



The
University
Of
Sheffield.

**Exploring the Value of Culturally Adapted Therapeutic Stories as a
Tool for Intervention in Chinese Primary Schools**

By:

XI LIU

A thesis submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy

The University of Sheffield
Faculty of Social Science
School of Education

July 2017

Abstract

The therapeutic use of stories and storytelling has been studied in western countries for decades. Throughout the last ten years, Chinese researchers and practitioners also have devoted attention to using therapeutic storytelling in psychosocial counselling. However, there is still a dearth of research on using this therapeutic technique with primary school students. This study aims to address this research gap by exploring Chinese primary school psychological counsellors' understanding and experience of using stories and storytelling therapeutically. In addition, this study seeks to develop an in-depth understanding of how culturally adapted therapeutic stories can be used in Chinese primary school psychological counsellors' practice.

Twelve psychological counsellors serving primary school students were recruited as participants. I created four therapeutic stories and delivered an online presentation to each participant to introduce the basic concept of therapeutic story along with the stories devised by me. The participants were expected to use the stories in their practice, and eight of them actually did so. The participants attended a semi-structured individual interview to reflect on their experience (if any) and express their understanding of implementing therapeutic storytelling. By applying a constructivist grounded theory method of analysis, three core categories emerged. First, the participants found that therapeutic storytelling facilitated the establishment of an effective therapeutic relationship. Second, the participants believed that therapeutic storytelling is compatible with a wide range of therapeutic approaches and preferred to use it as an auxiliary therapeutic technique. Third, the participants thought that taking part in this study promoted their professional development.

This study conceptualises how therapeutic storytelling contributes to establishing an effective therapeutic relationship, and proposes a spectrum of therapist directiveness when implementing therapeutic storytelling to integrate the various approaches to using this technique. Based on the analysis of data, this study offers a set of possibly useful guidelines for using therapeutic storytelling in Chinese school settings.

Table of Contents

Abstract	i
Table of Contents	ii
Abbreviations	vi
List of Tables.....	vii
List of Figures	viii
Acknowledgements	ix
Chapter 1 Introduction	1
1.1 Research Background.....	2
1.1.1 The Development of Psychology and School Psychological Counselling in China.....	2
1.1.2 The Professionalisation of School Psychological Counsellors.....	8
1.1.3 Therapeutic Storytelling	11
1.2 Research Aim and Objectives	12
1.3 Researcher Profile	12
1.4 Structure of the Thesis.....	13
Chapter 2 Literature review	14
2.1 Introduction	14
2.2 Brief History of Storytelling.....	15
2.3 Storytelling Philosophy	17
2.4 Storytelling and Science Research	19
2.5 Storytelling and Education	21
2.6 Storytelling and Psychotherapy.....	22
2.6.1 Story and Talking Therapy	22
2.6.2 Storytelling in Different Psychotherapy Approaches	24
2.6.2.1 Psychoanalytic Approach.....	24
2.6.2.1.1 Psychoanalytic Play Therapy: Gardner and Kritzberg	24
2.6.2.2.2 Other Approaches of Using Storytelling in Play Therapy	27
2.6.2.2.3 Using Traditional Fairy Tales: Bettelheim.....	29
2.6.2.3 The Ericksonian Approach of Using Stories.....	30
2.6.2.4 Narrative Therapy	34
2.6.2.5 Cognitive Behavioural Therapy	36
2.6.2.6 Family Therapy	39
2.6.2.7 Bibliotherapy.....	41
2.6.2.8 Therapeutic Storytelling and Multimedia	45

2.6.2.9 Therapeutic Story: A Transtheoretical Therapeutic Technique	47
2.6.3 Guidelines for Developing Therapeutic Stories.....	48
2.6.4 Using Therapeutic Stories in Chinese Schools	53
2.7 Summary	56
Chapter 3 Methodology.....	57
3.1 Introduction	57
3.2 Research Paradigm	57
3.3 Primary Research versus Secondary Research.....	62
3.4 Qualitative Research or Quantitative Research.....	63
3.5 Grounded Theory and Constructivist Grounded Theory.....	65
3.6 Research Procedures.....	67
3.6.1 Sampling and Research Participants.....	67
3.6.1.1 The Recruitment Process	68
3.6.1.2 The Participants.....	69
3.6.2 Data Collection	70
3.6.2.1 Individual Interview	71
3.6.2.2 Interviewing Questions	73
3.6.2.3 The Pilot Study.....	74
3.6.3 Data Analysis Procedure.....	74
3.7 Ethical Considerations.....	81
3.7.1 Personal Safety	81
3.7.2 Potential Harms to Participants.....	81
3.7.3 Data Management	82
3.8 Trustworthiness	82
3.8.1 Sensitivity to Context	83
3.8.2 Commitment and Rigour	87
3.8.3 Transparency and Coherence.....	87
3.8.4 Impact and Importance	89
3.9 Summary	90
Chapter 4 Data Analysis.....	90
4.1 Introduction	90
4.2 Core Categories and Subcategories	93
4.2.1 Facilitating therapeutic relationship.....	93
4.2.1.1 Establishing therapeutic alliance through storytelling	93
4.2.1.2 Saying it with a story.....	100
4.2.1.3 Combining Storytelling with Other Activities	107

4.2.2 Integrating Therapeutic Storytelling into Existing Therapeutic Approaches and Procedures	109
4.2.2.1 Understanding the Rationale and Impact of Therapeutic Storytelling ...	109
4.2.2.1.1 Defining Therapeutic Storytelling Broadly	109
4.2.2.1.2 Taking Different Theoretical Perspectives	113
4.2.2.1.3 Reflecting on the Content and Structure of Therapeutic Stories	116
4.2.2.1.4 Potential Negative Impact and Shortcomings of Therapeutic Story	118
4.2.2.2 Justifying the Case Choice	120
4.2.2.3 Adapting therapeutic story to cater to the child	122
4.2.2.3.1 Motivations of adapting therapeutic story	122
4.2.2.3.2 Suggesting the Possible Ways of Adapting Therapeutic Stories ...	125
4.2.2.4 Incorporating Therapeutic Storytelling as an Adjunct Therapeutic Technique	127
4.2.2.5 Analysing Cultural Elements in Therapeutic Storytelling Process	131
4.2.2.6 Discussing the Difficulties Encountered When Using Therapeutic Stories	136
4.2.3. Promoting Psychological Counsellors' Professional Development	140
4.2.3.1 Following the Recommendations Provided in the Training Program of Psychological Counsellor	140
4.2.3.2 Reflecting on One's Educational and Professional Background	141
4.2.3.3 Expressing one's Understanding of Learning and Using a New Therapeutic Technique	144
4.3 Summary	148
Chapter 5 Discussion	149
5.1 Introduction	149
5.2. Facilitating Therapeutic Relationship	150
5.2.1 How Storytelling Facilitates Therapeutic Relationship	150
5.2.1.1 The Working Alliance	150
5.2.1.2 The Transference/Countertransference Configuration	152
5.2.1.3 The Real Relationship	154
5.2.2 Realising Therapeutic Value by Facilitating Therapeutic Relationship	161
5.1.2.1 Containment and Holding	162
5.1.2.2 Intersubjectivity	164
5.1.2.3 Attachment and Attunement	167
5.1.2.4 Summary	169
5.3. Integrating Therapeutic Storytelling into Existing Therapeutic Approaches and Procedures	172

5.3.1 Conceptualising Therapeutic Story from Different Theoretical Perspectives	172
5.3.2 Using Therapeutic Story as an Adjunctive Tool in Psychological Counselling	175
5.3.2.1 Place, Timing and Identification	176
5.3.2.2 The Spectrum of Directiveness When Using Therapeutic Storytelling	179
5.3.2.2.1 Using Therapeutic Storytelling as an Expressive Technique	180
5.3.2.2.2 Using Therapeutic Storytelling as a Suggestive Technique	184
5.3.2.2.3 Using Therapeutic Storytelling as a Cognitive Restructuring Technique	187
5.3.2.2.4 Using Therapeutic Storytelling as an Instructional Technique	189
5.3.2.2.5 Summary of the Spectrum	190
5.3.2.3 Contemplation on the Therapeutic Value of Storytelling	191
5.3.3 Adapting Therapeutic Story to Cater to the Child	191
5.3.4 Analysing Cultural Elements in Therapeutic Storytelling Process	195
5.4. Promoting Psychological Counsellors' Professional Development	197
5.4.1 The Psychological Counsellor Training Course	197
5.4.2 Continuous Professional Development	198
5.5 Summary	200
Chapter 6 Conclusion	201
6.1 Introduction	201
6.2 Summary of Findings	201
6.2.1 In Response to the First Research Question	202
6.2.2 In Response to the Second Research Question	208
6.2.3 In Response to the Third Research Question	215
6.3 Contributions	217
6.3.1 A Contribution to School Psychological Counselling in China	217
6.3.2 A Contribution to the Knowledge of Therapeutic Storytelling	218
6.4 Limitations	218
6.5 Implications of the Study Findings	219
6.6 Future Research Directions	220
6.7 Final Note	221
References	225

Abbreviations

CPS	The Chinese Psychological Society
IUPsyS.....	International Union of Psychological Science
CBT.....	Cognitive Behavioural Therapy
MST.....	Mutual Storytelling Technique
TASKIT	Tell a Story Kit
TISKIT	Therapeutic Imaginative Storytelling Kit
ZPD	Zone of Proximal Development
TST	Therapeutic Storytelling Technique
BPT.....	Behavioural Parent Training
TS	Transforming Stories
MMS	My Mobile Story
DBT	Dialectical Behaviour Therapy
REBT	Rational Emotive Behaviour Therapy
CNKI	Chinese National Knowledge Infrastructure
CPD	Continuing Professional Development

List of Tables

Table 1.Chinese Education System.....	7
Table 2.Research Paradigms	58
Table 3. Quantitative and Qualitative Research	63
Table 4. Basic Information of the Participants	70
Table 5. Example of Initial Coding	75
Table 6. Example of Focused Coding.....	77
Table 7. Evaluation Models of Qualitative Research.....	82
Table 8. Three Core Categories and Corresponding Subcategories	90
Table 9. Classification of Projective Techniques.....	180

List of Figures

Figure 1. The Data Analysis Process.....	74
Figure 2. The Triadic Relationship in Therapeutic Storytelling.....	160
Figure 3. How Storytelling Realises Therapeutic Value through Facilitating Therapeutic Relationships.....	169
Figure 4. The Spectrum of Directiveness When Using Therapeutic Storytelling.....	179

Acknowledgements

- I would like to express my deepest gratitude to Dr Antony Williams, my supervisor, for his patient guidance, enthusiastic encouragement, and valuable and constructive suggestions during the development of this research project.
- I wish to express my sincere gratitude to my wife, Ge, for her loving support and enduring belief in me.
- I am extremely thankful to all the psychological counsellors who willingly participated my study.

Chapter 1 Introduction

Storytelling, as a defining human activity, has played an important role in human communication. All human communities from different nations and regions worldwide recognise story as a vehicle for learning, enlightenment and entertainment since ancient times (Perrow, 2008). According to Combs and Beach (1994, p.464), '*the human brain is essentially a narrative device that runs on stories.*' Schank (1995) argued that there exists a '*cognitive machinery*' within human's brain solely dedicated to understanding stories and individuals' structure of knowledge is constructed through listening, remembering and telling stories. Davidson (2004) also stated that knowledge is instilled from generation to generation through stories as well as moral values and cultural norms. Pennington (2009) claimed that stories are the foundation of consciousness as constructing or comprehending a story is closely associated with people's memory and thinking processes. Hence, storytelling is an important natural activity of humanity which contributes to the development of both individual and society (Cajete, Donna&Regina, 2010). Story has a quality that could provide people with comfort, encouragement and inspiration (Bruner, 2002). Intentionally or not, a wide range of stories are adopted to serve the purpose of treating psychological trauma from time immemorial (Davis, 1999). In western countries, therapists and psychological counsellors have used storytelling as an intervention or treatment technique in therapy and counselling for decades (Gardner, 1971, 1993; Bettelheim, 2010; Aydin & Yerin, 1994; Carlson & Arthur, 1999; Cook, Taylor & Silverman, 2004; Friedberg & Wilt, 2010; Erickson & Rossi, 2012). Therapeutic storytelling has been proved compatible with a wide range of psychotherapeutic approaches, such as psychodynamic therapy, client-centred therapy, and cognitive behavioural therapy, etc.

It is evident that storytelling is a universal activity across all cultures. However, the implementation of storytelling for therapeutic purposes needs to be supported by culturally specific evidence. My study is focused on Chinese primary school psychological counsellors' perspectives on utilising therapeutic story. China has experienced rapid development in recent decades and becomes the world's second largest economy after the United States (Lu, 2010). Nevertheless, the development has brought a number of new problems to Chinese society, such as the

increasing mental health problems among children and young people. For instance, left-behind children (children who cannot follow their parents when they are working far away from home) have become a social phenomenon and they are more likely to suffer from mental health issues. Chinese society has reached a consensus that it is imperative to provide school students with professional psychological service to support their development. In spite of the wide acknowledgment of its necessity and importance, establishing a reliable and accessible school psychological service delivery system is facing realistic difficulties and challenges. In China, the profession of psychological counselling is at an early stage of its development. There is a lack of well qualified psychological counsellors, and current practitioners are in need of professional improvement. Zhao et al. (2009) investigated a total of 1000 psychological counsellors in China with a self-made questionnaire on the problems in their counselling practice and 76.2% of the counsellors in their study reported that sometimes they had the feeling of not being competent for the work. Generally, psychological counsellors are inclined to expand their knowledge on therapeutic tools and techniques that are helpful for solving problems in their practice. Therefore, storytelling as a useful therapeutic technique is worth more study in terms of its utilisation in the Chinese context, especially for counsellors who work with children in school settings. This study seeks to understand Chinese primary school psychological counsellors' understanding and experience of the therapeutic use of stories and storytelling. The thesis presented here reflects original research undertaken towards a PhD degree at the School of Education at The University of Sheffield. In this chapter, the background and context of the study, the research aim and objectives, the researcher positionality, and the structure of the thesis are presented and discussed.

1.1 Research Background

1.1.1 The Development of Psychology and School Psychological Counselling in China

The development of modern psychology in China can be traced back to the twenties to thirties of the twentieth century (D'Amato, van Schalkwyk, Zhao, & Hu, 2013). In 1879, German psychologist Wilhelm Wundt established the first psychology laboratory at the University of Leipzig, which was the starting point of the development of psychology

as an independent discipline. Cai Yuanpei, who was an eminent Chinese educator and a former president of Peking University, followed Wundt to study some psychology modules such as general psychology, experimental psychology and ethno psychology as Wundt's only Chinese student during 1908 to 1911 (Chen, Zhang, Li, & Han, 2001). When Cai Yuanpei held the position of the president of Peking University, he supported Professor Chen Daqi to found the first laboratory of psychological studies in China in 1917. Although the psychology laboratory was affiliated to the philosophy department, it marked the birth of Chinese modern psychology. Professor Chen Daqi studied psychology in Japan before he came back to China to teach in Peking University, and his book 'A General Outline of Psychology' published in 1918 was the first Chinese textbook of modern psychology.

The first independent psychology department in Chinese universities was established in 1920 at Nanjing Advanced Normal School. There were some teachers who had studied psychology in the US, including Chen Heqin, Liao Shicheng and Lu Zhiwei, and they all later became significant Chinese psychologists. There were two curriculums for the psychology students: one emphasised education modules, while the other one consisted of more science modules. Chen et al. (2001) argued that current psychology programs in Chinese universities are still influenced by this tradition. In 1921, the psychology teachers from Nanjing Advanced Normal School and Zhang Yaoxiang, who taught psychology at Beijing Advanced Normal School, founded The Chinese Psychological Society (CPS). The head office of the society was located at Nanjing Advanced Normal School. In 1922, the society launched a journal called 'Psychology', which was the first academic journal in the field of psychology in China. It was specifically indicated in the 'Aims' of the journal that psychologists should develop theories and experiments with consideration of the situation of China based on domestic and overseas academic resources. However, unfortunately, the society had to suspend all academic activities including publishing the journal since 1927 because of the lack of funding and the destabilisation of the country. Lu Zhiwei and other psychologists attempted to re-establish the society in January 1937, but the new society dispersed after 'The Marco Polo Bridge Incident' that happened just months later in the same year which marked the start of the Second Sino-Japanese War. The path of development of modern psychology in China was tortuous and difficult. The Chinese pioneers in the field strived to introduce western psychology to China, but their endeavours were impeded by the political chaos during 1920s to 1930s caused by feuding

parties and warlords, the second Sino-Japanese War (1937-1945) and the Chinese civil war between 1946 and 1949 (Zhang, 1985; Zhao, 1996). After the People's Republic of China was founded in October 1st 1949, the development of modern psychology began to recover. The Psychology Institution of the Chinese Academy of Sciences was established just one month after the founding of the government. The CPS was re-founded in 1955, and started to publish the 'Journal of Psychology' from 1956. In 1962, the Division of Chinese Educational Psychology was founded within the Chinese Psychology Society, starting to carry out psychological research on teaching/learning and mental health of children and young people (Su, 2009). Russian psychological science was introduced to China and dominated the field during the fifties and sixties of the last century (LaVoie, 1989).

The development of Chinese psychology was demolished by the 'Cultural Revolution' (1966-1976) because at that point in time the discipline of psychology was deemed as an idealist pseudoscience. The academic activities of the CPS and the Psychology Institution of the Chinese Academy of Sciences were forced to stop in 1966, including the publication of the 'Journal of Psychology'. The Psychology Institution was even revoked in 1970. When the Cultural Revolution ended, both of the two professional bodies restored their functions in 1977, and the 'Journal of Psychology' resumed publication in 1979. Since 1978, the year China embarked on economic reform and adopted the opening-up policy, Chinese psychology started to develop rapidly (Zhang & Xu, 2006). Apart from the CPS, other professional bodies such as Chinese Association for Mental Health established in 1985 also have significantly contributed to the development of Chinese psychology. The year of 1987 was a milestone in the development of Chinese psychology because three prestigious journals (Chinese Mental Health Journal, Chinese Journal of Clinical Psychology, and China Journal of Health Psychology) started their publication (Huang et al., 2008).

Since later 1970s, Chinese psychologists began to actively engage in international academic exchange. In 1980, the International Union of Psychological Science (IUPsyS) accepted the CPS as its 44th member. Chinese psychologist Jing Qicheng was elected as executive member (1984-1992) and vice-chairman (1992-1996) of IUPsyS, and Zhang Houcan was also elected to the position of executive member of IUPsyS from 1996 to

2000 and vice-chairman from 2000 to 2004. The CPS was entitled to hold the 28th International Congress of Psychology in 2004 in Beijing. These facts reflect that Chinese psychological research has had an increasing international impact during the last three to four decades. Psychology has been recognised by the State Council Academic Degree Committee as one of the national Grade A disciplines since 2000, which promotes the development of psychology as well as its popularisation.

Chinese school psychological counselling develops along with the advancement of Chinese psychology, and it is closely related to the developmental status of the country. The development of this area of psychology in Mainland China began in the middle of nineteen eighties (D'Amato et al., 2013; Ye & Fang, 2010). Initially, psychological professionals working in other settings, such as universities and hospitals, provided psychological services to children and young people with mental health problems (Liu, 2009). In 1993, the CPS established the Division of School Psychology based on the reorganisation of its previous Division of School Management Psychology (Lin, 1995; Zhou, Bray, Kehle, & Xin, 2001; D'Amato et al., 2013). The provision of professional psychological services in school settings has been receiving more and more attention in recent years because there is an increasing demand (Ding, Kuo, & Van Dyke, 2008). Over the last a few decades, China has experienced tremendous economic and social developments (Chow, 2015). According to the data provided by The World Bank (2016), the GDP of mainland China raises from 149.54 billion US dollars in 1978 to 11007.72 billion US dollars in 2015. Many families are confronting challenges brought by the rapid and drastic social changes, and this situation is deemed as one of the reasons that the prevalence of mental health problems amongst children and young people is increasing (Yu, 2009). The population movements from rural/less developed areas to urban/developed areas cause a range of social problems, such as 'left-behind children' and 'migrant children'. Left-behind children are the children from rural/less developed areas whose parents leave them with the grandparents or other relatives to seek work in urban/developed areas; if the parents take their children with them, then the children become 'migrant children.' Both groups of children are at higher risk of mental health problems (Chen, Liu, Zhu & Shi, 2016), and the challenging environment in childhood leads to a higher life time risk of suffering from mental health issues (Chen et al., 2016; Bifulco, Bernazzani, Moran & Ball, 2000). Currently, there are 61.02 million left-behind children and 35.81 million migrant children in mainland China. Generally, all children

are facing many stresses, such as the fierce academic competition, the socio-economic inequality among students, high expectations from parents and teachers, etc. These stresses may lead to mental health problems, and the parents under high pressure are prone to neglecting their children's mental wellbeing (Power, 2002). Meanwhile, the widespread stigma and negative cultural beliefs about mental health problems also prevent children and their parents from seeking professional psychological help (Niu, 2008; Nastasi & Varjas, 2011). However, even if they have the intention to seek help, the options available are very limited because of the critical shortage of psychological professionals.

Many researchers have devoted attention to the current situation and development of school psychological services (D'Amato, van Schalkwyk, Zhao, & Hu, 2013). Based on an article written by Ye and Fang (2010), D'Amato et al. (2013) summarised that:

...current school psychological services in Mainland China include eight aspects: comprehensive psychological evaluations (e.g., testing cognition and achievement); counselling and support for students with learning problems; assistance for individuals to develop self-knowledge and self-esteem; family counselling (e.g., divorcing parents); social skills counselling (e.g., how to get along with friends); interpersonal and relationship counselling (e.g., sexual development); counselling to intervene with children having behavioural disorders; and career and educational counselling (e.g., focusing on jobs and universities).

