to help clients recognise their assets, as has been pointed out above. The following principles comprised in the Ericksonian approach were applied, namely meeting the client in his/her world (Zeig & Munion, 1999) and recognising the importance of observation; displaying a willingness to understand the client's perceptual framework and motivation; a sincere in-

terest in the systemic functioning of the system; creativity in devising an intervention that uses the client's strengths and assets, and a constant awareness and acknowledgement that communication is the primary agent for change (Edgette & Edgette, 1995; Havens, 2003; Rossi, 1980; Zeig & Munion, 1999). Therapists employing this approach explore and use everything that the client brings to the situation and that exists in his/her life (Geary & Zeig, 2001). This implies a readiness on the part of the therapist to react strategically to all aspects of the client and the environment.

A Combined Approach

This combined approach seems to be a unique mode of therapeutic intervention, as an extensive literature search yielded no references to such research ever having been conducted. Both the Ericksonian approach and sandplay therapy have been researched extensively, but only as separate approaches (Lopes, Snyder, & Rasmussen, 2003; Neuberger, 2000; White, 1982). Various journal articles focus on these therapies, but none reports a combination of the two (Pearson & Wilson, 2001; Rogers, 1997; Tsugawa, 2000).

Goals of the Study

The purpose of the current study was to explore whether a combination of the Ericksonian approach and sandplay therapy could be used in helping depressed children and adolescents overcome their problem. The study sought to answer the following questions:

How can the Ericksonian approach and sandplay therapy be combined?

- How can the Ericksonian approach and sandplay therapy be applied in psychotherapy?
- How can the Ericksonian approach and sandplay therapy be combined in helping depressed children and adolescents deal with depression?

Method

Participants and Context

The participants¹ were purposefully selected adolescents who had a history of depressed behaviour as the selection criteria called for such persons who had sought therapy. Six individuals (two boys and four girls) participated in the study, their ages varying between 7 and 18 years. One of the participants' mother tongue was English and the other five had Afrikaans as their first language.

Data Gathering

Qualitative techniques. The following techniques were employed to facilitate qualitative data collection: in-depth (formal and informal, one-to-one, semi-structured) interviews, discussions with the participants and their parents and observing them, field notes, obtaining documents and analyzing them (e.g., school, psychological, speech therapy and occupational therapy reports, educational-psychological intervention (Ericksonian therapy was combined with sandplay therapy), video recordings and a reflective journal.

Intervention

The intervention occurred once a week over a two-month period (eight 60-minute sessions in total). Each interview was followed by Ericksonian hypnotherapy sessions combined with sandplay therapy. During these sessions the life themes that

emerged during the interviews were used in an effort to generate hope. We also applied Kalf's instruction (2007) that the therapist employing sandplay therapy must give shape to a free space where the client feels fully accepted – a space protected by the fact that the sandplay therapist recognises the client's boundaries.

Data Analysis

An inductive data analysis approach was followed to identify themes and subthemes (Creswell, 2003; 2007). Data were first prepared and organised. It was then read, after which detailed data analysis commenced. Identification of themes and subthemes subsequently occurred, followed by a discussion of the findings.

Ensuring Trustworthiness

Quality assurance was practised in the study by using various strategies during data collection and analysis to uphold the four criteria for judging the quality and trustworthiness (Lincoln & Guba in Schwandt, 2007) of qualitative research. These criteria included transferability, confirmability, credibility and dependability. Table 1 lists the strategies used to guarantee the trustworthiness of the study.

Ethical Issues

Permission to conduct the study was granted by the University of Pretoria's Research Ethics Committee. Informed consent was formally obtained from the participants and their parents. Their participation was voluntary, and they were informed of their right to withdraw from the study at any time and that their disclosures would be treated with the strictest confidence.

Results and Discussion

Several themes emerged qualitatively in the course of the process. In order to increase the 'audibility' or 'presence' of the research participants in the article, some basic information is provided. However, pseudonyms are used and certain details are withheld in order to ensure confidentiality and anonymity. The dominant themes that emerged from the research are summarised in Table 2 and discussed below.