Chinese education system can be divided into three levels, including primary education, secondary education, and higher education. Theoretically, professional psychological counselling service is provided across all education levels. The following table depicts the Chinese education system.

Table 1. Chinese Education System

Age	Education			Grade	Level
26-29 Years Old ↑ 24-27 Years Old	Doctoral Education (3 Years)				Higher Education
23-26 Years Old ↑ 22-24 Years Old	Master's Education (2 or 3 Years)				
21-23 Years Old ↑ 18-19 Years Old	Undergraduate (4 or 5 Years)	High Vocational Colleges (3 Years)		4	
				3	
				2	
			1		
17-18 Years Old ↑ 15-16 Years Old	High School (Senior Secondary School, 3 Years)	Vocational High School (3 Years)	Secondary Professional School (3 Years)	12th	Secondary Education
				11th	
				10th	
14-15 Years Old ↑ 12-13 Years Old	Middle School (Junior Secondary School, 3 or 4 Years)			9th	Secondary Education
				8th	
				7th	
11-12 Years Old ↑ 6-7 Years Old	Primary School (5 or 6 Years)			6th	Primary Education
				5th	
				4th	
				3rd	
				2nd	
				1st	

Generally, ‘Psychological teacher’ or ‘School psychological counsellor’ is the job title of psychological professionals who work in Chinese school settings, and the eight aspects of psychological services stated above are expected to be provided by them. However, given the fact that the supply of psychological professionals is far below the demand (D’Amato et al., 2013; Nastasi & Varjas, 2011; Ye & Fang, 2010; Yu, 2009), it is difficult to ensure that the work responsibilities can be covered appropriately. According to Chen

et al. (2016), the ratio between psychological counsellors and college students was about 1: 5287 in 2007, and it was estimated that the ratio had increased to 1: 2364 by 2015. However, in primary, middle and high schools, it is still very common that there is no full-time psychological teacher (Deng, Ma, Wu, & Wang, 2014). Traditionally, the ‘Deyu’ teacher in a school may conduct individual counselling for students who need help and support for their mental health. In China, ‘Deyu’ is a domain of education that is taught at all levels of the educational system. The literal English translation of ‘Deyu’ is ‘moral education.’ Nevertheless, in the context of China, ‘Deyu’ has a broader scope than moral education. According to Ping, Minghua, Bin and Hongjuan (2004, p449),

Deyu has a broader meaning, which refers not just to moral education, but also to political and ideological education, and includes courses in law, health (both physical and mental), work-related studies and many other activities pertaining to a student’s general education.

It can be seen that the ‘Deyu’ in a broad sense covers mental health education and psychological counselling. The ‘Deyu’ teacher who may not receive professional training in the field of psychological counselling sometimes functions as a psychological teacher, which is not very appropriate from a psychological point of view (Ding et al., 2008; Ni, Jones, & Bruning, 2012). This is because although there is a resemblance in form between ‘Deyu’ counselling and psychological counselling, they are different in nature due to their different aims and approaches. The aim of psychological counselling is to promote students’ mental wellbeing using psychotherapeutic techniques, while ‘Deyu’ counselling is more like an individual education approach that is used to achieve an educational goal.

1.1.2 The Professionalisation of School Psychological Counsellors

At present, a range of Chinese universities that have psychology departments can provide undergraduate and postgraduate courses in psychological counselling. Generally speaking, courses provided by normal universities are more concerned with working psychologically with children and young people, while the content of the courses in comprehensive universities tends to focus on adults. The undergraduate programmes centre on gaining knowledge, and the postgraduate programmes emphasise the importance of developing research abilities of students. Although students may have

some internship opportunities, supervised practice is not an official part of the university education and training.

Currently, in main land China, there are two main accreditation systems available for professionals who would like to start a career as a psychological counsellor. Since 2002, the Ministry of Human Resources and Social Security of China launched a national qualification examination of psychological counsellors (Lin & Wei, 2001; Liu, 2009). Within this accreditation system, graduates with a degree in psychology, education or medicine are allowed to take the examination for level-three psychological counsellor directly; attending a training course is optional for them. Graduates in other professional fields are required to attend a professional training course before sitting for the examination. Candidates passing the examination will receive a level-three psychological counsellor certificate. Graduates with a master degree in relevant areas or practitioners with a level-three certificate and at least three years of working experience after certification can take the examination for level-two psychological counsellor (Yang & Zhao, 2006). In addition to a written test, the candidates also need to submit a case report and attend a viva. At present, the level one certification is not yet available. This accreditation system facilitates the professionalisation process of psychological counsellors in China. According to Chen et al. (2016), there are about 900 thousand people who have passed the examinations since 2002. However, this accreditation system does not substantially solve the problem of the lack of psychological professionals because only less than ten percent of the psychological counsellors holding a certificate actually work in the field of psychological counselling, and some of them might only have limited professional knowledge and skills (Chen et al, 2016). Many people take the examination just because they are interested in psychology and would like to enhance their CVs. Some standards of this accreditation system are questionable. For example, there is not any requirement for supervised practice, which is deemed as a very important and necessary experiential training process for qualified psychological counsellors in other countries.

The other certification program is endorsed by The Division of Clinical and Counselling Psychology of the Chinese Psychological Association (Liu, 2009). The standards set in this system are more rigorous and comprehensive (D'Amato et al., 2013). Successful

candidates are expected to hold a master degree in clinical or counselling psychology or higher, and complete a minimum of one hundred to one hundred and fifty hours of supervised practice. These standards are admirable and can improve the expertise and skills of practitioners in the field, however, at present, they are not mandatory requirements of working as a psychological counsellor. According to a study carried out by Liu (2013), 53% of the psychological practitioners providing psychotherapy and counselling held a bachelor degree, 28.1% of them held a master's degree, and only 3.9% of the practitioners completed doctorate level studies. This nationwide survey with 1325 participants also showed that the average years of practice amongst them were only 5.82.

Neither of the accreditation systems specifically concerns psychological counsellors working in educational settings, and it is not compulsory for school psychological teachers to obtain these certifications. Generally, the recruitment of psychological teachers is left to the discretion of schools. Yu, Wang and Li (2015) indicated that the importance of providing school-based psychological services has been widely acknowledged by school administrators. Deng, Ma, Wu and Wang (2014) used questionnaires to investigate the background and professional development of psychological teachers working in primary, middle, and high schools based on a sample of 103 practitioners from 7 different provinces. Their results showed that only 39.8% of the psychological teachers had an educational background in psychology. A range of advantages of teachers with a psychology educational background were identified by the researchers. For example, they tended to be more dedicated because they usually work on a full-time basis, and more professional when providing psychological counselling. Fan, Wang and Wang (2013) carried out a similar study with a stratified sample of psychological teachers from 72 primary, secondary, and high schools across 8 provinces. The average age of the psychological teachers participating their study was 33.9 years old, and 91.9% of the teachers had a bachelor degree or above. However, only 29.8% of the participants had a degree related to psychology, and only 8.7% of the teachers held a degree on mental health education. 45.5% of the teachers did not have the national certification of psychological counsellors, and only 48% of the participants worked full time as a psychological teacher.

Overall, the profession of psychological counselling in China is still at the rudimentary stage of its development. This is also reflected by the fact that there are few psychotherapeutic approaches developed by Chinese psychologists with consideration of Chinese culture and context. The most influential Chinese psychotherapeutic approaches are cognitive insight therapy developed by Zhong Youbin and imagery dialogue therapy developed by Zhu Jianjun. However, Wu (2012) utilised mixed methods to investigate the approaches adopted by Chinese mental health practitioners and found out that generally the Chinese approaches were less commonly used than approaches developed in western countries, such as cognitive behavioural therapy, psychoanalytic psychotherapy and client-centred therapy. There is also a dearth of systematic studies that explore how the western psychotherapeutic approaches can be socio-culturally adapted to match the needs of Chinese clients (Wu, 2012). Moreover, the establishment of a comprehensive and effective school psychological service system is not only limited by the development of the profession of psychological counselling, but also influenced by the cultural bias against seeking professional help when encountering mental health problems (D'Amato et al, 2013). To sum up, the existing problems faced by Chinese mental health service system involve the lack of qualified professionals, the lack of approaches rooted in Chinese culture, and the cultural bias against having mental health problems and seeking psychological help. Some psychological counsellors have too little work experience and a lack of training, and many approaches introduced from western countries are in need of cultural adaptation. Meanwhile, the regional differences in terms of the development of school psychological services should not be overlooked. According to Wu (2012), socioeconomic development is positively associated with the development of psychological services, that is, the counsellors in well-developed cities are generally educated, trained and supervised more and better than their counterparts in underdeveloped cities and rural areas.

1.1.3 Therapeutic Storytelling

There is some literature supporting that stories and storytelling have been adopted by Chinese school psychological counsellors in their practice (Zhao, 2007; Zhao, 2013; Wang, 2014; Song, 2015). However, only a few studies were focused on the utilisation of this technique in primary school settings. Most literature is limited to case studies, and there is a dearth of research on psychological counsellors' understanding and experience

of using stories therapeutically. Relevant research will be reviewed and discussed in detail in the literature review of this thesis.

1.2 Research Aim and Objectives

The aim of the current study is to explore Chinese primary school psychological counsellor's viewpoints and experiences regarding the therapeutic use of stories and storytelling with children. The research questions are:

1. What are Chinese primary school psychological counsellors' viewpoints on the therapeutic use of stories and storytelling?
2. What are the implications of these viewpoints for the future practice of Chinese primary school psychological counsellors?
3. What possibly useful guidelines for the use of therapeutic storytelling in Chinese schools can be developed based on the experiences and views of the primary school psychological counsellors in this study?

The Research objectives are:

1. To expound the therapeutic value of stories through reviewing existing literature regarding the history and development of story/storytelling and the therapeutic use of stories and storytelling.
2. To explore Chinese primary school psychological counsellors' viewpoints on culturally adapted therapeutic story and its application.
3. To explore the implications of the participants' viewpoints for the practice of primary school psychological counsellors and to summarise guidelines for the use of therapeutic storytelling in Chinese schools based on the participants' viewpoints.

1.3 Researcher Profile

Before I came to The University of Sheffield to pursue my Master's degree in Psychology and Education, I was a certificated psychological counsellor in China and had about one

year experience of working as a psychological counsellor in a local primary school. Since 2011, I regularly write short stories and articles on psychology (e.g., psychological analysis of comic characters) for several Chinese children and teenager magazines, and my first children's book has been published in 2016. Bringing together these two areas of my expertise and interests, I chose therapeutic story as the topic of my MA dissertation research. I conducted a content analysis based on over fifty therapeutic stories randomly selected from five therapeutic story collection books. The aim of the study was to identify the outstanding features of therapeutic stories for children in terms of their contents. The main findings revealed that: First, the therapeutic value of the story is not limited by the type although stories created by therapists are most commonly used. Second, there are various kinds of characters involved and child characters account for the largest proportion in the therapeutic stories for children. Third, imagination, metaphor and personification are commonly emphasised when developing and delivering therapeutic stories for children. Based on the understanding of therapeutic story developed in my Masters research, I began this PhD research in 2013 with the intention of exploring the application of this therapeutic technique in Chinese primary school settings. In this study, the utilisation of therapeutic story is studied from the perspective of Chinese psychological counsellors who work with primary school students.

1.4 Structure of the Thesis

The chapters for this dissertation have been arranged as follows:

The first chapter provides a discussion of the background of the study and identifies the research problem. The development of modern psychology in China and the process of professionalisation of Chinese psychological counsellors are described and discussed in an effort to present the context for the current study. The research aim and objectives are presented in this chapter, as well as a brief profile of the researcher.

Chapter two is a comprehensive review of the literature on storytelling. Relevant studies in the fields of philosophy, science and education are reviewed in this chapter, and the therapeutic use of stories and storytelling is explored in great depth.

Chapter three describes in detail the research design and methodology that underpin the current study. A detailed description of the means by which the data was collected and

analysed is provided, and the ethical considerations and trustworthiness of this study are also discussed in this section.

Chapter four presents the data analysis process and findings. Quotations are extracted from the interview transcripts in order to provide examples. Chapter five provides an in-depth discussion and interpretation of the findings with reference to the relevant literature.

Chapter six concludes the dissertation by summarising the key findings in response to the research questions. This chapter also contains a discussion on the limitations of the current study and potential directions for future research.

Chapter 2 Literature review

2.1 Introduction

In this chapter, a wide range of academic sources from different countries will be consulted in an attempt to present a comprehensive understanding of storytelling and using storytelling as a therapeutic technique with children and young people. The current study was carried out with Chinese participants working therapeutically with Chinese primary school students, therefore reviewing extant academic research in Chinese academic database will assist in deepening an understanding of using therapeutic storytelling in the Chinese context. Nevertheless, relevant studies conducted in China, especially in primary school settings, are still scant, albeit promising. In contrast to the paucity of Chinese studies, literature on this topic from western countries (Britain, the United States of America, Australia, South Africa, etc.) is relatively abundant, which potentially lead to a western bias.

This chapter begins by briefly discussing the history of storytelling and its relationships with philosophy, science research and education. Then, I provide an in-depth discussion on the literature on how storytelling is conceptualised in the field of psychological counselling. Research in this area is disparate, therefore using storytelling in different psychotherapy approaches is discussed in detail, with a focus on how this technique is used when working with children and young people. In particular, some existing guidelines of delivering therapeutic stories are introduced and evaluated, and a discussion

on creating therapeutic stories follows. Finally, some existing studies with regard to using stories therapeutically in Chinese education settings are reviewed.

2.2 Brief History of Storytelling

Once, people passed their history, tradition and knowledge from one generation to another through oral storytelling (McKeough, 2008). Therefore, it is impossible for history to relate the first appearance of storytelling as it can be assumed that the first story had been created long before written language invented. One of the earliest written records of storytelling can be found in Egypt. According to ancient Egyptian records, Khufu was entertained with stories by his three sons (Lazaridis, 2013). Evidence of early storytelling can also be found in the history of Ancient Mesopotamia. The stories centred on Gilgamesh, who was a Sumerian king. His stories were transmitted orally until the epics were printed on clay and carved on stone pillars (George, 2003). In ancient India, Shadow play, which is a storytelling form with the use of paper puppets, was widely performed based on stories from Hindu epics about the god Ramayana (Varadpande, 2002). In the ancient Middle East, The Arabian Nights was perceived as a collection of stories with religious, moral and educational lessons (Lang, 2012). Storytelling also played a significant role in the ancient cultures of America since stories were utilised to pass down the religion and tradition of Native Americans. Although a great number of historical documents and stones that recorded original American stories were destroyed by Jesuit priests, who regarded the stories as pagan tales and intended to convert the natives of America to Christianity, many ancient American stories were preserved through oral storytelling. At the present time, the storyteller still holds a significant place in Native American communities (Kroeber, 2004). In ancient Australian, aboriginal people presented stories through a combination of oral narrative, music, and dance. It has been confirmed that some symbols on their cave walls are painted to help the storyteller remember the story (Cajete, Donna&Regina, 2010).

Homer, who originally told the stories of the Iliad and the Odyssey, was revered as one of the greatest ancient Greek epic poets that have ever lived because of the enormous influence of his work on literature worldwide. His epics, like other ancient stories, were transmitted from one generation to another orally until the written language was

developed in Greek (Fowler, 2004). Aesop's Fables also reflect the storytelling tradition in ancient Greek. It is said that Aesop was a storyteller who was renowned for creating fables with animals addressing moral and philosophical themes. Although the existence of Aesop remains uncertainty, the fables have been translated to numerous languages and widely spread in a large number of countries for hundreds of years. In modern times, those stories have continued to be told to every generation of children (Mayvis, 2006). The utilisation of fables could also be found in La Fontaine, Chaucer (Canterbury Tales) and Dante's works as well as in George Orwell's 'Animal Farm' in the twentieth century (Lyons, 2009).

Fairy tales and folk tales also have long been recognised as fascinating and effective vehicles to entertain, inspire and teach children. Hans Christian Andersen and the Brothers Grimm are two most famous exponents in the field and their stories that were created in nineteenth-century have been adapted to various forms and maintain extremely popular worldwide for almost two centuries. The fundamental experiences of life within the stories are appreciated all over the world although the stories are considered just to entertain children initially (Winston, 1995). At present time, the development of media technology provides people with new ways to create, record, and disseminate stories. For example, social media networks enable individuals to reframe their own stories based on communications and interactions within groups (Paulus, 2007).

In China, storytelling is not only a traditional cultural activity but also a professional genre of entertainment with a long history. According to Bordahl (1996), China had a long prehistory of storytelling before professional storytelling appeared. The origins of Chinese professional storytelling could be traced back to three thousand years ago: '*Storytelling was one of the many arts of the Yu, the entertainers at the feudal courts, during the Zhou Dynasty (1122-256 BC)*' (Bordahl, 1996, p.23). Written sources from the Han dynasty provide researchers with some evidence that Chinese people may have activities like 'performance of stories' in early Zhou Dynasty. Antiquities that reflected ancestors' storytelling activities were discovered from several Eastern Han Dynasty tombs in which a statue called '*Telling and Singing*' was excavated and considered to be the first physical evidence of storytelling in China. During Ming and Qing Dynasty, storytelling, which included both religious and secular tales, had become one of the

country's most important entertainment forms and a significant characteristic of city life after centuries of remarkable development from the Tang Dynasty. At the same time, Chinese written literature (e.g. story collections, novels) was deeply influenced by the time-honoured storytelling that played a significant role in the cultural life of China (Bordahl, 1996).

Traditional stories from different countries have many similarities despite the fact that they were created in very different cultural and historical backgrounds. Raglan (1956) and Rank (1959) both indicated that universality is an apparent characteristic of traditional myths and stories from different cultures. Lévi-Strauss (1978) also suggested that there is a common pattern in the stories of heroes. Campbell (1982) argued that myths and storytelling in different cultures have similarities in terms of their origins, purpose and dynamics. According to Campbell and Moyes (1988), the common characteristics of hero myths all over the world include: The heroes are abandoned at birth because of various reasons and undergo extreme difficulties to survive; then they go through many trials to get success and usually die dramatically. For instance, the myths of Oedipus, Gilgamesh, the story of Moses and even the life of Jesus have been considered to share these similarities.

2.3 Storytelling Philosophy

The relationship between storytelling and philosophy can be discovered through exploring philosophers' utilisation of stories. Sometimes, philosophers regard stories as a kind of thought experiment because the stories allow philosophers to express their thoughts through portraying fictional characters' emotions, motives and actions (Honderich, 1995). Listeners or readers of stories are guided to imagine the characters and plots by which profound insights could be revealed. Hence, many philosophers teach and preach their philosophy through writing and telling stories. For example, Plato held the opinion that individuals' views of value and ethic can largely be influenced by literary culture, and even popular oral stories and lyrics (Hunter, 2012). In his writings, such as '*The Republic*', he created fictional or fictionalised characters engaging in dialogues with himself to explore philosophical issues, and Socrates appeared frequently as a protagonist. In ancient China, stories, such as the tales of Confucius in '*LunYu*' (Confucian Analects)

and Taoist stories in ‘*Zhuangzi*’, were created and told by philosophers in order to deliver their views, especially when they intended to show their followers who encountered a problem how to get onto the right path (Bruya, 1992).

Early modern philosophers, such as Berkeley and Hume, wrote fiction to express their philosophical opinions occasionally (Hunter, 2012). Nietzsche often adopted a literary approach to convey his philosophical ideas (most notably in *Thus Spoke Zarathustra*), and so did Sartre, Camus and Derrida in 20th century (Magnus&Higgins, 1996). Borges made significant contributions to philosophical fiction by creating a number of fictional philosophers and introducing many philosophical themes in his writings. Many plots in his fiction have come to be seen as an accurate summary of the views of some philosophers, including Berkeley, Schopenhauer and Russell (Gene, 1999).

Storytelling is also associated with religions and adopted by great religious leaders and spiritual teachers in a similar way to philosophers since ancient times (Perrow, 2008). Allegorical stories and metaphors can be found in almost all influential religions. For instance, Buddha told many stories to make his disciples inspired. The earliest record of Jataka Bhanaka (Jataka storyteller) can be traced back to the same time when the Buddha lived (Shaw, 2006). Similar utilisation of stories also could be found in Islam religion. For example, Abubacer, a classical Islamic philosopher, once wrote a fictional Arabic narrative as a response to other philosopher’s book (Hunter, 2012). In Christian religion, the Bible contains a large number of stories, such as the parables of Jesus in the New Testament.

His message demanded that the method he uses be descriptive, concrete, and full of pictures. To announce the kingdom of God, he used parables, metaphors and similes. Jesus was a storytelling man. (White, 1982, p.21).

Like Jesus, early Christian writers such as Augustine, Boethius, and Abelard also used stories as a medium for education (Shaw, 1999). It is evident that storytelling is recognised by Christians as a powerful way of educating and inspiring.

Wu (2005) claimed that Chinese philosophy is story-philosophy because Chinese philosophers have a tradition to develop philosophical ideas through stories and

storytelling. In ancient time, Chinese philosophers such as Xunzi, Zhuangzi, Mozi and Gongsun Long, often reflected on their ideas and understanding of philosophical propositions by creating and telling stories. Stories and metaphors with philosophical themes appeared in various literature throughout Chinese history, including the Twenty-Four Histories (dynastic histories from remote antiquity till the Ming Dynasty). Unlike Western philosophers, Chinese ancient philosophers generally did not pursue precise reasoning. They emphasised the importance of ‘wisdom’ and therefore especially preferred to think and inspire by using stories. Usually, the story used would present a specific situation that could arouse philosophers’ interest, no matter it is a real or imagined situation.

One common portrait of the difference between Chinese and Western traditions posits a radical incommensurability in the very nature of their philosophical inquiry. Western philosophy in its analytic format is, stereotypically, systematic argumentation and theory; whereas Chinese "philosophy" is "wisdom" literature, composed primarily of stories and sayings designed to move the audience to adopt a way of life—or to confirm its adoption of that way of life. Moreover, the latter is pluralistic and without essence, and involves diverse currents or trajectories, such as Taoism and Confucianism... (Gericke, 2012. p175)

2.4 Storytelling and Science Research

The connection between story and science has long been recognised. Popper (1963, p155) suggested: ‘*Science must begin with myths, and with the criticism of myths.*’ With regard to science research, Bruner (1986) argued that people have two basic ways to make sense of the world and their experience: the paradigmatic way and the narrative way.

..one mode, the paradigmatic or logico-scientific one, attempts to fulfil the ideal of a formal, mathematical system of description and explanation. It employs categorization or conceptualization and the operations by which categories are established, instantiated, idealized, and related to one another to form a system. (Bruner, 1986, p. 12)

The paradigmatic way, also known as the logical-scientific mode, is deemed as the fundamental mode of scientific inquiry. The paradigmatic way of thinking emphasised

categorising and conceptualising the world with logic (Bruner, 1986). However, it is difficult to use this method to explore people's subjective experiences because of the complexity and ambiguity of human nature. The narrative mode is complementary to the paradigmatic mode because it allows people to attach meanings to their specific personal experiences and interpersonal relationships through storytelling (Adler, 2008). Hence, the narrative way is commonly adopted in the field of social science as an effective method to interpret and comprehend people's particular situations in life (Bruner, 1986).

Similarly, Wu (2005) also claimed that there are only two ways to make sense: logic way and story way. It is indicated that the logic way, which mainly refers to the quantitative research tradition, has its inherent limitations. Traditionally, scientific exploration that adopts quantitative research methods relies on randomised trials but does not have ideal solutions for missing data. Therefore, although some characteristics of a statistical population could be discovered through analysing samples, it is beyond the ability of logic to manage random events completely. This is especially true for psychological research. Colman (2001, p.59) stated that '*Science cannot avoid statistics that cannot avoid randomization; psychology as science suffers much from this nightmare.*' The story way of making sense, on the other hand, enables researchers to manage and comprehend random events in a way that does not rely on statistics.

Harre (2008) argued that qualitative research methods such as discourse analysis, conversation analysis and narrative analysis are essential and especially effective as to describing and analysing people's everyday life. Storytelling is closely associated with these methods and has a broad application in the field of social science research. Sandelowski (1991) explicitly pointed out that narrative provides researchers with a practical framework to comprehend and interpret qualitative data. Richardson (1990) maintained that narrative holds a significant position in sociology whilst Fisher (1985; 1987) and Mcloskey (1990) suggested the same for politics and economics respectively. Bruner (1986) and Polkinghorne (1987) advocated to use storytelling in psychology research. By the 1990s, research methods that involve storytelling, such as narrative enquiry, had become common approaches in social science studies (Curtis, 1994).

2.5 Storytelling and Education

Traditionally, storytelling has been used for educational purposes in every culture (Schank, 1990). Nowadays, this activity still plays a pivotal role in teaching and learning, providing cognitive and emotional resources to support children's development (Denny, 2010). A wide variety of stories such as myths, folk tales, fairy tales and fables are entrusted with missions of imparting knowledge and instilling values as these stories have a universal appeal to children (Chan, 1992; Pellowski, 1990). Through listening and telling stories, children develop their ability of thinking to make sense of their own identity and the world around them (Gersie & King 1989; McAdams, 1993). Meanwhile, story not only has an educational function but is a form of knowledge as well. According to Sayers (1969), stories epitomise the cognition, experience and sentiment of humans.

The use of story is arguably one of the oldest and most elemental forms of knowing... it is a way by which and through which we come to know and understand ourselves, others, the world around us, and even God. (Bradt, 1997, p.8).

Although storytelling is regarded as a media of knowledge for children, it can be adapted to benefit people of all ages (Atta-Alla, 2012). Storytelling is essential and effective in education not only because it is a natural type of human communication through which people's views of the world are established, but also because it enlightens the listeners in a way that deeply engages and resonates with them (Seymour, 2007).

Learners could benefit from storytelling in many ways. Stories, as a carrier of knowledge, are conducive to enhancing the learner's memory and deepening their understanding of the learning content (Shaw, 1999). Story listeners are often encouraged to reflect on the implications of the story independently while educators deliver the story content to them (Barton & Booth, 1990). Listeners need to concentrate to discover the implicit information from their own perspectives especially when the meaning of a story contains multiple levels (Miller, 2003). In other words, storytelling allows the learners not only to listen but also to actively participate, and such active engagement helps in achieving better learning results (Battiste, 2002). Once the story listener is guided by the storyteller into the journey of a story, he/she will come up with new ideas by using his/her imagination, and the learning process could be more effective and automatic when

imagination is involved (Rossiter, 2002). According to Perrow (2008, p.3), '*Storytelling as a pedagogical technique works with the more expressive, imaginative 'way of knowing' or form of intelligence*'. Learners' participation and reflection make storytelling an interactive process through which their understanding of the world and themselves could be expanded and their ability of innovation could be unleashed (Denning, 2000). Meanwhile, Cardellichio and Field (1997) suggested that the reflection often relates closely to listeners' reality whether the story is imaginative or based on real life. Stories '*contain a hidden dynamic of living truth that captures attention and furthers understanding in a way that no other sermonic tool can match*' (Chapell, 2001, p. 14). Thus, educational storytelling also improves students' learning efficiency through establishing the linkage between theoretical knowledge and practical experience.

The premises of this approach are that learning is most effective when it takes place in a social environment that provides authentic contextual cues about how the knowledge is to be applied. (Andrews&Hull, 2009, p22)

Moreover, storytelling contributes to establishing and maintaining a good relationship between teachers and students, especially when their personal issues are involved (Anthony, 1991). The storytelling between teachers and students enables them to communicate with each other in depth not only to discuss the content that is being taught, but to develop some innovative problem-solving strategies together as well.

2.6 Storytelling and Psychotherapy

2.6.1 Story and Talking Therapy

Talking therapy is a term that mainly refers to the therapeutic approaches which address clients' mental health problems through discussion guided by a therapist or counsellor (Roth & Fonagy, 2005). In the earliest period, this form of therapy was conducted by Sigmund Freud, who was known as the founder of psychoanalysis. Gradually, other types of talking therapy such as Cognitive Behavioural Therapy (CBT), humanist therapy and narrative therapy are developed and become popular, and all of them could be considered to follow from psychoanalysis to a certain degree. Freud recognised that stories and storytelling are especially useful in understanding individuals' psychological development so he utilised many Greek myths to explain his fundamental concepts

(Bettelheim, 1983; Crawford, Brown & Crawford, 2004). For instance, he used the Oedipus myth to explain the mother complex, which is one of the central concepts of psychoanalysis. Moreover, when he talked about sexuality, he said:

You will be no less surprised to hear that male children suffer from a fear of being robbed of their sexual organ by their father...And here again mythology may give you the courage to believe psycho-analysis. The same Kronos who swallowed his children also emasculated his father Uranus, and was afterwards himself emasculated in revenge by his son Zeus, who had been rescued through his mother's cunning. If you have felt inclined to suppose that all that psychoanalysis reports about the early sexuality of children is derived from the disordered imagination of the analysts, you must at least admit that their imagination has created the same product as the imaginative activities of primitive man, of which myths and fairy tales are the precipitate. (Freud, 2005, p. 31)

Meanwhile, Freud made comparisons between myths and dreams in order to explain his theory of dream interpretation (Segal, 1990). Jung (1978) also recognised the close relation between myths and dreams and used stories in his practice to analyse dreams and symbols. Therefore, talking therapy is inseparably bonded with stories since the beginning of its establishment (Crawford, Brown & Crawford, 2004).

As a matter of fact, the therapeutic value of storytelling has been acknowledged by people over centuries before the nascence of talking therapy. It is a universal activity adopted across different cultures to provide some comfort and help to people affected by mental health problems (Bettelheim, 2010). Although these historical records cannot be regarded as scientific evidence of the effectiveness of therapeutic storytelling, it is evident that storytelling has the potential to produce therapeutic changes. Some researchers and practitioners appreciate the healing effect of stories by metaphorically describing them as 'medicine' (Estes, 1996; Kornberger, 2006). This description does not depict how storytelling realise the therapeutic value because the process of storytelling is much more complicated than that of taking medicine, however it reflects the researchers and practitioners' feelings and evaluations of using this therapeutic technique. As Bateson (1994, p. 11) put it:

Wherever a story comes from, whether it is a familiar myth or a private memory, the retelling exemplifies the making of a connection from one pattern to another: a potential translation in which narrative becomes parable...Our species thinks in metaphors and learns through stories.

2.6.2 Storytelling in Different Psychotherapy Approaches

Storytelling has been used as a therapeutic technique diversely in various psychotherapy approaches (Blenkiron, 2010). In this section, I introduce and evaluate several influential therapeutic approaches which incorporate stories and storytelling. Considering the research objectives of this study, literature that provides guidelines on using therapeutic storytelling is highlighted and reviewed in more detail.

2.6.2.1 Psychoanalytic Approach

2.6.2.1.1 Psychoanalytic Play Therapy: Gardner and Kritzberg

In 1970s, Richard Gardner and his colleague Nathan Kritzberg developed several methods of using stories in therapeutic work with children and young people (Brandell, 2016). Gardner is deemed as the first psychologist who structurally and systematically used storytelling as a central technique in therapy instead of an auxiliary therapeutic technique. Both Gardner and Kritzberg's approaches are grounded in psychoanalytic theory, and fall into the category of psychoanalytic play therapy (Gardner, 1971, 1993; Kritzberg, 1975).

The technique devised by Gardner (1971, 1986, 1993) is called Mutual Storytelling Technique (MST), which is reported to be effective in treating a wide range of mental health problems for children. Before MST was developed, storytelling had been used in other psychotherapeutic approaches, such as bibliotherapy. Generally, the psychological counsellors following those previous approaches would provide and deliver stories to children, whereas Gardner (1993) maintained that children should be empowered to compose their own unique stories and psychological counsellors should work on those stories by adapting and retelling them. The storytelling process is accomplished collaboratively by the child and the psychological counsellor. Therefore, MST is a method committed to communicating with children on their own wavelength.

The first step of the MST sequence is to encourage the child to tell a story to the psychological counsellor. Gardner (1993, p.258) suggested that ‘*drawings, dolls, puppets and other toys*’ can be used to get children into a storytelling frame of mind and motivate them to tell stories, although he was aware that such devices might impose unnecessary constraints on children’s creativity. He presented an example of using a tape recorder to make children believe that they are participating in a storytelling TV programme, and believed this method is beneficial in terms of eliciting storytelling because it is non-leading and allows children to ‘perform’ storytelling without restrictions.

I introduce the child to the game by first pointing to a stack of tapes, each of which has a child's name clearly written on the end of the box. I tell the patient that each child who comes to my office has his own tape for a tape-recording game that we play I ask him if he would like to have a tape of his own. The child generally wants to follow usual practice, and having his own tape enhances his feeling of belonging. If he assents, I take out a new tape and let him write his name on the box. I then ask the child if he would like to be guest of honour on a make-believe television program on which stories are told. If he agrees—and few decline the honour—the recorder is turned on and I begin... (Gardner 1993, p.258)

Gardner (1971, 1986) believed that stories developed by children have the potential to reveal their unconscious or implicit thoughts, feelings, attitudes, and maybe underlying mental conflicts. He posited that those stories contain extensive information with regard to children’s intrapersonal mental health situations and interpersonal environments they encounter. The process of inspiring and helping children to create stories provides psychological counsellors with opportunities to diminish children’s anxiety of attending psychological counselling and start to establish a therapeutic relationship. While listening to the story told by children, Psychological counsellors would conduct analysis in an effort to identify and tackle the root causes of their mental health problems.

After hearing the child’s story, the psychological counsellor is supposed to adapt the story with more positive plots or ending, then retell it to the child. The adaptation is based on the psychological counsellor’s analysis of which part of the story best reflects the children problem. Therapeutic messages that the psychological counsellor would like to convey are embedded in the modified story and expected to be received by the child through the

storytelling process and the following discussion. Particularly, Gardner would encourage the child to articulate the 'moral' of the story, and the adapted story would contain a renewed moral with therapeutic value. All the adaptations are based on the child's original story, therefore it is easier for the child to concentrate his/her attention and understand what is being said by the psychological counsellor. Gardner (1993) claimed that the therapeutic messages embedded in stories are more likely to impact children because this mode of communication is symbolic and based upon children's own interests. The content of the adapted story, including the characters and metaphors, remains identifiable to children and this kind of relevance is helpful as to eliciting therapeutic change. Gardner (1971; 1993) suggested that communicating with children on a metaphorical level can exert influence on their unconscious mind. Hence, through telling modified stories, psychological counsellors can metaphorically elucidate the problems that children are facing and instil positive beliefs and values into their unconsciousness. The adapted story with therapeutic value can be internalised by children and serves as a psychological resource for them. Eventually, children will think in a healthier manner and understand how to deal with their mental health problems.

Gardner (1971; 1993) also indicated that since storytelling is naturally appealing to children, it facilitates their engagement in psychological counselling. Working in cooperation with Gardner, Nathan Kritzberg (1975) designed two therapeutic games that utilised storytelling, namely Tell a Story Kit (TASKIT) and Therapeutic Imaginative Storytelling Kit (TISKIT). TASKIT is a word game which is similar to 'Scrabble', and TISKIT is adapted from TASKIT for young children who are not literate by replacing the word cards with objects. These two games are developed to elicit storytelling from children and provide psychological counsellors with a framework to conduct psychoanalysis. Kritzberg (1975) argued that these games can enhance the communication between the psychological counsellor and the child and according to his observation, storytelling is an activity favoured by children since early childhood.

Gardner's MST has been widely used and adapted by practitioners. For example, Gabel (1984) designed a game called 'The Draw a Story game' based on MST and Winnicott's Squiggle game to engage children who are unable or unwilling to discuss their problems

directly in psychological intervention. This technique involves both the counsellor and the child drawing pictures and telling stories based on the pictures.

Gardner's work is ground-breaking in two ways. First, a comprehensive framework of therapeutic storytelling is provided, which can be adopted by psychological counsellors as their main approach in practice. Second, in contrast with how stories are used previously in the field of psychological counselling, stories told by children are attached great importance. Nevertheless, although being crucial in the modern wave of using storytelling therapeutically, Gardner's approach is subject to some critics. For example, child psychotherapists from the Kleinian school (based on the work of Melanie Klein) argue that asking children to tell a story with a beginning, middle and end produces a meaningless structure for children's spontaneous expression, which might impede psychological counsellors' understanding of their unconscious activities (Brandell, 2016). In addition, the successful application of this therapeutic technique relies on the child's language capacity to a large extent, therefore children with limited language competence are difficult to benefit from MST. Apart from their ability, children's willingness to tell a story would also influence the implementation of MST. Gardner (1993, p258) reported that few children would '*decline the honour*' when being asked to perform a storytelling in his practice. However, the situation might be very different in other cultural backgrounds, especially the ones in which open self-expression is not endorsed.

2.6.2.2.2 *Other Approaches of Using Storytelling in Play Therapy*

MST is not the only way to use stories within the framework of play therapy. Building upon different researchers' suggestions (Carlson, 2001; Gil, 2013), Pernicano (2014, p26-27) developed a set of guidelines of using stories when implementing play therapy. In contrast to MST, Pernicano's (2014) approach recommended that psychological counsellors should prepare the stories and initiate the storytelling process. The guideline involves seven main steps. First, a story should be chosen or developed by the counsellor with consideration to the '*client's problem, client characteristics (attitudes, beliefs, feelings, or behaviours), goal or purpose of the treatment session and/or phase of treatment*'; Second, the counsellor should examine the story to guarantee the main character could '*resolve the conflict and achieve a desired outcome*'; Third, Vygotsky's theory of zone of proximal development (ZPD) can be used to determine whether the

story is developmentally appropriate for the child; Four, when delivering the story, taking children's literacy and attention into account. If possible, the counsellor can '*take turns reading*' the story with the child, and should '*paraphrase the story for younger child or child with short attention span.*' Five, allowing children to respond to the storytelling spontaneously before '*offering observation or interpretation*'. The counsellor should also help the child link the story with real life situations '*if the opportunity arises*'. Six, the counsellor should '*show curiosity*' towards, and ask questions to explore the child's thoughts and feelings about the story. Seven, working together with the child, the counsellor should '*move into planned or client directed play therapy activity that follows from the story or client's response to the story; and addresses a theme, schema, or feeling state in the story.*'

Carlson and Arthur (1999) presented a case which illustrated how therapeutic storytelling was used in play therapy to help a child with behavioural and emotional problems. The child in the case was a six years old boy who had difficulties in dealing with conflicts at home and in school. The researchers combined theories of child-centred therapy and psychodynamic play therapy to design the psychological intervention for the child. The aim of the play therapy was stated as helping the child achieve self-actualisation, and projective assessment was used to evaluate the child's problems. The similarities between play therapy and therapeutic storytelling were indicated:

Similar to the theoretical tenets of play therapy, stories can communicate to the child an acceptance of self, provide for the expression of relevant emotions and contribute to the development of a therapeutic relationship.(Carlson and Arthur, 1999, p.215)

When introducing the rationale of using stories therapeutically, the authors referenced Davis'(1999) work on using metaphors and stories therapeutically and relevant studies on bibliotherapy (Pardeck, 1990), and claimed that '*the therapeutic use of story is grounded in psychoanalytic theory*'(Carlson & Arthur, 1999, p.266). According to Crenshaw (2007), the approach of using therapeutic stories developed by Davis (1999) resonates with Milton Erickson's theory of incorporating metaphors and stories in psychotherapy. Based on Davis' (1999) approach, Carlson & Arthur (1999, p.266) stated that by utilising therapeutic stories '*the healing resources of the unconscious are stimulated in order to give insight*'. It seems that the authors accepted Milton Erickson's

point of view that the unconscious mind provides healing resources for people. From my perspective, further clarification could have been added to avoid confusion because in contrast to Ericksonian viewpoints, Freudian psychoanalysts believe that mental health problems are rooted in unconscious mind. In the article, learning theories were used to explain how stories produce therapeutic changes by providing models for children to imitate. It was also indicated that storytelling has the effect of facilitating the therapeutic relationship within which the child can achieve '*self-awareness, growth and healing*' (Carlson & Arthur, 1999, p.224). Although Carlson and Arthur (1999) explicitly stated that storytelling was used in conjunction with psychodynamic play therapy in their approach, they integrated a range of psychotherapy theories to expound the therapeutic value of this technique. Hence, their case illustrated the transtheoretical nature of therapeutic storytelling. How therapeutic storytelling is used as a transtheoretical therapeutic technique will be discussed in detail in later section.

2.6.2.2.3 Using Traditional Fairy Tales: Bettelheim

Bruno Bettelheim (2010), who was a Freudian child psychotherapist famous in the nineteen sixties and seventies for his work in the field of autistic studies, adequately discussed the therapeutic value of fairy tales in his book '*The Uses of Enchantment*'. Bettelheim (2010) highlighted the importance of traditional fairy tales by presenting his psychoanalytical work on some popular fairy tales, including '*Little red riding hood*', '*Snow white*', '*The sleeping beauty*' and '*Cinderella*', etc. He argued that such fairy tales can be drawn upon by children to interpret and understand their mental states and relationships with others, especially when they are given opportunities to perceive the stories in their own ways. Even if the imaginative stories seem irrelevant to children's real life situations, the inner psychological journey of the characters can be closely associated with their personal experience. Bettelheim (2010) posited that if children can make full sense of the fairy tales, the coping strategies adopted by the protagonists will be enlightening for them when encountering similar predicaments and obstacles. According to Bettelheim (2010), fairy tales are epitomes of the complex world and therefore are appreciated and used in every culture to prepare children for their future life that can be challenging and unpredictable. He also treated traditional fairy tales as a comprehensive educational resource that helps children to comprehend and explore social norms and cultural beliefs. Suggestions and guidance provided through storytelling therefore constitute a crucial part in children and young people's development of

personal identity and social competence. Similar to Gardner, Bettelheim (2010) advocated that the metaphorical and symbolic messages transmitted through storytelling would impact directly on their unconscious mind. Although many studies carried out by Bettelheim remain controversial (Pollak, 1997), his inquiry into fairy tales reveals the fact that many traditional stories have the potential to be used therapeutically.

2.6.2.3 The Ericksonian Approach of Using Stories

Milton Erickson was renowned for his innovative approach of using hypnosis, metaphors and stories in psychotherapy (Rosen, 1982; Zeig, 1980). Based on Erickson's work, many researchers have developed techniques and procedures of employing storytelling in psychological counselling (Lankton & Lankton, 2014; Davis, 1999; Bheamadu, 2003; Mills and Crowley, 2014). Davis (1999) advocated Erickson's point of view that unconscious is a significant resource that can be used by individuals in the therapeutic process, and metaphors and stories convey messages directly to their unconscious mind. She developed a range of therapeutic stories targeting a variety of mental health problems of children, and claimed that the stories can be used in different therapeutic settings, including individual, group and family therapy (Davis, 1999; Crenshaw, 2007). Davis (1999) also indicated that the stories she developed can be drawn upon not only by psychological counsellors, but also by parents and teachers. In the light of Ericksonian approach, Burns (2012) offered a collection of therapeutic stories with various themes for children and adolescents. It can be seen that researchers have devoted considerable attention to the content of therapeutic stories.