Theme 1: Participants' Experience of Ericksonian Therapy Combined with Sandplay Therapy

Subtheme 1.1: Participants' experience of storytelling moments. The six participants in the study had the opportunity to name the problems they experienced in their lives through Ericksonian storytelling. Five of them (83%) were able to name the problems they experienced while one participant was not able to name his/her problems. *Story Princess* was at first reluctant to speak about her problems. During Session 4 (p. 9) she said: *He's saying us to keep quiet. To try and prevent the verbalisation of her feelings, she created an imaginary person who apparently ordered herself and the therapist (researcher C) to keep quiet. Thinker initially mentioned that he could see no obstructions in his lightball: There is nothing¹ (Session² 1, p. 22). During our second session, however, he was able to name these obstacles. He mentioned that he had no friends; that he found it difficult to go to school; that he sometimes felt sad for no apparent reason; that he felt as if he could not continue with his life; that he always felt tired and that he did not feel like playing with his brother (Session 2, p. 6). Shade initially noticed the following obstacles in her lightball: aggression; heartlessness, violence; panic attacks; lack of confidence and the feeling that she was stuck in a bubble; – I see that I am like in*

Table 1

Strategies to Increase and Enhance Trustworthiness during Data Collection and Analysis

Transferability	<ul style="list-style-type: none"> • Observations were documented in a research diary. • Detailed descriptions of the particular setting of the participant and the techniques used were provided – sufficient information was given on the context of events for the reader to judge the applicability of the findings to other known settings.
Confirmability	<ul style="list-style-type: none"> • The data obtained, the method used and the decisions made during the project were thoroughly documented.
Credibility	<p>Triangulation</p> <ul style="list-style-type: none"> • Many types of evidence were collected for diverging and converging of evidence. • Due to a prolonged engagement in the field, numerous observations were made across different times and places. • Continuous observation of the participant was carried out during the research phases. • All data was coded independently by an external encoder in order to ensure that the identified themes were an accurate representation of the data. <p>Crystallisation</p> <ul style="list-style-type: none"> • The focus was on complex patterns and themes that emerged during the data collection and analysis in order to enhance a comprehensive understanding of the phenomenon.
Dependability	<ul style="list-style-type: none"> • The data was coded independently by an external encoder in order to enhance its accuracy. • Verbatim accounts were produced (low inference descriptor).

Note. (Compiled from Creswell, 2003; McMillan & Schumacher, 2009).

Table 2

Identified Themes

Theme identified	Subthemes
Theme 1: Participants' experience of Ericksonian therapy combined with sandplay therapy	<p><i>Subtheme 1.1: Participants' experience of storytelling moments</i></p> <p><i>Subtheme 1.2: Participants' experience of sandplay moments</i></p>
Theme 2: Participants' experience of Ericksonian therapy combined with sandplay therapy	<p><i>Subtheme 2.1: Participants' explanation and comprehension of the storytelling moments</i></p> <p><i>Subtheme 2.2: Participants' experience of sandplay moments</i></p>
Theme 3: Improvement and acceptance in the lives of the participants after Ericksonian therapy combined with sandplay therapy	<p><i>Subtheme 3.1: Improvement in the lives of the participants</i></p> <p><i>Subtheme 3.2: Participants' acceptance of their circumstances</i></p>
Theme 4: Reaction of participants to combined therapeutic intervention	<p><i>Subtheme 4.1: Positive reaction of participants to combined therapeutic intervention</i></p> <p><i>Subtheme 4.2: Negative reaction of participants to combined therapeutic intervention.</i></p>

a bubble and that perhaps I may not ... it feels as if I will not be able to get out of it (Session 1, p. 14). During the second therapeutic intervention she named a number of obstacles in her lightball: her health and depression, her parents' depression, her mother's suicide attempt and the attempted rape that she had experienced as a young girl (Session 2, pp. 3, 4).