Following the Ericksonian approach, Lankton and Lankton (2014) emphasised the manner by which a metaphor or story is delivered. They used a term '*multiple embedded metaphors*' to describe how more than one metaphors and stories can be used in a psychological counselling session. The essence of this approach is to start a story, and embed other metaphors and stories conveying therapeutic messages at some point before finishing the original story. This technique was often used by Erickson when conducting hypnosis; however, it can be used more straightforward without guiding the client into a hypnotic trance (Barker, 2013; Lankton and Lankton, 2014). Compared to using a single story or telling more than one stories successively, this technique seems more effective in terms of helping some clients with complex problems

because it can address multiple aspects of the problems within a coherent framework (Barker, 2013). However, for psychological counsellors, this technique is more difficult to implement because of its complexity.

Mills and Crowley (2014) developed their approach of using therapeutic stories based on Erickson's work. It is a universal fact across different cultures that information embedded in a story is easier to be assimilated by children and young people because communicating through stories matches their way of thinking (Burns, 2007, 2012; Engel, 1999; Fox, 1993; Oaklander, 1988; Mills and Crowley, 2014). It is often effortless for children to concentrate on and comprehend a developmentally appropriate story. Hence, Mills and Crowley (2014) claimed that children are naturally attracted by metaphors and stories. They emphasised the connection between children's unconscious mind and the metaphors and stories they hear. They described the therapeutic stories in their approach as '*metaphoric stories*', and believed such stories can communicate with the child at multiple levels. At a conscious level, the child focuses on the storyline; meanwhile, the child would unconsciously relate to the therapeutic suggestions and metaphors. Storytelling serves as a method to promote the child's psychological resources, and he/she could use these resources to adequately cope with their difficulties with assistance provided by the psychological counsellor. For Mills and Crowley (2014, p.xx), the metaphoric story delivered to the child is '*a complex interweaving of observations, learnings, intuitions, and goals that ultimately leaves the child with a very important message.*' The metaphoric story can provide children and young people with a sense of identification and belonging, reducing their feelings of isolation. Meanwhile, since the therapeutic messages are indirectly conveyed through storytelling, children are less likely to feel threatened and ashamed. They also indicated that presenting metaphors and stories pertinent to children and adolescents' situations can affect their formation of self-concept and motivate them to change. In the light of Mills and Crowley's approach, Bheamadu (2003) reported a case of helping a six years old boy with anxiety related problems through storytelling. Bheamadu (2003) made field notes, recorded the therapeutic sessions, and interviewed the boy's mother before and after the therapy in order to determine how the child was influenced by the metaphoric story. The results from the analysis of the data suggested that the story exerted a positive therapeutic effect on the boy. There was some evidence that the boy internalised the therapeutic messages conveyed by the story, and exploited those to deal with his own problems.

Kress, Adamson & Yensel (2010) described two examples of how therapeutic stories can be used to help young sexual abuse survivors. They acknowledged that therapeutic storytelling is compatible with many therapeutic approaches, and draw upon Erickson's theories as the main theoretical foundation for their approach. They claimed that Erickson's psychotherapy approach is '*inherently strength-based*' (p. 245), eliciting therapeutic changes by inspiring individuals to use their own psychological strengths and resources. Kress, Adamson & Yensel (2010) provided some guidelines of using therapeutic stories, dividing the process into three main steps: carefully choosing the story, delivering the story, and processing the story. They devoted much attention to how to select an appropriate story, suggesting that in order to engage the child in storytelling, the aspects that need to be taken into account include: gender, age, developmental level, presenting problem, personal interests and experiences, cultural background, etc. The timing of delivering a story should be determined individually with consideration of the child's therapeutic progress. An ideal therapeutic story should contain positive therapeutic messages and present them in an indirect way, such as through metaphors. The story should delineate a process of drawing upon available resources to face and overcome a problem, and the process should be designed to align with the child's own problem and therapeutic process. Kress, Adamson & Yensel (2010) indicated that the story adopted can be an existing one, or created by the counsellor. When delivering the story, Kress, Adamson & Yensel (2010, p250) recommended psychological counsellors to demonstrate confidence and enthusiasm because this may '*increase the counsellor's and client's investment in the process*'.

To which extent a story should be interpreted by the counsellor constitutes a prominent focus of theoretical debates regarding using stories therapeutically. Bergner (2007) recommended a sequence of employing stories in psychological counselling for children: (a) present the story; (b) elaborate on it if needed to ensure that the child understands it; (c) discuss its application to the child's individual situation, transforming and paraphrasing it if necessary. Within this approach, the psychological counsellor's explanation of the story is essential and critical. Cook et al. (2004) also believed that the counsellor should ensure that the child receives the therapeutic messages embedded in the story in the intended way, and provide the child with guidance as to how to use the messages to deal with his/her own problems. However, this point of view would be

contested by researchers and practitioners adopting the Ericksonian approach of using stories. When describing their guidelines of using therapeutic storytelling, Kress, Adamson & Yensel (2010, p250) stated that:

Erickson (1989) advocated for not processing therapeutic stories; he believed that clients most benefited from hearing a story and then sitting with the material. In this way, clients were able to let the story marinate and thus optimize the likelihood that the story would impact them in unconscious ways. Erickson (1989) believed that when a story became cognitive—through dialogue and verbal processing—clients were less impacted by the power of the story.

Kress et al. (2010) also mentioned and discussed the opinion that the counsellor should process and interpret the therapeutic story. In the case examples they presented to illustrate their approach, whether to explain the story was described as a decision to be made by the counsellor. It can be seen that although the researchers highlighted the Ericksonian approach of using stories, they incorporated other theories and attempted to develop some universal guidelines of using this therapeutic technique. Their guidelines tend to be flexible because when developing guidelines that can be used within different theoretical frameworks, there are many variables that need to be considered.

Davis (1999) argued that therapeutic stories should not be interpreted by therapists according to their personal wishes. She claimed that therapeutic stories have a subtle effect on children by using metaphors and symbols to influence their mind. The healing message in the story is directed primarily to the intuitive and unconscious parts of the mind of the listener and the explanation may lead to children's resistance to the message that the therapist intends to convey. Some children even could change in the opposite direction owing to their rebellious attitude, and in this case the therapeutic value of the story is destroyed. Angry, resistive and rigid children are especially prone to generating the resistance. Furthermore, children should have the right to understand and interpret a story in a way that is most appropriate for themselves. The story may not be able to create the most appropriate change to children if they accept others' explanation unconditionally. Davis (1999) made an assumption that children can possess the positive messages delivered through storytelling to enhance their sense of personal power, self-perception, self-acceptance and their capacity to love and to understand.

2.6.2.4 Narrative Therapy

Generally, children acquire the ability to tell others about their experience in the form of storytelling at the age of three to four (Stern, 2000; Shirk & Russell, 1996). Narrating life experiences is a natural capacity of human beings and can be used to communicate with others from early childhood. Therefore, this activity has the potential to be used in psychological counselling with clients of various ages, ranging from young children to adults. As a fundamental manner of communication, telling life stories can be drawn upon in different psychotherapy approaches, and there is one approach that puts this activity at the heart of its therapeutic procedures: narrative therapy.

Narrative therapy, as its name implies, is an approach exploiting meaningful personal narratives and stories to help people shape their identities and deal with the problems they are facing (White & Epston, 1990). It is a psychotherapy approach mainly developed by Michael White and David Epston during nineteen seventies and eighties. From White's point of view (2006), the meaning people attached to their lives will be reflected in the narratives of their personal experiences. Telling stories plays an important role in how people make sense of their lives, which means it is possible for them to move toward a more positive direction through the interaction with a psychological counsellor in storytelling. In narrative therapy, psychological counsellors would assist their clients to develop a new narrative in which their values and skills are identified and utilised to bring therapeutic changes (Shapiro & Ross, 2002). Narratives also create a space for people to explore the social context of their problems, and then reflect on those problems from a different perspective (Etchison & Kleist, 2000). Psychological counsellors adopting narrative therapy tend not to provide direct advice to their clients, but to work collaboratively with them on re-authoring their narratives to convey implicit therapeutic messages. Although the personal narratives of clients are generally based on their real life experience, imaginative and metaphoric communication is much appreciated in narrative therapy (White, 2001; Legowski & Brownlee, 2001). Such communication techniques are reported to be especially effective when conducting therapeutic work with children and their families (White & Morgan, 2006; White, 2007).

Narrative approach is originally developed and used in the field of family therapy (White & Epston, 1990; White, 2001; White & Morgan, 2006), and proved to be useful in a range

of settings by researchers and practitioners (Morgan, 2000, 2002; Ingemark, 2013). The aim of narrative therapy is to help people deconstruct dominant, problem-saturated stories and develop preferred, alternative stories about their lives. Narrative therapy emphasises that people's problems should be 'externalised' because the problems are often rooted in the social cultural environment they lived in (Ingemark, 2013). An individual's values can be repressed and restricted by social prevalent values, forcing the individual into isolation and causing mental health problems. Therefore, the individual's identity should be separated from the problems. However, the notion of externalisation is subject to some critics. It is not appropriate to apply external attribution to all problems because some of which are indeed caused by a person's psychological and intentional states (Wong, 2008). For example, Ingemark (2013, p13) stated that '*violence and abuse are not externalised, as the perpetrator must assume unequivocal responsibility for his or her actions.*'

Narrative therapists believe that people have the abilities to live their own values and alter their relationships with the problems, and there is no single correct resolution to a problem (White, 2007; Morgan, 2000). People are put at the centre of therapy, and encouraged to play an important and active role in controlling and directing the therapy process.

Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

There are various principles which inform narrative ways of working, but in my opinion, two are particularly significant: always maintaining a stance of curiosity, and always asking questions to which you genuinely do not know the answers (Morgan, 2000, p1).

There is a growing body of literature supporting using narrative therapy to help children and young people (White & Morgan, 2006; Hannen & Woods, 2012). For example, Hannen and Woods (2012) provided some evidence for the effectiveness of narrative therapy when working with children in educational settings. They reported and evaluated a psychological intervention conducted by an educational psychologist for a child who self-harmed, and narrative therapy was adopted as the main approach. The practitioner followed the procedures of narrative therapy proposed by Michel White (2007) in his

prominent book *'Maps of Narrative Practice'*. Based on the case, they concluded that narrative therapy is useful in helping children who self-harm to improve their psychological wellbeing.

2.6.2.5 Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a psychotherapy approach that focuses on understanding and regulating people's thoughts, emotions and behaviours (Beck, 2011). From a CBT perspective, problematic emotions and behaviours are caused by maladaptive cognitions, and the resolution is to apply CBT training techniques to modify dysfunctional cognitions and behaviours. According to Beck (2011), the emotional reaction towards an event is not engendered by the event itself, but by the understanding and interpretation given to it by the individual.

Storytelling has been incorporated in CBT as a therapeutic technique. Psychological counsellors who adopt CBT believe that if they *'can use stories to engage people in similar emotional shifts during the consultation process, then they can inspire them to begin to change'* (Blenkiron, 2010, p37). A number of studies have developed approaches of using stories and storytelling within a CBT framework, and the approaches targeting children and young people have considered their needs and characteristics. For example, Deblinger, Thakkar-Kolar and Ryan (2006) suggested that psychological counsellors adopting CBT could use stories with illustrations when working with children. Schnall, Eichenbaum and Abramovitz (2016) also utilised cognitive behavioural theories to elucidate how traditional Jewish stories can be drawn upon in psychological counselling. Cook (1994) believed that stories can profoundly impact children at a cognitive level and then influence their behaviours because the imaginative and metaphoric nature of stories conforms to children's way of thinking. When implementing CBT, storytelling is an effective strategy for teaching children both cognitive and behavioural coping skills. Cook (1999, 1994) developed a technique of using storytelling called *'therapeutic storytelling technique'* (TST), and suggested that the stories used in this approach should be created based on psychological counsellors' analysis and identification of children's maladaptive cognitions and behaviours. Painter, Cook and Silverman (1999) conducted an empirical study in an effort to determine the effectiveness of TST. In the study, the researchers combined TST and behavioural parent training (BPT) to treat four

noncompliant boys from five to seven years old. They indicated that this combination was effective in terms of reducing the frequency and intensity of the children's noncompliant behaviours. The researchers noted that it was difficult to definitely attribute the therapeutic changes to TST or BPT, and realised that their research results were limited by the sample size. However, based on the results of the case studies, they claimed that TST can produce similar therapeutic benefits compared to BPT, which is an effective treatment programme supported by extensive empirical data. This study adds empirical evidence to the effectiveness of using stories and storytelling therapeutically.

Cook et al. (2004) elaborated the rationale and procedures of TST and illustrated the approach in a case study. They indicated that therapeutic storytelling can be used to motivate children to engage in psychological counselling. For children, therapeutic storytelling could assist their cognitive restructuring, cognitive rehearsal, and experiential learning process. The therapeutic benefits of identifying with the protagonist were also described by the researchers.

By making the heroine appealing and successful, the child is helped to identify with the main character of the story, who will eventually model an effective way of coping with or solving the problem situation. The heroine is also portrayed as having approximately the same age, height, and interests as the child client. Finally, the heroine's problem is similar (and in some cases identical) to the child's problem. The identified patient hearing the story is no longer isolated. She is not the only one with this type of problem. (Cook et al., 2004, p1)

Nevertheless, such understanding of identification can restrict the diversity of characters in therapeutic stories. The obvious similarities may be conducive to the identification process, but there is a risk to make children assume the story is exactly based on themselves. Once this happens, children's sense of isolation cannot be reduced and the imaginative and metaphoric nature of stories might be undermined. In therapeutic stories, a certain degree of ambiguity allows children to understand and identify with the character's situations, emotions and motives in their own ways and paces.

Cook et al. (2004) also emphasised that it is important to individualise the story with consideration to the child's problems and developmental level, and parents may be consulted regarding the child's life situations. In the case study, TST was used along with traditional anger management training to help a ten years old boy with his anger management problem, and the researchers reported that TST was especially helpful in terms of reducing children's resistance and enhancing their motivation to change towards a positive direction. According to the two studies described above, it can be seen that Cook's TST is designed to produce changes at a cognitive level and can be especially effective when using in combination with behavioural training techniques.

Friedberg (1994) advocated using therapeutic stories in psychological intervention with children. He claimed that Gardner's MST is compatible with cognitive therapy because the technique provides the counsellor and child with opportunities to examine empirical evidences of whether particular cognitions are helpful (collaborative empiricism), and reflect on the child's ways of thinking and coping by providing alternative perspectives (guided discovery). He presented two examples of implementing MST when working with children with anxiety and fear related problems, and stated that storytelling helped the children establish more adaptive cognitions. Gardner's MST is a technique developed in psychoanalytic play therapy, however, it was successfully used by Friedberg (1994) in cognitive therapy. This study demonstrated that storytelling has the potential to be used to integrate different therapeutic approaches. In a more recent article, Friedberg and Wilt (2010, p.103) proposed a seven step guideline of using metaphors and stories in CBT with children and young people, and named the guideline '*The Magnificent Seven*'. The first two guidelines are '*Embed the Story or Metaphor in a Case Formulation*', and '*Metaphors and Stories Need to be Individualized to Match a Child's Individual Circumstances, Ethnocultural Context, and Developmental Level*'. These guidelines show concern about how to make metaphors and stories fit into the framework of CBT and align with the specific child's needs. Psychological counsellors' individual professional decision making is highlighted in this process. The third and fourth guidelines are '*Metaphors Should be Concrete*' and '*Metaphors and Stories Keep Treatment Relevant*'. The authors suggested using concrete and readily comprehensible metaphors, and incorporating experiential activities based on these metaphors. An activity called '*Worry explorer*' was presented as an example of experiential activities.

Instead of avoiding experiences that induce worry, the child can become an explorer who seeks them out. This acknowledges the courage that the child needs to face their fears, and highlights the “treasure” to be found by finishing the journey. (Friedberg & Wilt, 2010, p.106)

It was evident that in the case reported by Friedberg and Wilt's (2010) metaphors and stories were used to influence the child at a cognitive level. The researchers believed concrete metaphors and stories are more effective in the context of CBT, and this might be because that CBT is a directive and explicit approach of working with children. From their perspective, the cognitive influence exerted by metaphors and stories relies on the direct discussion of how to adopt similar strategies to deal with the child's presenting problems. For example, Friedberg et al. (1999, p192) developed a metaphor called 'thought shop' to help children understand why distorted thoughts and beliefs need to be exchanged. In this metaphor, the process of shopping resembles the process of thought testing.

For instance, the therapist and children discuss the way the child goes about buying a present for someone. Sometimes children buy things for others based on inaccurate assumptions and cognitive distortions, such as jumping to conclusions, mind reading, and emotional reasoning...Thought Shopping can help the child learn to exchange inaccurate thoughts for more accurate ones.

The fifth guideline is 'Proficiency in Traditional CBT Procedures Accompany Metaphorical Communication'. The researchers argued that being familiar and proficient in using CBT enhances the incorporation of metaphors and stories. The last two guidelines are 'Metaphors are Collaborative' and 'Metaphors and Stories Add Fun and Increase Engagement in Treatment'. These guidelines address the issue of how to engage children in psychological intervention. Although CBT is a relatively directive approach, children are still regarded as active participants in the process of developing and delivering metaphors and stories. This set of guidelines are specifically designed for CBT, but the last two of them may also be applied in other therapeutic approaches using metaphors and stories.

2.6.2.6 Family Therapy

It is noteworthy that some important approaches of using storytelling as a therapeutic technique are originally developed in the field of family therapy. As aforementioned,

Michael White, David Epston and Milton Erickson are all recognised as family therapists. Their approaches of using stories therapeutically are closely associated with family therapy, and are reported to be useful in many other practical settings.

In line with the tradition of using stories in family therapy, Arad (2004) developed a therapeutic storytelling technique that involves the whole family in an attempt to explore the family dynamic. In this approach, the clients are asked to assign an animal character to each member of the family and then tell a short story with a complete narrative structure based on the animal characters. This technique provides family therapists with a predictable structure for therapy and promotes children's engagement and participation in the therapeutic process. Parker and Wampler (2006) indicated that stories were effective in lessening the intensity of children's negative feelings toward the relationships with the people in their lives.

Kozłowska and Hanney (2002) used an activity of creating illustrated storybooks in family therapy to help children with traumatic experiences. In their approach, the creation of illustrated books is a collaborative effort of the family based on their actual experiences, and the books are used to elicit discussion amongst family members. Kozłowska and Hanney (2002, p.37) summarised a range of benefits of using this activity to treat traumatised children, including *'expression of trauma-related feelings; clarification of erroneous beliefs about the self, others, or the traumatic event; and externalization of traumatic stimuli into artwork, allowing for exposure and habituation of the arousal response.'* Their practice demonstrated that this activity can empower children to engage in exploring the traumatic events and reduce their anxieties about participating in family therapy. Creating and telling stories can be a therapeutic experience for children, especially when using in conjunction with other creative techniques, such as drawing. The researchers suggested including all the family members in creating illustrated storybooks and telling stories. This requirement is for achieving optimum effect, but it can be viewed as a limitation because it is difficult to guarantee that every family member has the ability and willingness to participate.

2.6.2.7 Bibliotherapy

Bibliotherapy is another psychotherapy approach incorporating stories. The term bibliotherapy was coined by Samuel McChord Crothers (1917) in his famous article 'A *literary Clinic*' to refer to using books therapeutically. Shrodes (1949, p.11) described bibliotherapy as a '*dynamic interaction between the personality of the reader and literature under the guidance of a trained helper*'. According to Tussing and Valentine (2001, p. 457), bibliotherapy is '*the usage of literature to assist individuals in understanding and treating their problems, generally through the aid of a social worker or therapist.*' Pardeck (1995) featured bibliotherapy as an innovative way that teachers and psychological counsellors can use to help children deal with their mental health problems.

Some researchers have developed CBT-based bibliotherapy, in which self-help books are used to provide people with alternative coping strategies (Cuijpers, Donker, van Straten, Li & Andersson, 2010). According to the systematic review conducted by Cuijpers et al. (2010), guided self-help and face-to-face psychotherapy have parallel effects in treating depression and anxiety disorders. However, Coull, G., & Morris (2011) argued that for depression and anxiety disorders, the effectiveness of CBT-based guided self-help interventions is not conclusive because the supporting clinical evidence provided by previous studies is not rigorous enough.

Similar to play therapy, bibliotherapy is also endorsed by psychoanalysts, and the psychoanalytic concepts of identification, psychological catharsis and rational insight are used to interpret its therapeutic effect (Shrodes, 1949; Reitz, 2004). Psychological counsellors adopt bibliotherapy share the belief that if clients can identify with the characters in the story, then they can be inspired by the storyline to solve the problems they are confronting in a similar way. Through reading and discussing the similar situations happened to other people and their experience of dealing with those situations, clients are provided with opportunities to attain psychological catharsis, which is a process whereby they can express repressed feelings and emotions and develop insights into their own problems by bringing those feelings and emotions into conscious awareness (Jackson, 2001). It is possible for clients to experience a catharsis that helps them to regain mental equilibrium through immersing themselves into a story. Scheff

(2001) suggested that in order to achieve catharsis in psychological counselling, it is necessary to create an appropriate distance for the client between past distresses and present feelings of being supported by the counsellor. In line with this viewpoint, Carlisle (2009, p.501) argued that the client needs to be both a 'participant' and 'observer' in the process of catharsis. According to Kramer (2009), bibliotherapy affords clients opportunities to scrutinise experiences of other people, and understand themselves from another perspective. Hynes and Hynes-Berry (2011) explicitly pointed out that the aim of using a book therapeutically is to release feelings and elicit insights.

...the value of the literature depends strictly on its capacity to encourage a therapeutic response from the participants. The individual's feeling-response is more important than an intellectual grasp of the work's meaning. Thus, in bibliotherapy even a misinterpretation of the text will be considered both legitimate and useful if it leads to the release of feelings or insights related to self-understanding. (Hynes & Hynes-Berry, 2011, p43)

A book matching the client's situation could suggest different options and allow the child to examine those options vicariously (Coleman & Ganong, 1990). Reading about other people's experiences can help the client to develop self-understanding, and the interaction with the counsellor would provide a sense of being supported and accepted (Hynes & Hynes-Berry, 2011, Jackson, 2001). The therapeutic process in bibliotherapy may be divided into three stages (Pardeck, 1990; Carlson, 1999). Carlson (1999) described the three components as follows:

The first of which is the identification and projection stage. At this point, similarities between the child and the main character of the book are evident and the child identifies with the needs, wishes, and frustrations of that character. The next stage is abreaction and catharsis where the child experiences an emotional release of feelings that may be expressed either verbally or nonverbally. Because the child has identified and projected his or her own feelings onto the main character of the story, when the character experiences the emotional release of feelings about the story, the child's feelings are released as well. The final stage is insight and integration where the child recognizes him/herself and significant others in the characters of the story and gains insight into the significance of the similarities.

Bibliotherapy is designed to use existing books for therapeutic purposes. Although various types of books can be used, fiction books are reported to be especially effective when working with children and young people (Prater, Johnstun, Dyches & Johnstun, 2006; Noctor, 2006; Pardeck & Markward, 1995). Coleman and Ganong (1990, p.330) stated that this is because children and adolescent's fiction books '*tend to be well written and concise*'. Another possible reason is that high-quality children's fiction books are usually of relevance and interest of young people. Books with illustrations are recommended to be used because such visual presentation contributes to engaging children and young people in the process of reading. Noctor (2006) reported a case in which J.K. Rowling's Harry Potter was used to help teenagers in a psychotherapeutic group. Bettelheim's (2010) work on fairy tales and theories of narrative therapy approaches were drawn upon to explain that Harry Potter stories were helpful in terms of engaging young people in psychotherapy and encouraging them to express themselves. Although the case study conducted by Noctor (2006) was limited by its descriptive nature, it illustrated that existing stories have potential to be used therapeutically, and such usage can be justified from different theoretical perspectives. Anna (2011) pointed out that reading is central to children's development. Story books provide a safe medium for them to explore different concepts and express a variety of kinds of feelings and attitudes. Story books are conducive to children's understandings of their environment, community, and societal expectations. Reading story books to children could help to increase their self-esteem and support them in coping with difficult situations by giving them comfort. Pehrsson & McMillen (2005) also have used published stories for the therapeutic treatment with children although the stories are not designed for therapy.

Over decades, researchers and practitioners have developed some guidelines for delivering bibliotherapy. Hynes and Hynes-Berry (2011) depicted a four-step model of using books therapeutically, including: 1. Recognition; 2. Examination; 3. Juxtaposition; 4. Application to self. The first step refers to the process of catching the client's attention through reading. Hynes and Hynes-Berry (2011) claimed that catharsis can occur immediately at this stage when the content of reading material resonates with the clients' feelings and experiences. The second step is about examining the issues presented by the reading material and talking about the client's own responses. The counsellor may ask a range of questions to help the client express emotions and thoughts. The term Juxtaposition is used to describe the third step, which is a process that a client compare

and contrast new thoughts and feelings emerging from reading the materials with the previous ones. It is believed that by doing so, the client can gain some valuable insights with regard to their problems. In the final step, the counsellor should assist the client to evaluate the insights obtained from previous steps, and integrate those into their self-understanding. Prater, Johnstun, Dyches and Johnstun (2006) explored implementing bibliotherapy in school settings, suggesting that teachers could adopt this approach to prevent students from school failure. They developed a ten-step model for teachers to follow:

When using bibliotherapy, teachers should apply these 10 steps: (a) develop rapport, trust, and confidence with the student, (b) identify other school personnel who may assist, (c) solicit support from the student's parents or guardians, (d) define a specific problem the student is experiencing, (e) create goals and activities to address the problem, (f) research and select books appropriate for the situation, (g) introduce the book to the student, (h) incorporate reading activities, (i) implement postreading activities, (j) evaluate the effects of bibliotherapy on the student. (Prater et al., 2006, p.7)

Hynes and Hynes-Berry's (2011) model can be regarded as a conceptualisation of how bibliotherapy helps clients to change therapeutically, while the model presented by Prater et al. (2006) aims to provide school teachers and counsellors with a set of practical guidelines of delivering bibliotherapy. However, there are some limitations of bibliotherapy that are not addressed in the guidelines, although the researchers are aware of them. For example, the implementing of bibliotherapy relies on the child's capacity of concentrating and comprehending (Floyd, 2003), and some different strategies may be adopted when working with children with relevant difficulties. Prater et al (2006, p8) recommended to carefully select reading material and proposed a criteria set: '(a) appropriateness for the developmental age and reading ability of the student, (b) the portrayal of the topic of interest (e.g., homelessness), (c) realism and honesty of character portrayals, and (d) literary quality.' However, sometimes it is difficult to find a book that has adequate validation of its effectiveness and can match the child's situation. As a matter of fact, even many of the books developed specifically for therapeutic purposes are not tested and validated in practice (Shechtman, 2009; Rosen, 1981).

2.6.2.8 Therapeutic Storytelling and Multimedia

Researchers have proposed ways to incorporate multimedia resources when using stories therapeutically. For example, Brosnan, Fitzpatrick, Sharry and Boyle (2006) designed a CBT intervention programme utilising multimedia technology to help a group of adolescents with mental health problems such as anxiety and depression. A story building toolkit named Transforming Stories (TS) was used in combination with a series of DVD videos called ‘Working Things Out’. TS is an animation making tool that provides users with ‘*a database of customizable 2D characters and environments (school, home and community settings), and story props.*’ (Brosnan et al., 2006, p599). It allows users to create characters, make up stories, and change characters’ emotions along with the story develops.

Users have a choice of story templates and the process involves building up the story plot in scenes using the characters and background environments. The final animation is saved as a movie and can be viewed back and edited. In the therapeutic context the stories produced can be tailored to a problem that needs resolution or can be a general story that includes some positive change in the storyline. The role of the therapist/facilitator is important here, in helping the young person to focus on developing alternative endings that might bring about positive change and outcomes for the central characters. (Brosnan et al., 2006, p600)

‘Working Things Out’ DVD contains a range of ‘*short animated movies with voiceover narration and soundtracks*’ that delineate eleven young people’s individual experience of suffering and recovering from different mental health problems. It was suggested by the researchers that this form of storytelling would help other adolescents in similar situations to express emotions, develop new coping skills, and eventually overcome their difficulties. Based on the evaluation of the intervention programme, the authors argued that in this digital age, multimedia resources are especially helpful in terms of engaging children and young people in psychological counselling and motivating them to make therapeutic changes.

The use of ‘Working Things Out’ DVD can be regarded as an example of applying digital storytelling in therapeutic settings. Digital storytelling refers to using digital tools to tell stories through multimedia, and this technique has been widely used in educational and

therapeutic settings. According to a survey conducted by Yuksel, Robin & McNeil (2011, p5), some professionals working in the field of healthcare education in the UK suggested that the digital storytelling '*allows the exploration of discourse that hinders and supports the recovery paradigm from mental illness to mental health.*' Children could benefit from watching the digital storytelling movies of others in similar situations because this activity provides them with an immersive learning experience in which they can develop understanding of their mental health problems and imitate the coping strategies (More, 2008; Yildirim, Ozden, & Aksu, 2001). The utilisation of multimedia technologies creates dynamic interactions between the learners and the learning environment, and thus increasing the learners' '*motivation, engagement, and positive attitude*' (More, 2008, p170). More (2008) suggested that digital media can be used to create 'digital social stories' to help children with disabilities to develop social skills. Social story refers to a personalised short story depicting a social situation that is written for children with autistic spectrum disorder to '*read, interpret, and respond effectively to their social world*' (Gray, 1994, p5; 2000). Özdemir (2008, p80) also presented a program in which digital multimedia technologies were used to create and deliver social stories.

This program has a book like format which contains text of the social stories, movies of the social skills corresponding to the social story sentences; audio capability that read aloud sentences using a synthesized computer voice, and a navigational button clickable by the participants. Each multimedia social story included information specific to the session's play activity along with short movies corresponding to the social story sentence on each page.

Mobile phone is also used as a multimedia device to assist adolescents and young people attending psychological counselling to tell their own stories. Matthews and Doherty (2011, p2060) developed a mobile and online therapeutic system called 'My Mobile Story' (MMS) that enables '*young people to express their personal trajectory in the world.*' The multimedia materials collected by young people would be uploaded to their online account and can be accessed by logging in the account on a computer. During a counselling session, the counsellor and the young person can view and edit the content together. The researchers found that this system is helpful in engaging young people in therapeutic activities either during or outside of the counselling sessions.

Overall, the research regarding how to systematically and effectively incorporate multimedia to assist therapeutic storytelling is still in the exploratory stage. Existing studies are promising, but they are few in number and have clear limitations. For example, their research findings are generally limited by the sample size.

2.6.2.9 Therapeutic Story: A Transtheoretical Therapeutic Technique

From the above literature review, it can be seen that storytelling, as a powerful form of human communication, can be used diversely in a wide range of therapeutic approaches. Researchers have developed various theories that can buttress the use of this therapeutic technique: some of them explicitly indicate that they understand therapeutic story from a certain theoretical perspective, while others integrate different compatible theories together and interpret the therapeutic value of stories from multiple perspectives. The latter researchers often regard storytelling as a transtheoretical therapeutic technique (Sunderland, 2004; Pernicano, 2014; Kress, Adamson & Yensel, 2010). Storytelling is recognised as a practical strategy to integrate different therapeutic frameworks together in order to improve the efficacy and effectiveness of psychological counselling (Prochaska & Norcross, 2013; Sunderland, 2004).

It is also noteworthy that there seems some universal benefits of using stories in different therapeutic approaches. For instance, it is widely reported by researchers and practitioners that storytelling is conducive to establishing an effective therapeutic alliance. Another example is that storytelling is commonly acknowledged as a desirable method of communicating with children, no matter how it is used. These facts indicate that sometimes therapeutic storytelling can realise its value within different therapeutic approaches in similar ways.

Sometimes incorporating stories into counselling process may be relatively straightforward because stories are such an important and interesting way people relate to others. Stories laced with metaphors and analogies realise their therapeutic value by helping people to change the way they understand themselves and the world they live in (Davis, 1999). Davis (1999) stated that a story can be therapeutic when it challenges the listener to understand in new and healthier ways, thus stimulating a positive shift in their

thinking, emotions and behaviour and healing a psychic wound, particularly for children. Storytelling has the potential to help children regain their emotion or behaviour balance. Therapeutic story is broadly defined by Perrow (2008, p.103) as '*the ones that help restore the lost equilibrium, or regain a sense of wholeness.*' In a broad sense, every story involved in psychotherapy can be called therapeutic story because they all contribute to clients' therapeutic changes in a way.

2.6.3 Guidelines for Developing Therapeutic Stories

Different therapeutic approaches incorporating storytelling vary in terms of how to initiate the storytelling. Although in some approaches children are encouraged to tell a spontaneous story, it is more common for psychological counsellors to initiate the storytelling process—they select, adapt, or create a story, and deliver it to the child at an appropriate timing according to the child's individual situation.

The therapeutic value of a story can be realised in various ways. Sometimes the very experience of listening to a story can be therapeutic no matter what the content is, however, more often than not, the important therapeutic messages are embedded in the content and structure of therapeutic stories. In my MA dissertation project, I conducted a content analysis of a random selection of fifty therapeutic stories from a range of therapeutic story collection books. The findings of the study identifies some common characteristics of therapeutic stories. For example, most stories in the sample were developed by psychological counsellors, and in stories for children the main character was most likely to be a child. It was also found that imagination and metaphor were very commonly used, and many therapeutic stories share similar structures. Researchers have proposed some guidelines of developing therapeutic stories that may be applied in different therapeutic approaches (Sunderland, 2004; Perrow, 2008). They indicated several essential factors that need to be taken into consideration when creating therapeutic stories.

Sunderland (2004) provided a common and workable model to construct therapeutic stories. The first step is to identify the problems or difficulties the child is experiencing. Then the author starts to think of characters, places and situations of the story. These

elements should provide a metaphorical context for children's problems or difficulties. After that, the main character should be presented as contending with the same problem or difficulty as the child. Next step, the main character of the story should use some coping strategies that are analogous to those used by the child for his problem or difficulty. Generally speaking, these strategies might lead to negative consequences. Then the ineffectiveness of these coping strategies could result in some kind of inner or outer crisis in the main character's life. The story so far should have presented the whole process of how the main character encounters the problems or difficulties. Next comes the vital part towards the solution of the story-the shift. The journey from the struggling to the solution of the crisis is illustrated. The design of the transition should avoid being too quick from problem to solution because the positive change is not due to a miracle. There must be a journey or process between the two. Without this, the story becomes unreasonable and unbelievable. Sufficient details regarding the changing process should be provided in the story otherwise misunderstanding might occur. Usually another important character (someone or something) appears in the story and helps the main character to change direction and adopt a wiser coping strategy. They provide the main character with constructive and creative ways of dealing with the situation. The main character then successfully overcomes the problem or difficulty under the guidance. It is believed that the character's experience could help the child alter coping strategies with the help of others. Sometimes children would create a new way of thinking and adopt a new behaviour to help themselves feel better after hearing the story. Sunderland (2004) provided an example called 'The story of Teenie Weenie in the Frightening Forest' to illustrate the model. The story is about a little chicken called Teenie Weenie. One day, he found himself not on a farm, but in an awful forest. He was very frightened. Suddenly, a monkey roared at him. The little chicken was even more scared so he cowered into a little ball. He wanted to escape from the forest; he felt smaller every time he was scared by the forest. After a while, he felt he was more afraid than ever and as little as a speck. Because of that, even the tiniest insect in the forest wanted to eat him. He ran away very fast and hid. A bird with beautiful feathers noticed him hiding there. The bird smiled at him and invited Teenie Weenie to have tea with him. The little chicken was too frightened to go with him, so the beautiful bird said it is not frightening at all if they go together and introduced his friend Hedgehog to Teenie Weenie. The company of the beautiful bird and Hedgehog gave the little chicken courage. He was no longer fearful and felt warm inside. Three good friends had very nice tea and after that day, Teenie Weenie realised that friends could give him support when he felt lonely and frightened.

Perrow (2008) also proposed a construction model for therapeutic story writing. She shared her construction/deconstruction model for writing therapeutic stories to therapists, parents and teachers in her books and some conferences. The construction model consists of three principal components: 'Metaphor', 'Journey' and 'Resolution'. Usually, it is necessary to work out the resolution first because it is difficult to have a sense of the direction of the psychological counselling if the resolution is not clear. Metaphors are often found or developed based on the child's individual situation. For instance, the child's favourite animal and toy would be an ideal option. When writing a story to address a specific problem, the main character can be an animal or object in a similar situation or crisis. Taking clues from the child's surrounding environment and natural environment also could help the author to think creatively. However, there is no strict rule for using metaphors. Perrow (2008) emphasised that the use of metaphor is a vital ingredient in therapeutic story making. Metaphors are an essential part of the story journey and help create an imaginative connection between the counsellor and the child. They often play both the destructive roles and positive roles in the story. The journey is an important component of the story because it helps to build the story tension.

The journey is the structural part of the therapeutic story construction. An eventful journey is a way to build the 'tension' as the story evolves, and can lead the plot into and through the behaviour 'imbalance,' and out again to a wholesome resolution. The use of 'obstacle' and 'helping' metaphors are intricately connected with the journey. The tension or conflict in the journey is usually built up through the involvement of the 'obstacle' metaphors and the resolution is achieved through the 'helping' metaphors. (Perrow, 2008, p.131)

According to Perrow (2008), the 'journey' varies according to the developmental stages of children. For a young child, the 'journey' could be simplified into repeating the same experience and strategy. Sometimes children's songs and nursery rhymes are also involved. Older children require more intricate plots with twists and turns in the 'journey' of the story (Perrow, 2008). The resolution in a therapeutic story is the last but most significant part because it provides children with practicable coping strategies and brings balance back in their lives. It is important that the resolution is positive and forward-looking, and not guilt inducing. The story 'Born to be King' is a typical example provided by Perrow (2008) to illustrate how the construction model works. According to Perrow (2008), this story was written for a six years old African boy who was sexually abused at

the age of three. The story intends to heal his fear of going to the toilet. It is about a little prince who was born to be King. He wore a golden crown on his head when he had adventures with his friends in the gardens and forests. One day, the little prince fell off from a wall and broke his arms and legs. He lay in bed for a very long time waiting for the bones to recover, but he didn't want to try to walk again because of the hurt. His grandmother told him that he was born to be King and the golden crown should sparkle in the sunlight. Under grandmother's encouragement, the Little Prince could have adventures as before. In summary, following Perrow's model, it is necessary to think about the resolution part first based on the circumstances when writing a therapeutic story even though it comes at the end. It is impossible to know the purpose of designing metaphors and journey if the resolution is not clear. Then the author needs to select or develop metaphors carefully according to the child's problem or difficulty that needs to be resolved. The storyline should not be designed to reflect the child's situation and problems. The author should provide a constructive way of dealing with the problems through the story 'journey', namely the 'resolution'. It is worth noting that Perrow's construction model attaches great importance to the age difference of children. Perrow (2008) recognised that children's psychological developmental stages should be taken into consideration when creating therapeutic stories. Similarly, some other authors of therapeutic story collection books also identify the suitable age groups for their therapeutic stories. For example, Burns (2012) provided two versions of the stories in the book for children and adolescents respectively. Children of various ages have different physical and mental characteristics. For example, along with children's physical and psychological development, their ability of imagination will be continually strengthened. Lillard (2013) stated that children of different ages have different performance in independent games, and the differences excellently reflect the development of their imaginative abilities. Children of 2 years old will imitate adult's behaviour; by the time that children are three or four, they want to play with everything they could find with plenty of imagination. For example, a child at that age might play with a piece of wood and imagine it to be a miniature car. At around five years old children are starting to seek ways to realise their imagination, such as playing pretend games.

Perrow (2008) provided some practical advice for constructing therapeutic stories for different age groups. In general, moderate themes and plots are more suitable for young children, and the stories for older children should have relatively complicated plots. More

challenges and details need to be presented in the story. To be specific, very short stories with characters that are familiar to children are ideal for 3 to 6 years old children. The general atmosphere of these stories is cheerful and there are not too much sorrow and struggle involved. Repetition is an elemental principle when telling stories to children in early childhood, and this strategy has some therapeutic power. Some stories are composed of several parallel paragraphs with rhythms. The plots of the story are unfolded in a similar way every time. The story 'Impatient Zebra' developed by Perrow (2008) is an example of this type of stories. The story is about an impatient zebra who has to wait for his stripes to become black. Zebras' stripes are golden brown in the first year of their life. The Little Brown Zebra was not satisfied with the colour of his stripes; he was eager to have black stripes like his parents and older brothers. He decided to find a way to make his stripes into black. First time, he wanted to smear black mud on his stripes; Second time, he tried to rub the stripes against a blackened tree; His next idea was to stay under the shade of trees. Apparently, none of these was successful. At the end, he realised that the only way to turn his brown stripes into black ones was to grow. The core content of this story is the Little Brown Zebra's three attempts to change the colour of his stripes. The structures of the paragraphs that describe the three trials are similar and these plots are all presented after an identical rhyme called 'impatient song'. Stories with a sense of rhythm provide young children with warmth and cheer so they are very likely to be absorbed in these stories. Perrow (2008) argued that some traditional folk tales and fairy tales adopt this structure and can be used as therapeutic stories with young children. Children at 6 to 8 can benefit from stories with more challenges and details. The characters in the stories could suffer some pain and have some sad experiences. For 8 years old or older children, some more complicated folk tales or stories from different cultures can be used.

Overall, the two construction models of Sunderland's and Perrow's are rather analogous with just slight differences. From Sunderland's perspective, therapeutic stories provide children with a template that they can project their life story. Sunderland's model emphasises the shift of coping strategies and intends to set a model for the child to follow while Perrow's is more focused on the symbolic meaning of the metaphors. Based on Ericksonian theories, Mills and Crowley (2014) also emphasised the metaphoric feature of stories in the process of creating them. However, as a rhetorical device, metaphor does not always contain therapeutic values. According to Mills and Crowley (2014, p49),

Where description is the main function of a literary metaphor, altering, reinterpreting, and reframing are the main goals of the therapeutic metaphor. In order to achieve these, the therapeutic metaphor must evoke both the imagistic familiarity of the literary metaphor and a relational familiarity based on a sense of personal experience. The story itself—the characters, events, and settings—must speak to the common life experience of those listening, and it must do so in language that is familiar.

Mills and Crowley (2014, p50) proposed a six step guidelines of composing therapeutic stories and use the classic fairy tale *The Ugly Duckling* to illustrate these guidelines:

- (1) Establish an overall theme of metaphorical conflict in relation to the protagonist;*
- (2) Personify unconscious processes in the form of heroes or helpers (representing the protagonist's abilities and resources), and villains or obstructions (representing the protagonist's fears and negative beliefs);*
- (3) Personify parallel learning situations in which the protagonist was successful;*
- (4) Present a metaphorical crisis within a context of inevitable resolution, by which the protagonist overcomes or resolves his problem;*
- (5) Develop a new sense of identification for the protagonist as a result of his victorious 'hero's journey';*
- (6) Culminate with a celebration in which the protagonist's special worth is acknowledged.*

Apparently, the approaches detailed above are not the only feasible approaches of developing therapeutic stories. However, the construction models and guidelines proposed by the researchers are very practical and helpful to psychological counsellors who do not specialise in story writing. By reading their story examples, I acquired a sense of what a therapeutic story is like and recognised that some Chinese traditional stories have analogous elements and structures by coincidence.