The six participants in the study were diagnosed with depression before therapy started. All of them manifested positive feelings and emotions and a lighter mood after the Ericksonian therapy. Three of the six (50%) could apply the newly found positive feelings, emotions and mood to their daily lives. The other three participants also benefited from the newly found positive feelings, emotions and mood, but these had no permanent effect on their daily lives. *Story Princess* enjoyed the sto-

ries: *Oh, that was a happy story, but it was bad in the beginning. Wow! That's a nice story* (Session 3, p. 11); *Oh! That was a nice story* (Session 4, p. 16); *Yeah! Nice story* (Session 6, p. 10). *Thinker* made the following remarks after experiencing the storytelling: *That story is very clever* (Session 3, p. 13); *I really feel much better* (Session 6, p. 16). *Lost* reacted to the storytelling sessions as follows: *Wow! That was quite nice. I feel glad* (Session 1, p. 15); *Now I feel better* (Session 3, p. 8); *I feel very good* (Session 4, p. 9). *Hopeful* had the following to say after the storytelling session: *I feel very calm* (Session 1, p. 14). *I feel relaxed* (Session 4, p. 16). *Shade* described her experience after the storytelling as follows: *I feel better* (Session 2, p. 2); *I feel very relaxed and calm and at peace* (Session 2, p. 22); *It is extremely nice for me. It also relaxes me* (Session 2, p. 28). During

the session I experience a calmness that is indescribable. I feel as if I am drifting like a feather that wants to reach the highest point in life (Participant's reflective journal, p. 13).

Subtheme 1.2: Participants' experience of sandplay moments. The aim of the sandplay was to determine if the participants' portrayal of the Ericksonian story in the sand would help them to understand the story better and support them in applying the therapeutic metaphor in their own lives.

Three of the six participants (50%) were able to portray the therapeutic metaphor in the sand and could apply it in their lives. *Lost* was able to listen to the Ericksonian approach to therapy (storytelling) and to portray the story in the sand as he experienced it. He usually explained the scene that he had created when his sandplay session was over. The explanation of his scene was a repetition of the story that had been told to him: *Here is the tree that had stopped growing. Here are the other trees in the forest that were nice and green and young and that thought that the little tree had died, but actually it wasn't dead. The little tree had been struck by lightning and because it had such a fright, the little tree thought it could not grow anymore. So then there came a deer that saw more than the other trees and she helped the tree that seemed to be dead to start believing once more that it could grow again* (Session 5, p. 12). When asked what the story had meant to him, *Lost* answered: *With good friendship one can get anywhere in the world and know that you are not alone.*

Four of the six participants (67%) were uncertain before they started their sandplay sessions and had questions regarding the sandplay. Two of them embraced the sandplay and started creating their pictures immediately after storytelling. *Thinker* and *Shade* were uncertain about the use of water in the sandbox. *Thinker* wanted to know whether he was allowed to pour water into the sand (Session 1, p. 24), whereas *Shade* wanted to make sure whether she could use water (Session 1, p. 5). At the beginning and even during the further sessions, *Hopeful* was uncertain about what she had to portray in the sand (Session 2, p. 14). She asked a considerable number of questions before she started creating her scene in the sandbox, for example: *So, if I had been in my room, then I should now put down my room? What can I use as a lightball, miss? Is that all I need to do? How must I build it? So, must I build what I learned about myself? And if what I experienced cannot be described, miss, what then?* (Session 2, p. 15; Session 4, p. 17; Session 5, p. 13).

Theme 2: Participants' Experience of Ericksonian Therapy Combined with Sandplay Therapy

Subtheme 2.1: Participants' explanation and comprehension of the storytelling moments. The participants had different explanations of the storytelling moments and their comprehension of the storytelling moments also differed. All six participants were able to listen to the Ericksonian storytelling.