2.6.4 Using Therapeutic Stories in Chinese Schools

Through searching major Chinese academic databases, a number of studies on using stories therapeutically in Chinese educational settings were identified. Zhao (2013), a psychosocial counsellor in a primary school, reported how picture books were used in her

work to facilitate primary school children's psychological growth. However, the article is mainly about using stories in general mental health education rather than specific psychological interventions. Wang (2014) presented a case of using metaphoric stories following the Ericksonian approach to help a secondary school girl with behavioural problems. Zhu (2011) also described how a metaphoric story was utilised when working therapeutically with a college student who had suffered the loss of a roommate. Yuan (2011) utilised stories in a group counselling intervention for college students targeting their feelings of loneliness and reported that storytelling and role play games were especially helpful in the counselling process. Therapeutic storytelling was also described by Wang (2009) as a useful technique to help college freshmen with their adaptation problems. Zhang (2007) argued that storytelling can be used in combination with positive psychotherapy to help impoverished college students with their mental health problems.

In the research project for her Masters, Zhao (2007) implemented Gardner's MST within the framework of Adlerian child therapy to treat eight primary school aged children with behavioural problems and indicated that the interventions achieved positive effects. Song (2015) carried out a study with a similar design. The researcher delivered group counselling with activities related to stories over a four months span to eight children with behavioural problems from a kindergarten. In both studies, the researchers recruited sixteen children, equally and randomly divided them into a control group and an intervention group. Only the children in the intervention group regularly attended psychological counselling. The severity of the behavioural problems of the children from both groups was measured at the beginning and the end of the studies. The final results of the two studies both showed that the problems of the children in the intervention group had been improved, whereas the problems of the children who did not receive any professional help basically remained the same or became slightly more severe. Zhao (2007) and Song (2015) both made valuable attempt to explore the effects of using therapeutic stories in Chinese school settings. According to the results of searching major Chinese academic databases, so far the study conducted by Zhao (2007) is the only one that systematically investigates the utilisation of MST when working with Chinese primary school students. However, the weaknesses of their studies cannot be ignored. For example, there are ethical flaws in their research designs because the problems of the children in the control groups were actually neglected during their studies. In Song's (2015) research, the stories chosen were originally designed for educational purposes, and

there was not a theoretical framework that guided the use of the stories. Moreover, the researcher s' interpretation of the results of their studies remains contentious because it is still not clear how much of the positive effects achieved in the interventions can be attributed to the utilisation of stories.

It is noteworthy that the Chinese literature on applying narrative therapy in educational settings is relatively abundant compared to other approaches of using stories therapeutically. Tang and Zhang (2012), Cheng (2012), Zhou (2016) all briefly introduced some narrative therapy techniques and discussed the possible advantages of using this approach in educational settings. They suggested that the narrative approach can be used in both individual and group counselling with primary school and secondary school students. Zhang (2016), a secondary school psychological counsellor, stated that narrative therapy 'empowers' the students in the practice. Zhao (2015) reported a case in which externalisation techniques were used when working with an 'overactive' primary school boy. Fang (2015) presented how narrative therapy was used to help a primary school girl cope with her depressive emotions. Zhao (2013) used interviews and questionnaires to investigate the therapeutic effects of the narrative approach in family therapy for children who suffered emotional disorders, and claimed this approach can produce positive changes in the children's emotional wellbeing and improve the family dynamics. The author also indicated that narrative therapy needs to be adjusted to local culture.

Many practitioners in high school have adopted narrative therapy in their practice to work with students. The problems addressed include family relationship problems (Pan, 2014), love relationship problems (Zhong, 2014), examination anxiety (Xiao, 2014), adaptation problems of new students (Wang, 2014), anger management problems (Yang, 2015), school weariness (Li, 2015), etc. The utilisation of narrative therapy with college students is also explored by some researchers and practitioners (Wu & Ma, 2016). This approach is found to be helpful to deal with college students' self-identify issues (Wu, 2014), cognitive emotion regulation problems (Zhao, 2016) and interpersonal relationship problems (Ni, 2013).

Overall, there is a recent wave of studies using therapeutic stories with children and young people, but the research in Chinese primary school settings is still insufficient. Most of

the available literature is descriptive. How stories were successfully incorporated in psychological counsellors' professional practice are described in case reports, but the case reports often lack of details. There has been very little critical evaluation of therapeutic storytelling, and there is a dearth of inquiry into how psychological counsellors comprehend this therapeutic technique. The translated versions of relevant articles and books produced by western authors are commonly referenced by Chinese researchers, but very sparse attention is paid to theory construction on using therapeutic storytelling with Chinese students. It can be seen that the language barrier influences Chinese researchers understanding of therapeutic storytelling because only a very small portion of the western literature is translated into Chinese. The limited resources may prevent Chinese researchers from investigating the therapeutic uses of stories and storytelling across the spectrum of literature. A number Chinese authors presented the stories adopted in their practice, and some of which were based on traditional Chinese stories. However, there is very limited discussion on how the cultural elements involved in stories might influence the implementation of therapeutic storytelling.

2.7 Summary

There is a large and increasing body of literature conceptualising therapeutic stories, but it is rather descriptive because the case study method is very commonly used in this field. The effectiveness of using stories therapeutically is supported by much empirical evidence, but the theories developed to explain its effectiveness are diverse, and sometimes rather abstract. This might be because sometimes psychological changing process is not distinct and easily observable, and the researchers' theoretical stances influence their understanding of what brings about therapeutic changes. In addition, because storytelling is very commonly used in conjunction with other therapeutic techniques, it is inevitable that the determination of its effectiveness often depends on the client and counsellor's subjective report and evaluation. To which extent the results of these studies can be generalised is a debatable topic. Well-controlled empirical research is still needed in this field.

Chapter 3 Methodology

3.1 Introduction

In Chapter one, I have outlined the research questions of this study. The aim of this chapter is to make explicit the process used to generate the responses to the research questions. Sikes (2004, p16) provided a definition of methodology and indicated that there is a clear differentiation between research methodology and research method.

The theory of getting knowledge, to the consideration of the best ways, methods or procedures, by which data that will provide the evidence basis for the construction of knowledge about whatever it is that is being researched, is obtained. Methodology is concerned with the description and analysis of research methods rather than with the actual, practical use of those methods.

In the methodology chapter of the thesis, the research approach, research design and research methods employed are described, analysed and justified, along with a discussion of the ethical considerations that guided the conduct of my research. An evaluation of the trustworthiness of this study is also provided. This chapter starts by discussing the research paradigm underpinning the study.

3.2 Research Paradigm

When embarking on research, it is necessary to understand and discuss different research paradigms that are intrinsically related to the three integral dimensions of research process: ontology (nature of reality), epistemology (what can be known), and methodology (how knowledge is gained) (Hatch, 2002; Terre Blanche & Durrheim, 1999; Lincoln & Guba, 2000). The researcher's ontological and epistemological assumptions fundamentally influence the research process. Thus, it is important to consider these aspects before undertaking a study in an effort to ensure that the research approaches employed are congruent and appropriate to the particular research aim and objectives. The researcher's choice of research paradigm for a study is largely influenced by his/her personal beliefs regarding the nature of the world and how we can make sense of and study it (Denzin and Lincoln, 2005). However, James and Vinnicombe (2002) indicated that researchers should be cautious of the individual preference when it comes to

designing a study, and it was noted by Blaikie (2007) that the appropriate research strategies and methods should be determined in accordance with the nature of the research questions. The discussion of relevant philosophical issues assists in minimising researcher biases.

Different research paradigms are based on different theories of truth, thereby their perceptions, beliefs and assumptions vary on the nature of reality. Hatch (2002) stated that different research paradigms provide researchers with strategies to explore and understand phenomena from a variety of perspectives. Hence, different knowledge may be created through examining the same phenomena guided by different research paradigms.

Table 2. Research Paradigms

	Ontology (Nature of reality)	Epistemology (What can be known; Relationship of knower & known)	Methodology (How knowledge is gained)	Products (Forms of knowledge produced)
Positivist	Reality is out there to be studied, captured, and understood	How the world is really ordered; Knower is distinct from known	Experiments, quasi-experiments, surveys, correlational studies	Facts, theories, laws, predictions
Postpositivist	Reality exists but is never fully apprehended, only approximated	Approximations of reality; Researcher is data collection instrument	Rigorously defined qualitative methods,	Generalizations, descriptions, patterns, grounded theory

			frequency counts, low level statistics	
Constructivist	Multiple realities are constructed	Knowledge as a human construction; Researcher and participant co-construct understandings	Naturalistic qualitative methods	Case studies, narratives, interpretations, reconstructions
Critical/Feminist	The apprehended world makes a material difference in terms of race, gender, and class	Knowledge as subjective and political; Researchers' values frame inquiry	Transformative inquiry	Value mediated critiques that challenge existing power structures and promote resistance
Poststructuralist	Order is created within individual minds to ascribe meaning to a meaningless universe.	There is no 'Truths to be known; Researchers examine the world through textual representations of it.	Deconstruction ; Genealogy; Data-based, multivoiced studies	Deconstruction s; Genealogies; Reflexive, polyvocal texts

Source: Adapted from Hatch (2002, p13)

Hatch (2002) listed five major research paradigms including positivist paradigm, postpositivist paradigm, constructivist paradigm, critical/feminist paradigm and

poststructuralist paradigm. Considering the nature of the current study, it is evident that critical/feminist paradigm and poststructuralist paradigm are not very suitable. Different characteristics and assumptions of positivist paradigm, postpositivist paradigm and constructivist paradigm will be briefly discussed below and why the constructivist paradigm is adopted in the current study will be justified.

Positivist paradigm is originally developed in natural science research and deductive in its approach. Positivist studies are rooted in the view that science and rational thought enable people to accurately understand the world. In a positivist study, usually a hypothesis would be proposed and then tested based on data collection and analysis to determine whether it can reasonably be supported. In the field of social science research, positivist research focuses on measuring observable social and individual phenomena with the belief that people and their behaviours can be studied as objectively as the natural world (Robson & McCartan, 2016). Positivist research paradigm postulates that there is an objective social world in which universal, generalisable and value-free knowledge exists and is possible to be accurately discovered and reported. According to Robson and McCartan (2016, p21), in positivist studies *'objective knowledge (facts) can be gained from direct experience or observation, and is the only knowledge available to science; invisible or theoretical entities are rejected'*. The aim of positivist studies is to find out precise facts, such as correlative and causal relationships between variables that can be used to predict future situations. Quantitative research methods such as experiments and statistical analysis are very commonly used (Blaikie, 2007). However, it is argued that social science studies are impossible to be completely value-free, therefore it is inappropriate for social science researchers to adopt exactly the same approaches as natural scientists (Robson & McCartan, 2016). The claim that people's direct experience is a reliable source of objective knowledge is not well-founded, and the viewpoint that only observable phenomena can be scientifically studied is also contested and rejected by many social science researchers (Blaikie, 2007; Robson & McCartan, 2016).

Post-positivism, also known as realism, is a research philosophy that retains many of the characteristics of positivism. Both positivism and post-positivism believe that there is an objective reality existing outside of human perception. However, post-positivism research paradigm maintains that social science knowledge is not only a product of rational analysis based on evidence, but also created under the influence of social-political factors

(Blaikie, 2007; Phillips & Burbules, 2000). Researchers working with this paradigm recognise that some variables in social science studies cannot be measured and studied in the same way as in natural science research, however in line with positivist research paradigm they hold the view that being as rational and objective as possible is imperative in scientific research. Post-positivist research still aims to be specific but do not claim that the knowledge created can always perfectly reflect the social reality (Blaikie, 2007). This is because although social reality is believed to exist independently of the human mind, it is pre-interpreted and has multiple levels in contrast with natural reality (Blaikie, 2007; Hatch, 2002). The available evidence that can be measured and observed is always not perfect and can only partly reflect the reality, therefore it is difficult to guarantee that the research results are universal. Post-positivist studies strive to make claims in accordance with the most valid and reliable evidence available at the time, and accept that the results may be revised or abandoned based on new evidence.

Hatch (2002) described constructivism as an anti-positivist research philosophy because of their contrasting ontological and epistemological assumptions. Constructivist research is rooted in the view that social reality is socially constructed and repudiate the existence of an only standard interpretation of any particular phenomenon. This research paradigm emphasises plurality, relativism and complexity (Robson & McCartan, 2016). Researchers following the constructivist paradigm believe that it is not possible to comprehend how other individuals make sense of things without an insightful understanding of the individuals' beliefs, values and contexts. Individuals and groups with various experiences and beliefs interpret social phenomena differently and collaboratively construct a social reality. Under this research paradigm, researchers focus on exploring how people make sense of their individual lives and the social context in which they live and act. It is believed that the social reality is multi-layered and the knowledge produced is relative to the situation of the knower (Denzin & Lincoln, 2005). Researchers following this research paradigm seek to understand the participants' experience and the context, and then generate interpretations drawing upon their own knowledge and experience (Hatch, 2002). The researcher plays a pivotal role in constructivist studies to co-construct knowledge with the research participants. The findings of constructivist studies highly depend on the specific circumstances and therefore cannot be easily generalised. Qualitative methods are commonly used under this

research paradigm because of its inductive and subjective nature (Robson & McCartan, 2016).

Based on the comparison of these three main research paradigms, the constructivist paradigm is adopted in this research project. This decision is made in the light of the nature of the research aim, which is to explore the Chinese primary school psychological counsellors' viewpoints and experience of using cultural-adapted therapeutic stories. This study primarily concerns the psychological counsellors' subjective views and experience, and emphasises their thinking processes. As the researcher, my own academic and professional experience has played an important role in the research process.

3.3 Primary Research versus Secondary Research

Scientific research can be divided into primary research and secondary research according to how the data is collected. Primary research focuses on collecting and analysing first hand data, while secondary research does not collect first hand data; instead, it relies on second hand data from other research (Robson & McCartan, 2016). These two types of research have different strengths and weaknesses. In primary research studies, the results can be more accurate because in-depth data is collected according to the particular purposes of the research. Weaknesses of primary research include its relatively higher costs, time consuming, and higher requirement of the researcher. In addition, data bias and the researcher's subjectivity may have a negative effect on the research findings (Hatch, 2002). Secondary research is efficient in terms of time and financial expenses, and this is deemed as one of the main strengths of this approach. In secondary research, data is relatively easier to access and researchers are encouraged to explore the research problem across different data sources. However, the weaknesses of secondary research cannot be overlooked. Sometimes secondary studies might lack of depth and generate inaccurate research findings because the data used are not collected specifically for the research aim. There is also a possibility that the research findings are negatively affected by the reliability and validity of data sources (Hatch, 2002).

As stated above, the current study is concerned with exploring Chinese primary school psychological counsellors' viewpoints and experience of using culturally adapted therapeutic stories. The research has a very specific aim, and requires research strategies that can develop in-depth understanding of the topic. Meanwhile, according to the review of literature, it is noted that there is not much second hand data pertinent to the research topic available. Therefore, the current study is conducted based on primary data collection. The primary data collected from the Chinese primary school psychological counsellors plays a central role in achieving the research objectives and generating research findings.

3.4 Qualitative Research or Quantitative Research

Scientific research can be categorised into qualitative research and quantitative research according to the nature of the data collected. The table below presents the conceptual and methodological differences between the two approaches.

Table 3. Quantitative and Qualitative Research

	Qualitative Research	Quantitative Research
Conceptual	Concerned with understanding human behaviour from the informant's perspective; Assumes a dynamic and negotiated reality	Concerned with discovering facts about social phenomena; Assumes a fixed and measurable reality
Methodological	Data are collected through participant observation and interviews; Data are analysed by themes from descriptions by informants;	Data are collected through measuring things; Data are analysed through numerical comparisons and statistical inferences;

	Data are reported in the language of the informant	Data are reported through statistical analyses
--	--	--

Source: Adapted from Minichiello & Kottler (2009, p.19)

There are obvious differences between the quantitative and qualitative research and these two research approaches have their different strengths and weaknesses. According to Berg and Lune (2004), quantitative research focuses on collecting numerical data which is mainly recorded in the form of range, frequency and degree, while qualitative research tend to collect non-numerical data which is presented in the form of opinions, views, attitudes, thoughts and perceptions of people. Generally, quantitative research aims to produce generalisable knowledge while qualitative research tends to generate knowledge that is to some degree constructed (Berg & Lune, 2004; Robson & McCartan, 2016). Qualitative research is suitable where the research emphasis is on in-depth understanding of people's experience (Robson & McCartan, 2016). The procedures of analysing quantitative data are usually more standardised and reproducible, while the analysis of qualitative data is more likely to be influenced by the researcher's standpoint and personal experience. Quantitative research methodology emphasises on the breadth of the study and often requires a large random sample in order to generate meaningful results. In contrast, qualitative research methodology usually concentrates on the depth of the research. It does not seek to attract large numbers of participants therefore the sample size is relatively small. Qualitative research tends to focus on understanding phenomena in a natural context. Denzin and Lincoln (2005, p2) indicated that qualitative researchers '*study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them*'. In contrast, quantitative research methods usually involve variables manipulation and predictions about research outcomes. Usually, researchers using quantitative methods would propose hypotheses and manipulate the variables to refute or validate the hypotheses. Unlike qualitative research, quantitative research methods require controlled artificial environments that are removed from the social reality of participants' everyday lives (Patton, 1990).

Because of the nature and complexity of the research problem of this study, a qualitative research methodology was adopted because it allows me to better understand the participants' individual viewpoints and experiences and gain in-depth knowledge and

nuances. The data collection was based on a small purposive sample of Chinese primary school psychological counsellors.

3.5 Grounded Theory and Constructivist Grounded Theory

Grounded theory, as a qualitative, inductive research approach, is originally developed by Glaser and Strauss (1967). It is a methodology which could construct theory about important issues in people's lives (Corbin & Strauss, 2008). The discovery of this approach challenged the quantitative research paradigm which was the dominant paradigm in science research in the mid-twentieth century and indicated how qualitative researchers actually scientifically collect and analyse data (Charmaz, 2014). The aim of grounded theory is '*to generate a theory that accounts for a pattern of behaviour which is relevant and problematic for those involved*' (Glaser 1978, p.93). This research approach provides researchers with systematic methodological strategies to explore social or psychological processes. Rather than beginning with a predetermined hypothesis, the theory would be discovered from the data without a preconceived theoretical framework (Glaser and Strauss, 1967). Since the theory produced is 'grounded' in data from the field, it is especially important to ensure that the data is robust and comprehensive (Creswell, 2007). Instead of describing the data, grounded theory requires researchers to conceptualise it in analytical frameworks (Charmaz, 2014). Based on the researcher's collection and analysis of data, a new theory which is very specific to the context studied would be constructed (Locke, Silverman & Spirduso, 2010).

Ralph, Birks, and Chapman (2015, p1) contended that grounded theory is methodologically dynamic and diversely interpreted by grounded theorists, and '*the differences in these interpretations have led to ongoing and robust debate.*' The approach proposed by Glaser and Strauss (Glaser & Strauss, 1967) was rooted in post-positivism research philosophy, and Corbin and Strauss (1990; 2008) moved grounded theory more towards an approach rooted in symbolic interactionism and pragmatism (Fedoruk 1999; Ralph, Birks, & Chapman, 2015). Charmaz (2014) has continued to develop a constructivist approach to Grounded Theory which recognises the significant role of the researcher. Constructivist Grounded Theory approach enables the researcher to focus on the underlying social process occurring in a given context (Lincoln & Guba, 2000).

Charmaz (2014) paid attention to the co-construction process of theories of specific social phenomena, suggesting that the theories grounded in data should be collaboratively constructed by the researcher and the research participants. Researchers conduct grounded theories drawing upon their own *'past and present involvements and interactions with people, perspectives, and research practices'* (Charmaz, 2014, p10). Constructivist grounded theory encourages researchers' empathetic understanding of the participants, and researchers' own interpretations of the data are emphasised (Charmaz, 2014).

Researchers have provided specific procedures of conducting grounded theory (Glaser and Strauss, 1967; Creswell, 2007; Charmaz, 2014). Based on Glaser and Strauss's work (Glaser & Strauss, 1967; Glaser, 1978; Strauss, 1987), Charmaz (2014, p. 5) stated that *'the defining components of grounded theory practice include:*

- *Simultaneous involvement in data collection and analysis*
- *Constructing analytic codes and categories from data, not from preconceived logically deduced hypotheses*
- *Using the constant comparison method, which involves making comparisons during each stage of the analysis*
- *Advancing theory development during each step of data collection and analysis*
- *Memo-writing to elaborate categories, specify their properties, define relationships between categories, and identify gaps*
- *Sampling aimed toward theory construction (theoretical sampling), not for population representativeness*
- *Conducting the literature review after developing an independent analysis.'*

In comparison with traditional grounded theory, Constructivist Grounded Theory retains the basic methods and procedures but do not share the same ontological and epistemological foundations. Consequently, the result of a constructivist grounded theory research is usually considered as a theoretical interpretation instead of an objective conclusion. Charmaz (2014, p11) regarded this approach *'as a set of principles and practices, not as prescriptions or packages'* and advocated that researchers should follow

'flexible guidelines, not methodological rules, recipes and requirements' when using a constructivist grounded theory approach because the proposed procedural steps are not a linear progression.

The limitations of constructivist grounded theory have been noticed and discussed by researchers. For instance, like many other qualitative methodologies, grounded theory is not suitable for macroscopic research, and studies adopting this approach are usually limited by their sample size (Bryant & Charmaz, 2007). Glaser (2002, p1) questioned the suggestion of co-constructing theories with the participants in constructivist grounded theory by stating that including the participants' interpretations *'would be an unwarranted intrusion of the researcher.'* However, these methodological limitations seem inevitable in order to seek in-depth understanding of the participants' subjective views and experiences. According to Yardley (2000), qualitative research methods are appropriate for studies which explore people's knowledge and experience because their knowledge and experience are mainly composed by subjective understandings rather than objective realities. Therefore, constructivist grounded theory is considered to be the most appropriate approach of inquiry for this research. It enables the psychological counsellors' viewpoints and experience to be explored and theories regarding utilising culturally adapted therapeutic stories to be constructed.