Two participants (33%) showed a personal connection with the story, two didn't show any personal connection and the last two showed a possible connection with the story. *Lost* gave his full co-operation at all times and did everything that was expected of him in therapy. He grasped the concept of throwing stones out of the lightball very well and explained it as follows: *Not everyone is able to remove all the stones from their lightball. There may still be stones in a person's life, for example problems* (Reflective journal, p. 2). It was not sure whether *Lost* had internalised all the stories shared during the Ericksonian approach to therapy. He would usually remember exactly what the story was about, but did not necessarily apply it to his own life. *I was sorry for the flower, but fortunately it found a safe place* (Reflective journal, p. 3). It was hoped that *Lost* would eventually remember and understand the pertinent message of the therapeutic metaphor on a deeper level, at a time when it was essential for him to

grasp the deeper meaning. *Thinker* also showed that he understood the stories that I had told him. He was able to internalise the Ericksonian approach to therapy and the storytelling associated with it, and thus to apply it in his own life. In the last therapy session he was able to mention what had been bothering him, despite the fact that he had stated in Session 1 that he did not want to talk about his problems. *We cannot really give our dogs much food. We have 5 dogs and 1 big ... we have four puppies and one big dog and they are very thin because we cannot give them much food. And we do not have much money, only just about enough for food in a month and the water and lights, just enough money for that. We have it so bad. We suffer so much. We have a really hard time because my mom can use only about fifty rand for shop and so on. We suffer so much and everything. I have to try and work with them and help them to earn money. I am going to work for money. Perhaps I can ask auntie Tokkie whether I can do something at her house, or keep an eye out for the neighbours there, just take care of things for them for ten rands or five rands or so* (Session 6, pp. 24, 25).

Subtheme 2.2: Participants' experience of sandplay moments. During this part of the study the researchers investigated the impact of the sandplay therapy on the participants' comprehension and explanation of the therapeutic metaphor. They also tried to determine whether the sandplay could support the participant to build a bridge between the words of the story and a personal connection with the story. Three participants (50%) showed a deep understanding of the therapeutic metaphor through sandplay, two participants showed no deeper understanding of the metaphor through sandplay and one of the participants chose to ignore the Ericksonian metaphor and preferred to build her own story in the sand. *Hopeful* explained her first scene in the sand as follows: *The stones that I took out were my mom and dad, my sister and my school teachers, and then Shawn. And when I walked back, I - just now when I threw out all my stones and things, then, a feeling as of freedom came over me, my shoulders were light, just as if I had thrown off a burden. That's the reason for the butterflies. They are my wings of freedom* (Session 2, p. 16).

Hopeful's sandplay helped her to make a personal connection between the therapeutic metaphor and her personal life. She portrayed the butterflies in the sand and mentioned that their wings were to her a symbol of freedom. A burden had dropped off her shoulders.

Theme 3: Improvement and Acceptance in the Lives of the Participants after Ericksonian Therapy Combined with Sandplay Therapy

Subtheme 3.1: Improvement in the lives of the participants. The aim was to investigate whether the Ericksonian method combined with sandplay therapy could support children and adolescents with depression so that they would experience some relief of their depressive symptoms. Four participants (67%) showed an improvement in their situation and relief of their depressive symptoms, whereas the condition of two of the participants showed no improvement. *Story Princess* had a positive experience every time when the researcher shared with her a therapeutic metaphor: *Oh! That was a happy story!* (Session 6, p. 10). *Hopeful* described her experience during storytelling as follows: *All the beautiful things were closer and more, and all the bad things were smaller and further away. Shell had the following experience after the combined approach to therapy: I feel good and happy and full of love* (Participant's reflective journal, p. 3), while *Shade* experienced an *Indescribable peacefulness during the session and felt as if she could drift like a feather to reach the highest point in life* (Participant's reflective

journal, p. 13). *Shell* did not show, either through word or deed, that the combined approach had contributed to her growth as a person.