3.6 Research Procedures

3.6.1 Sampling and Research Participants

According to Yardley (2000), sampling should be based on theoretical relevance. Purposive sampling methods, which means choosing participants with a specific purpose, were used in order to gather a sample of psychological counsellors who had experience of working with primary school students. The initial purposive sample was taken from a psychological counsellor's community which was held by a training school in which I had completed my psychological counsellor training in 2012. Psychological counsellors who work in primary schools were preferentially chosen as participants because this research aims to explore the value of therapeutic storytelling in educational settings. Many of the community members worked as a full time or part time psychological counsellor in primary schools and the connection network enabled me to identify and

make contact with potential participants. For involvement in this research, potential participants must have gained certificates in psychological counselling and had experience of working with primary school students in their professional practice. This was because the participants should be well equipped to understand therapeutic storytelling and answer the interview questions. No matter what psychotherapeutic approaches the potential participants preferred to adopt in their practice, they were welcome to take part in this research if they were interested in utilising storytelling therapeutically. Psychological counsellors who had previous experience of utilising stories with children were desirable because it was thought they would be able to provide more valuable insights into this topic.

3.6.1.1 The Recruitment Process

At the beginning of the recruitment process, an invitation to participate in the study and a digital poster that outlined the purpose of the research were distributed to the community members via e-mail. The e-mail was to enquire about their interest and suitability for the study. However, only a few members of the community responded promptly. This might be due to some incorrect e-mail address information and not all the potential participants were regularly checking emails. In order to generate potential participants' interest in taking part in my study, I contacted the head teacher of the training school and emailed the poster which outlined my research project. The head teacher ascertained ethical suitability of contacting potential participants for research purposes and agreed to help advertising the project through the school's formal QQ group (a Chinese instant messaging software), which was a more straightforward way to contact potential participants. Meanwhile, the advertisement of this study was also placed on different social media platforms and online forums of psychological counsellors. Initially, nine participants were recruited but one of them withdrew from the study later. I engaged in theoretical sampling following the seventh interview in order to develop emerging categories, and this process will be discussed in more detail later in this chapter. At the stage of theoretical sampling, an experienced psychological counsellor who worked for the local association of psychological counselling services helped to recruit another four participants. She was the supervisor of a supervision group (self-organised and informal) for psychological counsellors, and she recommended some of her supervisees who had interests in my study to participate.

Once potential participants showed an initial interest, an information sheet (please see appendix 2) was provided to display detailed information about this research and inform them of what their participation would involve. The therapeutic stories created by me were attached as well. Based on the principles and guidelines for developing therapeutic stories, combining my experience as a story writer and psychological counsellor for children, I created four therapeutic stories specifically for Chinese students with various mental health problems (please see appendix 5 for the stories). The stories were adapted from Chinese myths and historical stories and targeted common problems including examination anxiety, social withdrawal, separation/loss, and adapting to changes (such as transferring to a new school). The information sheet also involved further questions about their interest and suitability. As the potential participants are all qualified primary school psychological counsellors, they were able to understand the benefits and risks of participating in the research and had the competence to give consent. All participants were required to sign a consent form and were given the chance to ask any questions, in advance, if they decided to take part in the study. After the participants signed the consent forms, I organised mutually appropriate dates and times to carry out online presentations which aimed to present the basic concept of therapeutic story to them individually. The online presentations were delivered based on a digital poster I designed (please see appendix 3 for the poster). The online presentations provided the participants with opportunities to further discuss the current study and their participation with me.

3.6.1.2 The Participants

To generate a sufficient amount of data, twelve participants were recruited in total. Of the twelve, nine were female and three were male. In order to maintain anonymity, each participant's name was replaced by a number. The number of years the participants had been working as a psychological counsellor ranged between 1 and 17 years, with a mean of 6.6 years. All of the participants held a bachelor degree or higher, and they all had experience of working therapeutically with children in school settings. Most of the participants (N=8) delivered the culturally adapted therapeutic stories to students with relevant problems in their practice. The participants' basic information are presented in Table 1.

Table 4. Basic Information of the Participants

Participant	Gender	Years of experience	Educational level	Work in School setting
1	Female	3	Master	Full Time
2	Male	1	Bachelor	Full Time
3	Female	3	Master	Full Time
4	Female	10	Bachelor	Full Time
5	Female	5	Bachelor	Full Time
6	Female	8	Bachelor	Part Time
7	Female	4	Bachelor	Part Time
8	Male	6	Bachelor	Full Time
9	Male	17	Master	Part Time
10	Female	14	Bachelor	Part Time
11	Female	6	Bachelor	Part Time
12	Female	3	Bachelor	Full Time

3.6.2 Data Collection

The data collection process of Grounded theory is usually considered as inductive in nature and the researcher has no hypothesis and predictions in advance (Morse, 2001). In this study, data collection (Individual Interview) took place in one to three months after the online presentation. This was to ensure that the participants had enough time to find opportunities to utilise the stories in their practice and reflect on this therapeutic tool. The arrangements of interviews depended on the participants' individual situations. The participants were informed that even if they could not find an opportunity to use therapeutic stories in their professional practice, they would still attend the interview and contribute to the construction of the theory.

3.6.2.1 Individual Interview

Epistemologically, constructivists believe that knowledge and truth are constructed by people and do not exist outside the human mind, and research data can be collected by whichever method as long as it is relevant for the study question (Charmaz, 2014). Charmaz (2014, p25) indicated that interviewing fits well with constructivist grounded theory methods and recommended that intensive interviewing is an apt method to use with participants when conducting an '*in-depth exploration of a particular topic or experience.*' Seidman (1998) also asserted that interviewing is very effective when the goal of the research is to gain insight into the participants' subjective understanding.

Interviewing is a method for collecting qualitative data and one source of socially constructed knowledge. It is a technique employed by researchers to understand the opinions and experiences of people. The nature of interviews is based on verbal communication; however there are various techniques the researchers can rely on for documenting the data such as interview transcripts, personal comments, audio and video recordings (Berg & Lune, 2004).

There are different types of interviews including structured, semi-structured and unstructured interviews (Berg & Lune, 2004). Researchers who are conducting an explanatory study are highly recommended to adopt a semi-structured interview approach (Robson & McCartan, 2016). It is important to avoid making the interviews too structured when carrying out grounded theory methods. This is because there is a risk of making the data into an extension of the researcher's own expectations, rather than a collection of first-hand information from the participants. On the other hand, totally unstructured interviews may cause confusion and incoherence, particularly when used by an inexperienced interviewer (Holloway & Galvin, 2016). Kvale (1996) also pointed out that unstructured interviews require a high level of communication skill of the interviewer. Therefore, as a less experienced interviewer, semi-structured interview was chosen as the data collection method in the present study. This approach also allowed the participants to feel comfortable enough to expand on their views and experiences without the researcher telling or even guiding them in what to say. Dawson (2009) indicated some limitations for conducting qualitative interviews. For instance, qualitative interviews are time consuming and often produce general findings. Although it is impossible to remove

all these limitations, I did my utmost to manage them in the interviewing processes. For example, the interview questions were designed to encourage open-ended answers, and I always made a thoughtful plan before conducting interviews in an effort to increase efficiency and save time.

The aim of this study is to explore Chinese primary school psychological counsellors' understanding and experience of the therapeutic use of stories and storytelling. The participants were encouraged to use the stories in their practice before attending the interview because I believed that they were more likely to develop deep insights into this therapeutic technique based on their experience of using it. Considering the time frame of this study, the participants were given a three-month window to use the stories provided, and it was stated in the online presentations that they would still be interviewed even if they could not find the opportunity. I maintained regular contacts with the participants and asked them to contact me as long as they were ready to attend the interview. It was impossible to schedule the interviews in advance because this depended on whether and when the participants used the stories. Therefore, an online approach to interviewing was adopted in this study, which brought some challenges. For example, it was important to take time difference into account when arranging the interviews. As a PhD student, the flexibility of working time allowed me to conduct the interviews at a time of the participants' convenience. I was also aware that the online communication software and the internet connection might influence the interview, therefore particular attention was paid to check whether the software and the internet connection were working properly before the interviews started. The on-line approach to interviewing used in this study also brought some benefits. For example, it was not necessary to consider the costs of travel or arranging a suitable interview venue. This approach also provided great flexibility for the participants, allowing them to attend the interview at a place of their own choice. This helped the participants to be more comfortable and relaxed during the interviews, thus expressing themselves more openly.

To sum up, this study involved in-depth semi-structured individual interviews with the participants. They had up to three months' time to use the stories in their practice, and were interviewed whether they found the opportunity. The participants were required to contact me when they were ready to be interviewed. In this study, the interviews were

conducted online with an online communication software. This was convenient for both myself and the participants because although it was impossible to schedule the interview in advance, it could be arranged as long as the participant was ready and we did not need to worry about finding a venue. All the interviews were digitally audio recorded and then transcribed for analysis.

3.6.2.2 Interviewing Questions

Robson & McCartan (2016) argued that it is important to collect credible, honest and logical answers from the participants. However, the level of answers' honesty will inevitably be influenced by the researchers' design such as the styles of questions and the manner the questions are asked during the interview. Hence, the researcher has a responsibility to ensure the questions presented to the participants are clear and easily comprehensible. A set of well-designed interviewing questions will initiate a more honest and open conversation because it enables the participants to express their opinions more fluently and accurately.

The preparation of listed questions is the starting point for the researcher to conduct semi-structured interviews. These questions are not necessarily fixed for each interview, therefore the researcher may slightly paraphrase, modify or reorder the questions based on the interaction with the participant during the interview process (Silverman, 2007). Moreover, the semi-structured interviews could benefit from the open and direct communication between the interviewer and interviewee. For instance, research participants could be asked to clarify and justify their words immediately if the researcher was uncertain or did not understand the meaning, and vice versa. These effective communications are conducive to generating valid and reliable data (Silverman, 2007).

In this study, semi-structured interviews consisted of eight questions in order to keep the interviews to an ideal length between 30-45 minutes. The questions focused on their opinions about the therapeutic use of stories and storytelling and their evaluation of the influence of this technique to the psychological counselling process. The questions were listed in an interview schedule (please see appendix 4) to ensure that similar types of data were collected from all participants. All the participants were asked a few open questions

such as: *In which situations would you utilise (culturally adapted) therapeutic stories in your practice? Could you please describe the most important factors when utilising therapeutic story according to your understanding and experience?*

Charmaz (2014) asserted that well designed opening questions permit the participants to fully express their opinions and allow the researcher to concentrate on what the participant is talking about. According to Kvale (1996, p34), *'the interviewer leads the subject toward certain themes, but not to certain opinions about these themes.'* Therefore, during the interviews I used the set of questions to raise topics, and provided the participants with enough space for discussion. Spontaneous questions were asked by both myself and the participants in order to clarify some points.

3.6.2.3 The Pilot Study

In the current study, a pilot study was carried out to help me become familiar with the research processes. The pilot study allowed me, as a researcher, to be aware of any practical issues that needed to be addressed, such as timing concerns, difficulties in recording, problems with the language, and the structure of the interview, etc. For the pilot study, a psychological counsellor who worked for a local primary school was approached through the training school (Participant 1). This participant was the first one to whom I delivered the online presentation, and also the first one being interviewed after she used one of the stories in her practice. During the pilot study, a number of issues arose. First, I was not familiar enough with the online communication software through which I conducted the interview, especially when I intend to record our conversations; Second, I realised that the status of the internet connection was needed to be checked in advance as it may influence the interview; Last, I noticed some problems with the design of interview questions, and made some minor changes afterwards. For instance, there were two questions which led to very similar answers, so they were integrated in subsequent interviews. In summary, the pilot study helped me to be more comfortable and confident in conducting online interviews, and generated some meaningful data.

3.6.3 Data Analysis Procedure

The research questions of this study are open and a predetermined hypothesis before the research process is unnecessary because the answers depend on the subjective viewpoints of various participants. Charmaz (2014) indicated that in constructivist grounded theory data collection and analysis should be carried out simultaneously, allowing the researcher to identify gaps in the data. In this study, after each interview the digital audio files were transcribed immediately and the data were analysed through a process of initial coding, focused coding, theoretical coding, memo-writing and constant comparisons (Charmaz, 2014). Figure 1 outlines the data analysis process of constructivist grounded theory.

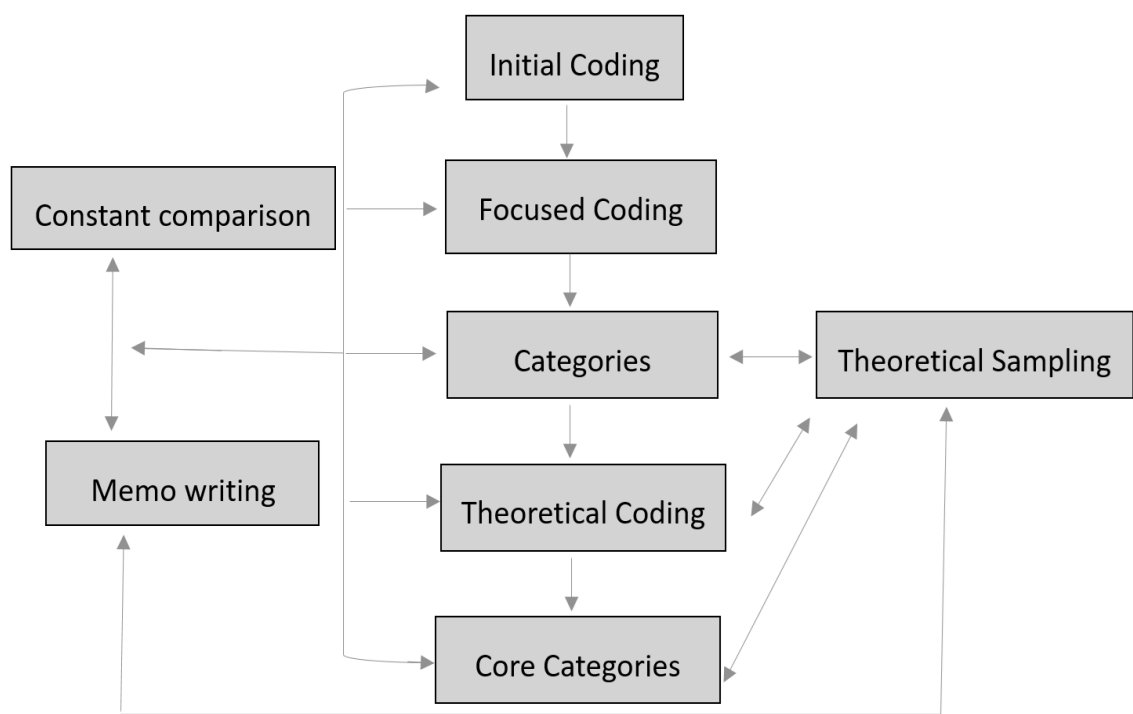


Figure 1. The Data Analysis Process (Charmaz, 2014)

According to Charmaz, (2014, p43),

Coding means categorising of segments of data with a short name that simultaneously summarises and accounts for each piece of data. Your codes show how you select, separate and sort data to begin an analytic accounting of them.

Coding was created by me and kept close to the language of the data so that it remained grounded in the data. The analysis was started based on the Chinese transcripts, and codes were generated in English but had a Chinese translation, or a resonance with the original

Chinese words used. This method is in line with the suggestion provided by Nurjannah, Mills, Park, and Usher (2014, p4).

Suh et al. (2009) recommend that translation takes place during analysis because they believe that this will ensure the authenticity of the findings if the study is to be published in a different language. If data are translated before analysis, there is the possibility that meaning will be lost from the participant's implicit expression (Larkin et al., 2007). The researcher who waits until after analysis to translate the data may find translation difficult because sometimes there is no precise English word or phrase to express the participant's experience (Choi in Suh et al., 2009).

The participants all had some knowledge of English, therefore I invited them to comment on the initial codes of their interviews to ensure that the codes constructed accurately reflected their views.

The first stage in the coding process was initial coding, whereby transcripts were broken down and named sentence by sentence. Sentence by sentence coding involves looking at each sentence of the transcript and identifying the active code with a gerund phrase. Consistent with Glaser's guidelines (1992), Charmaz (2014) advocated that researchers should code in gerunds, which are the noun forms of verbs (verbs ending in 'ing'). Using gerunds as codes keeps the coding closer to participants' experiences, and force researchers to focus on actions and processes rather than static topics. Table 4 is an example of the initial coding (please see appendix 6 for more examples).

Table 5. Example of Initial Coding

Transcript (Participant 1)	Initial Coding
P1:首先我觉得咱们选取任何一种工具的流程都有些共通的地方。由于提供的故事是明确说明针对某种问题的，我当然会	Following conventional process of choosing therapeutic tools

<p>先考虑求助学生的个案情况是不是合适我们已有的故事。然后会分析一下求助学生的年龄、性格、知识背景之类的情况，就是说看看学生是否能理解我们用语言说的故事。另外学生性格这个方面，可能比较害羞的，或者想象力比较丰富的，更适合用讲故事的方法交流。当然如果故事有图片可能适用面又会不一样一点，更适合更小的孩子。我这次做的这个案例，是个男孩，五年级的，班主任是语文老师所以我正好了解一下，孩子的语文、作文什么的挺好，包括性格有点腼腆的，我就觉得可能合适。到第一次咨询，那孩子不大爱说话，但是注意力还挺好，对话造句逻辑性也好，所以就尝试着用了。而且我观察着，来见咨询师他可能有些紧张了，讲故事好像也有缓解紧张的作用。另外为了应用故事，我觉得也不妨针对个案进行一些小的改编，帮助交流，毕竟起作用的是故事的核心情节和人物，一些细节应该没有那么重要。最后我可能会优先考虑一下我自己熟悉，或者说合适的干预方法，然后再想想怎样运用治疗故事进行配合，就是避免让讲故事这个部分完全打破我们标准的流程。如果说采取的干预方法不那么适合把讲故事当成一个部分，我可能就不会使用治疗故事了。不过这是我现在的想法，有可能</p>	<p>Analysing the suitability according to the child's situation</p> <p>Paying attention to the child's language competence</p> <p>Believing TS is suitable to bashful and imaginative children</p> <p>Assuming TS with pictures could be more suitable to young children</p> <p>Reporting the case</p> <p>Seeking information from the class teacher</p> <p>Analysing the child's level of attentiveness in the first meeting</p> <p>Deciding to use TS in the first meeting</p> <p>Trying to relieve the child of nervous tension with storytelling</p> <p>Suggesting to adapt TS based on individual case</p> <p>Using TS to support the proficient approach</p> <p>Not breaking existing counselling process with TS</p> <p>Abandoning TS if it cannot be integrated into the process</p>
--	--

我对治疗故事理解的更深，运用的更熟练的时候就会把它当做工具单独用？	Discussing the possibility of using TS as the main therapeutic approach
-----------------------------------	---

The second stage of the data analysis was focused coding, which refers to ‘*using the most significant and/or frequent earlier codes to sift through large amounts of data*’ (Charmaz, 2014, p138). This process requires decisions about which initial codes make the most analytic sense in order to categorise the data incisively and completely. Initial coding and focused coding are not quite a linear process as new codes may emerge from the ongoing data collection. In this study, I often needed to go back to the initial codes and original transcripts for clarification when conducting focused coding. Table 5 is an example of the focused coding (please see appendix 7 for more examples).

Table 6. Example of Focused Coding

Initial coding (Participant 1)	Focused coding
Assuming metaphor and analogy are common elements of TS; Believing the plots and characters in TS are more important; Explaining how TS influenced the child’s emotion; Speculating about the relationship between the child’s emotional expression and his subconscious.	Analysing the rationale and impact of TS
Considering the child’s situation; Paying attention to the child’s language competence; Believing TS is suitable to bashful and imaginative children; Analysing the child’s level of attentiveness in the first meeting; Deciding to use TS in the first meeting;	Analysing the suitability of using TS in the case

Indicating some children are incommunicative.	
Trying to relieve the child of nervous tension with storytelling; Using children's own language; Improving children's acceptance of the intervention; Helping the child to express emotions.	Using TS to establish good counselling relationship with children
Suggesting to adapt TS for the child; Focusing on the individual case.	Adapting TS according to individual case
Not breaking existing counselling process with TS; Abandoning TS if it cannot support the process; Adopting comprehensive CBT training; Utilizing TS to establish rational thinking for the child; Using TS for changing irrational thinking; Adapting comprehensive CBT training for children with TS.	Integrating TS into one's proficient therapeutic approach

The constant-comparative method is extremely important in grounded theory (Charmaz, 2014; Glaser & Strauss, 1967). During the data analysis process, I compared and contrasted the statements made by the same participant, and also identified the similarities and differences across different interviews. Comparisons were conducted between data and data as well as data and codes. When tentative categories emerged from the data through this process, they were compared with new data gathered. Through theoretical coding, multiple codes and categories were linked together (please see appendix 8 for examples of theoretical coding). The core categories and corresponding subcategories emerged based on successive rounds of coding and countless comparisons.