Subtheme 3.2: Participants' acceptance of their circumstances. It was believed during the study that if a participant could accept his/her circumstances, he/she would be able to improve. Two participants (33%) were able to accept their circumstances. One of them showed improvement after accepting the circumstances that had caused distress. The other participant didn't show any improvement after therapy. Both *Hopeful* and *Shade* mentioned that acceptance of their own problem followed after the different therapeutic interventions. In the therapist's own reflective journal (Participant E, p. 7), she wrote that *Hopeful* was beginning to accept the authority of her parents. Her attitude correlated with evidence in research by Daley and Zuckoff (1999). *Hopeful* gradually started accepting her parents' authority, which led to an improvement in their relationship (Session 4, p. 13). We considered this as movement in therapy, which corresponded with the findings of LaBay (2003). *Shade* made the following comment in Session 6 (pp. 6-14): *Over time I have started accepting it, and I have already started writing it off, you know, this is the past and I do not want to look back at the past anymore, I want to look ahead to the future. I want to move on. I am much better.* Notwithstanding the above statement (that *Shade* had started accepting her past), the following quote seems to contradict this: *Things will never be better for me. My past will always catch up with me* (Session 6, p. 10). Since *Shade's* acceptance seemed to be passive, it was possible that movement and progress in therapy would not take place optimally (LaBay, 2003).

Theme 4: Reaction of Participants to Combined Therapeutic Intervention

Subtheme 4.1: Positive reaction of participants to combined therapeutic intervention. All six participants enjoyed the Ericksonian therapy (storytelling) and sandplay therapy sessions. Three participants (50%) worked continuously in their reflective journals. *Story Princess* immersed herself in the stories during the Ericksonian approach to therapy and usually gave running commentary. While the therapist (researcher C) was engaged in the storytelling session, *Story Princess* was, in her imagination, part of the story. Although *Story Princess* did not portray in the sand the stories that were told to her, they apparently made a lasting impression on her. In Session 5 (p. 10) she made a remark that indicated to the therapist that she had remembered the stories and that the message had possibly not been lost altogether: *Remember the ballerina story? Maybe we can still do the ballerina story.* The therapist had told her the story of the ballerina in Session 2 (p. 25). During Session 3 (p. 20) she again said something that pointed to the stories having been told to her to have had some meaning for her. *Yes, and she wasn't afraid to sleep anymore.* Sleeplessness was one of the obstructions that *Story Princess* experienced following the death of her mother.

Subtheme 4.2: Negative reaction of participants to combined therapeutic intervention. Two participants (33%) showed resistance during storytelling and sandplay therapy. After the therapist had completed the storytelling in Session 3 (p. 11) and Session 4 (p. 16), *Story Princess* reacted quite negatively to the sandplay therapy that was to follow: *But I don't want to do it again. I don't want to build in the sand.* One participant showed a negative reaction during one of the storytelling moments. During the first therapy session, *Lost* had the follow-

ing experience: *I was suddenly afraid and distressed and then everything just turned black all of a sudden. I thought the airplane was going to fall* (Session 1, p. 17).

Limitations

The study was of limited scope, since only six children and/or adolescents had been engaged in the research. The prospect of generalising the findings was therefore limited. The possibility of generalisation was further restricted as the six case studies were not representative of the entire population of children and adolescents who receive Ericksonian therapy combined with sandplay therapy. Researchers who perhaps become involved in similar cases could however consider the course of the study and the background of the problem to decide whether the approach might be meaningful to them.

The Ericksonian approach to therapy combined with sandplay therapy is a new field of study that has not been researched before. The researchers' own subjective interpretations could furthermore be seen as an additional limitation, since other researchers would probably interpret the results differently. As a precautionary measure to this end, an experienced clinical psychologist was asked to act as external encoder. One of the participants was on psycho-pharmacological treatment, and this inevitably caused side effects. This factor possibly had a significant effect on the research results.

Sand as a therapeutic agent restricted the study in one case, as the participant concerned experienced sensory integration impediments and objected to the use of sand as medium. This impediment probably hampered her therapeutic process.

Conclusion

The findings of this case study indicated that employing the Ericksonian approach to sandplay therapy with children and adolescents who manifested depression as a developmental barrier was successful for some but not all of the participants. The two approaches proved in combination to be mutually reinforcing as therapeutic aids, and the participants reported positive experiences as a result of the therapeutic intervention. On completion of the study, the researchers concluded that the intervention had had positive consequences for most of the participants.

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Endnotes

¹ All parts printed in italics are direct quotes from the participants' verbatim transcriptions of the video recordings and from their journals

² All references to "Session" come from the verbatim transcript of the video recordings concerned