Charmaz (2014) advocated that researchers who adopt constructivist grounded theory should employ memoing as a reflective technique throughout different stages of the research process to record their reflective thinking about the data. In the current study, I kept memos to reflect on the codes and comparisons and record my thoughts and understanding about the data and the context under which the data was collected. My thinking about the research area, and how it might influence the analysis of the data were also included. Through analysing the data by coding, making comparisons and writing memos, I clustered significant and frequent initial codes into focused codes, and grouped the focused codes into categories (Charmaz, 2014). According to Charmaz (2014, p.199), *'memo-writing spurs theoretical sampling.'* As the analysis process proceeded, the categories were sorted and refined by my interpretations and analysis of the gathered data, thus becoming more theoretical. Some categories occurred frequently and related to many other categories, therefore they were identified as the tentative core categories. Charmaz (2014) suggested that the researcher should collect more data to further refine the tentative core categories at this point. I engaged in theoretical sampling following the seventh interview in order to develop the emerging core categories. Theoretical sampling is a process of further data collection in order to illuminate categories. Charmaz (2014, p.197) stated that *'initial sampling gets you started; theoretical sampling guides where you go.'* Guided by the categories discovered, the interviews conducted in the theoretical sampling phase were progressively more focused. Grounded theorists use the concept of *'theoretical saturation'* to describe the point where new theoretical insights cease to emerge. Ideally, theoretical sampling should be carried out until the point of theoretical saturation is achieved (Charmaz, 2014; Glaser & Strauss, 1967). However, Dey (1999) argued that it relies on the researcher's assumption that the theoretical saturation is achieved. Therefore, the concept of theoretical saturation tends to function as an ideal goal rather than a realistic objective; otherwise, the collection of data could be everlasting as there are many valid ways to interpret data. In this study, it is difficult to guarantee that the saturation is definitely reached. Theoretical sampling continued until I conducted the interview with Participant 12, at which point there was adequate data to create a meaningful theory within the particular social context. The point of 'saturation' in this study is relative, which means the findings produced are situated and there might be new data to be added to complement the findings.

3.7 Ethical Considerations

This study was conducted in line with the University of Sheffield's code of practise on research ethics. This research project obtained ethical approval from the university following the formal ethical review procedures (please see appendix 1 for the Approval Letter).

3.7.1 Personal Safety

The research did not raise any issues of personal safety for the researcher and participants. The presentation and interviews were held through the Internet at a mutually convenient time. Neither people involved in the research nor the environment was dangerous so there were no obvious threats to the researcher and the participants. I reported to my supervisor every time after completing an interview for a safety check.

3.7.2 Potential Harms to Participants

Although studies have shown that therapeutic storytelling is an effective therapeutic technique, its effectiveness has not been examined in Chinese primary school settings. Utilising stories inappropriately may have negative influence on the psychological counselling. The psychological counsellors might feel uncomfortable to share the details of their cases as they could worry about themselves' and children's privacy. Meanwhile, their workload could be increased by participating in this research project. A detailed information sheet including possible disadvantages and risks was provided for the psychological counsellors.

An ethical framework (Chinese Psychological Society, 2007) within which psychological counsellors are expected to work is presented through Chinese psychological counsellors training program to all trainees. As the participants were all qualified primary school psychological counsellors, there was a clear expectation and understanding that the activities within this research project was guided by and fall within the ethical framework for practice. According to the ethical framework, once participants notice that the utilising of therapeutic storytelling has a negative influence, they can shift to other methods immediately. In the current study, no participant used therapeutic storytelling as the only

approach in the psychological counselling, and it can be seen from the interviews that the potential negative influence was minimised through the participants' careful operation and analysis. Meanwhile, the participants did not provide the researcher with any identifiable information of the children they worked with and the participants themselves were also kept anonymous in the research. Potentially identifiable information would be removed through transcription. All the information about participants during the course of the research were kept strictly confidential. Participants are unable to be identified in any reports or publications. The participants and I had extensive discussions regarding participating in this study in the online presentations in order to mitigate risks. Moreover, the participants' rights and the confidential policy were explained clearly to them in advance in order to reduce their potential discomfort caused by sharing the details of their cases in the interviews. All the participants were fully informed that they had the right to withdraw at any time without giving an explanation, raise a complaint if they want, and obtain a copy of the published results of this research.

3.7.3 Data Management

The audio recordings of the interviews were appropriately managed and used only for analysis. The analysis of the data was conducted by me under the guidance of my supervisor. No other use was made of the data. No one outside the project was allowed access to the original recordings, and the original recordings were destroyed once the analysis is complete.

3.8 Trustworthiness

Reliability and validity are two key indicators used to evaluate the trustworthiness of a scientific study. Stiles (1993, p.601) defined reliability as '*the trustworthiness of observation or data*' and validity as '*the trustworthiness of interpretations or conclusions.*' Researchers adopt different methods to assess the reliability and validity of quantitative and qualitative studies because these methodologies are different in nature. Yardley (2000) and Tracy (2010) both provide evaluation models outlining the essential characteristics of good qualitative research. The requirements presented by the assessment models was used to ensure the trustworthiness of this study.

Yardley (2000)	Tracy (2010)
sensitivity to context	worthy topic; rich rigor
commitment and rigour	sincerity; credibility
transparency and coherence	resonance; significant contribution
impact and importance	ethics; meaningful coherence

The two evaluation modals have significant similarities and complement each other. Hence, in order to analyse the trustworthiness of the current study, Yardley’s (2000) model for evaluating the quality of qualitative studies is adopted as a framework while Tracy’s criteria items are also discussed.

3.8.1 Sensitivity to Context

According to Yardley (2000), there are three contexts that need to be taken into consideration by researchers, which are discussed respectively below.

The first one is the current research context, which refers to the existing studies and theories that are relevant to the research topic. It is imperative for researchers to be familiar with the current research context. The review of existing studies not only can help the researcher to identify the research gap, but also can assist the researcher in delving deeper into the data. Yardley (2000) argued that it is crucial to actively link existing theories to the researcher’s interpretation of the data. The current research context has been thoroughly introduced and discussed in the introduction and literature review sections. My interpretations are grounded in the data and with reference to existing literature. The codes and categories developed were presented to the participants to seek both confirmation and disconfirmation in order to explore different issues in more details.

The second context is the socio-cultural context of the research setting. According to Yardley (2000, P.220), this is defined as ‘... *the normative, ideological, historical, linguistic and socio-economic influences on the beliefs, objectives, expectations and talk of all participants.*’ When discussing the criterion credibility, Tracy (2010, p843)

mentioned the concept '*thick description*' which refers to '*in-depth illustration that explicates culturally situated meanings (Geertz, 1973) and abundant concrete detail (Bochner, 2000).*' In order to meet these criteria, I not only strove to capture the essence of what the participants were saying, but also made efforts to make sense of their words with consideration of the socio-cultural context. This study is closely related to the Chinese current situation. China has experienced rapid development in recent decades and becomes the world's second largest economy after the United States. However, the development has brought a number of new problems to Chinese society and children's mental health situation is one of them. For example, when a participant was discussing the heavy workload and the feeling of '*being overwhelmed sometimes*', I understood that such comments were related to the shortage of psychological professionals in China. This research is also associated with the professionalisation process of Chinese psychological counsellors. Zhao et al. (2009) investigated the working situations of a total of 1000 psychological counsellors in China, and 76.2% of the participants reported that they had the feeling of not being competent for the work. Generally, psychological counsellors are inclined to learn new theoretical approaches that can solve problems in their practice and help them with their professional development. Therefore, storytelling as an useful therapeutic technique is worth more study in terms of its utilisation in the Chinese context, especially for counsellors who work with children in school settings. How the contexts might influence the participants' viewpoints and experiences was analysed and discussed in the data analysis and discussion sections.

The third one is the relational context of the researcher and the participants. The relationships with participants are largely neglected by the original grounded theorists as the participants' words and actions are viewed as an objective source of data (Mills, Bonner & Francis, 2006). This point of view has been contested by many researchers. Collins (1998) criticised this by describing it as a '*smash and grab*' approach, and Kvale (1996) also claimed that the knowledge created by interview has an inter-relational nature. It is the interaction between researcher and research participants that creates the data that the theories will emerge from (Guba & Lincoln, 1989). In other words, the researcher and participants construct the knowledge together in the interview process (Hand, 2003). This relationship contributes to the co-construction of knowledge, supporting the constructivist claim that the inquirer cannot be separated from the inquired. When undertaking a study following the constructivist research paradigm, researchers are required to establish '*a*

relationship of reciprocity with the participants' (Mills Bonner & Francis, 2006, p. 9). According to Lather (1991, p57), researcher-participant reciprocity is '*give and take, a mutual negotiation of meaning and power.*'

In this this constructivist grounded theory study, I was fully aware that the relationship between the researcher and research participants plays a vital role in collecting data grounded in the participant's experience. I acknowledged that there could be a power imbalance between the researcher and participants because it was the researcher who prepared the questions and organised the interviews. Some participants might also think that the researcher had more power over the direction of the conversation. I believe it is the researcher's responsibility to adopt some measures to address this issue. During the participant recruitment and data collection phases of this study, I adopted several measures to address the potential power imbalance between myself as a researcher and the participants. First, the participants were fully informed with regard to their participation in the current study through information sheets and online presentations, including the research aim and objectives, research procedures, what was expected from them, and how the interviews would be organised. I reiterated that they were welcome to ask any questions and should feel free to withdraw at any point. When delivering the online presentation, I introduced myself as a peer psychological counsellor, and only presented the very basic concept of therapeutic story. It was clearly stated that the stories provided were adaptable, and how to use them was of the participants' discretion. There was a mutual sharing of appropriate personal information between myself and each participant, and my relative inexperience as a researcher helped to decentre the researcher's role as an 'expert'. All participants were based in China and the interviews were conducted online, so the time difference was taken into consideration when planning the interviews. I maintained regular contact with the participants to provide supports, and the interviews were scheduled at the participants' convenience. During the semi-structured interviews, a relatively flexible approach to questioning was employed in order to create a more comfortable and autonomous space for the participants. The key questions were used to help the participants start discussing the topic, and the participants were encouraged to assume responsibility in advancing the conversation. I endeavoured to establish collaborative and reciprocal relationships with the participants by encouraging them to openly express their opinions, concerns and ideas, and bring up topics that they were interested. The participants were invited to interpret and make sense

of their own experience and viewpoints as well. I wrote a memo to reflect on the efforts made to be sensitive to the researcher-participant relationship.

There is one thing I need to remind myself during the interviews: striving to be sensitive to the language style of the participants, such as adopting the terminology that they used. Maybe therapeutic skills and ways of being, such as active listening, warmth, acceptance and genuineness, can be adopted in order to help facilitate a good rapport between myself and the participants throughout the interviews. I believe developing a trusting relationship facilitates the gathering of data that is authentically grounded in participants' experience.
(Memo)

In this project, the participants could be regarded as colleagues of mine as we belong to the same psychological counsellor community. This situation brought both advantages and disadvantages to the study. In terms of advantages, my position provided me with greater access to potential participants. Meanwhile, the balance of power between the researcher and participants was relatively equal because we were peers. From their perspectives, I was not so much an expert researcher, but another psychological counsellor who intended to discuss a therapeutic technique with them. This was especially beneficial because in constructivist grounded theory studies, both the researcher and the participants are regarded as active contributors to the construction of theories. Participants might feel more comfortable talking to someone they have relationships with in comparison with talking to a stranger (Yardley, 2000). Moreover, my experience as a primary school psychological counsellor enabled me to bring an understanding of the participants' work situations to the interviews. However, on the other hand, my position could negatively influence the study. Firstly, some participants were acquaintances of mine, so they might have felt obliged to participate. Therefore, I explicitly explained to participants that their participation was entirely voluntary. Secondly, I might have inappropriate or inaccurate assumptions about the participants based on my own experience. I addressed this problem by keeping reminding myself to keep an open mind and be sensitive to the data. In constructivist grounded theory, data collection and analysis are simultaneous processes. The concurrent data analysis helped me to understand the participant's statements from their perspectives and clarify the emerging concepts and categories.

3.8.2 Commitment and Rigour

Yardley (2000, p221) described commitment and rigour as two criteria that need to be satisfied in order to achieve thoroughness in data collection and analysis.

The concept of commitment encompasses prolonged engagement with the topic (not necessarily just as a researcher, but also in the capacity of sufferer, carer, etc.), the development of competence and skill in the methods used, and immersion in the relevant data (whether theoretical or empirical). Rigour refers to the resulting completeness of the data collection and analysis.

Commitment and rigour require that all variation should be incorporated into the theory. Tracy (2010, p840) stated that Rich Rigor would be achieved by using ‘*sufficient, abundant, appropriate, and complex theoretical constructs and data collection and analyses processes*’ based on an adequate and representative sample. This requires the researcher to dedicate enough time, effort and resources to recruit appropriate participants for the study. In order to generate a comprehensive and meaningful theory, I recruited as many participants as possible and made numerous comparisons of the data to explore variations in the participants’ viewpoints and experiences. A pilot study was conducted to familiarise myself with the interview process and it enabled me to practice relevant research techniques. Concepts that emerged from the pilot study also contributed to the final research findings. I engaged in the research topic not only as a researcher, but also as a psychological counsellor and a story writer for children. A constructivist grounded theory approach was adopted in this research, and its characteristics and procedures have been introduced and discussed in detail above to demonstrate my understanding and competence in using this research approach. Meanwhile, it is effective to ensure commitment and rigour by comparing and contrasting the findings of the current study with the results of existing studies in the field (Dallos & Vetere, 2005). This aspect will be discussed in the data analysis and discussion sections.

3.8.3 Transparency and Coherence

Researchers should endeavour to be as transparent as possible throughout the whole research process. Tracy (2010, p842) states that ‘*questions to consider in terms of transparency include how the researcher got into the context, the level of participation and immersion, field note practices, and level of detail in transcription*’. Transparency

concerns the processes of data collection and analysis, and these processes are presented in detail in the methodology section in order to provide readers with a thorough account of how the theories are generated based on collecting, analysing and interpreting the data.

In Tracy's criteria, ensuring transparency is described as a valuable way for researchers to achieve sincerity, which is a significant component of high quality qualitative research. In order to achieve sincerity, researchers are required to practice self-reflexivity, which is '*considered to be honesty and authenticity with one's self, one's research, and one's audience*' (Tracy, 2010, p842). In the current study, constant memoing is the major method adopted to demonstrate the self-awareness of my positioning and subjectivity in the research process. Presenting memos written at different research stages to the readers increases research transparency. Keeping memos enabled me to compare and contrast my own thoughts of therapeutic storytelling with those of the participants. I made notes during the online interviews, and the interviews were audio recorded for transcription and analysis. Some content of the notes regarding the participants' viewpoints and responses were shared and discussed with them in an attempt to make sure that there was no misunderstanding. In summary, memo writing was a reflective process that helped to document my reflections and thoughts about the decisions made in the research process as well as the emerging codes and categories. The reflective presentation of my research journey may help to engage readers and enhance their comprehension of the study topic, thus achieving Tracy's criterion of 'resonance'. According to Tracy (2010), a transparent description of the research process with a wealth of detailed information contributes to achieving resonance.

Potentially, the research design and the decisions made in different research stages by the researcher can lead to research biases (Stiles, 1993). More often than not, researchers cannot be consciously aware of such biases because they are innate and rooted in the researcher's personal preference and academic and personal experience. Meanwhile, the research project also could be influenced by external factors, such as time constraints and resource limitations. As these limitations are usually unavoidable, qualitative research emphasises explicitly discussing the potential biases and their influences. The limitations of this study will be discussed in detail in the conclusion section of this thesis, contributing to achieving Tracy's criterion of 'sincerity'.

Stiles (1993, p.608) defined coherence as the ‘*apparent quality of the interpretation*’, including ‘*internal consistency, comprehensiveness of the elements to be interpreted and the relations between elements, and usefulness in encompassing new elements as they come into view.*’ I regularly sought advice from my supervisor, and extensively discussed the data analysis process with him. Meanwhile, since the knowledge should be co-constructed by the participants and myself, I often invited the participants to comment on my analysis and interpretations of the data. These measures helped to ensure the quality of my data analysis and interpretation. According to Yardley (2000, p222), ‘*coherence also describes the “fit” between the research question and the philosophical perspective adopted, and the method of investigation and analysis undertaken.*’ In order to create meaningful coherence, the research approach should match the specific research aim and the findings generated should be suitable and adequate for answering the research questions (Tracy, 2010). The rationale of constructivist grounded theory has been discussed and why it was adopted in this research has been justified in the previous sections.

3.8.4 Impact and Importance

The theoretical, practical and social-cultural impact of a study should be considered by the researcher (Yardley, 2000). An important study would provide creative and useful conceptualisations of phenomena, thus having the potential to change people's understanding and practice within the field. This aspect is related to ‘*worthy topic*’ and ‘*significant contribution*’ in Tracy’s criteria.

This research extends the current knowledge of using therapeutic stories in China and is important to psychological counsellors working in Chinese primary schools. Therapists and counsellors have used stories as an intervention or treatment technique in counselling and therapy for decades (Tharinger et al, 2008; Gardner, 1993; Mutchnick &Handler, 2002). However, as discussed in the literature review section, although therapeutic story has been introduced to China, little research of using therapeutic technique with primary school students has been made and therapeutic stories created in the Chinese context can barely be found. Therapeutic storytelling has not been regarded as an important technique

by Chinese psychological counsellors. As indicated in the literature review section, researchers and practitioners in the field of psychological counselling in China are devoting much attention to their professional development. In China, a wide range of therapeutic techniques are being introduced, studied, localised and promoted to facilitate the development of the profession of psychological counselling. The findings of this study shed new light on the therapeutic use of storytelling, and have the potential to assist primary school psychological counsellors in using this technique, thus improving their practice and contributing to their professional development.

3.9 Summary

In summary, this chapter has presented a detailed methodological discussion. This study adopted a constructivist research paradigm and used a qualitative research approach to generate answers to the research questions. The participants were drawn from a small purposive sample that included twelve primary school psychological counsellors in a city located at the east coast of China. The method used for data collection was semi-structured individual interview, and constructivist grounded theory was used to analyse the qualitative data collected. This chapter also looked at the ethical considerations in conducting this study, and provided a discussion regarding its trustworthiness based on the evaluation models developed by Yardley (2000) and Tracy (2010).

Chapter 4 Data Analysis

4.1 Introduction

By the end of the data collecting period, data had been collected from 12 participants, of whom 8 delivered the stories in their professional practice. In this chapter, the core categories and corresponding subcategories are presented and explained respectively. The table below displays an overview of the core categories and subcategories emerged from the analysis of data.

Table 8. Three Core Categories and Corresponding Subcategories

Core Categories	Subcategories
------------------------	----------------------

Facilitating therapeutic relationship	<ul style="list-style-type: none"> ● Establishing therapeutic alliance through storytelling ● Saying it with a story ● Combining Storytelling with Other Activities
Integrating therapeutic story into existing therapeutic approaches and procedures	<ul style="list-style-type: none"> ● Understanding the rationale and impact of therapeutic story ● Justifying the case choice ● Adapting therapeutic story to cater to the child ● Incorporating therapeutic story as an adjunct therapeutic tool ● Analysing cultural elements in therapeutic storytelling process ● Discussing the difficulties encountered when using therapeutic stories
Promoting psychological counsellors' professional development	<ul style="list-style-type: none"> ● Following the practice process provided in the training program of psychological counsellor ● Reflecting on one's educational and professional background

Quotations are extracted from the interview transcripts in order to provide examples of salient topics, and are indented and/or written in italics for the purpose of presentational clarity. Before moving on to analyse the data, I would like to briefly introduce some background information of the children with whom the participants worked in an attempt to provide a clear context for the quotations.

Participant 1, 2 and 7 all worked with students disturbed by examination anxiety, and utilised the story targeting this problem ('The two tests'). The two children in Participant 1 and 7's cases were both boys in fifth grade. Both participant 1 and 7 mentioned that they adopted Rational Emotive Behaviour Therapy (REBT) to help the children, while Participant 7 also incorporated some techniques from Morita therapy. Participant 2

worked with a girl in sixth grade, and he utilised systematic desensitisation to deal with the girl's anxiety towards examination.

Participant 3 and 5 both worked with children with some behaviour problems, and they both believed that the children's problems were rooted in their family dynamics. The girl in Participant 3's case was in sixth grade, and had a new born sister. Participant 3 drew upon some psychodynamic theories to analyse the problem, and exploited REBT to help the child. Participant 5 also reported that she employed CBT to help the boy with his aggressive behaviours. The boy was in second grade and his parents divorced recently. Participant 5 delivered the story designed for separation and loss (The power of the magic necklace). However, Participant 3 did not think that the stories provided were appropriate to tell to the girl she worked with. Participant 3 therefore contacted me regarding how to develop therapeutic stories, and we adapted a traditional folk story together for her to use.

Participant 4 helped a first grade girl who refused to attend school, and Participant 6 delivered psychological counselling to a third grade boy who had issues in adapting to the new school environment. They both used the story ('The Little Brush') designed to deal with problems of adjusting to a new environment. However, this story was not the only one used by Participant 4 because she actually developed a new story by combining this story and the story targeting test anxiety together and delivered it to the child. Participant 4 used Dialectical Behaviour Therapy (DBT) as an intervention, while Participant 6 adopted sand tray therapy to help the child.

The third grade boy in Participant 9's case was referred to him from the psychological counsellor in the boy's school. The boy showed signs of social withdrawal, and he was described by Participant 9 as one of the 'left-behind children' whose parents both worked in another city. Participant 9 combined two of the stories provided, 'Bosom friend' and 'The power of the magic necklace', and delivered them to the boy in the psychological counselling. 'Bosom friend' was the story developed for social withdrawal and loneliness, and 'The power of the magic necklace' targeted separation and loss. Participant 9 reported that in addition to therapeutic storytelling, he employed a range of other therapeutic

techniques in the counselling, including synthetic house-tree-person drawing test, imagery dialogue technique, etc.

Participant 8, 10, and 11 did not use the stories in their professional practice, so their understanding of therapeutic story was based on their contemplation and prior experience. Although Participant 12 did not deliver the stories in psychological counselling, she used one of the stories (Bosom friend) in a mental health education class with a theme of developing interpersonal skills.

It should be noted that although some basic information was provided, the participants who used the stories did not comprehensively report their counselling cases. That is, not all the therapeutic approaches used to help the children were mentioned and discussed by the participants in the interviews. This is because the interviews focused on the psychological counsellors' experience and understanding of implementing therapeutic storytelling instead of the psychological counselling in which this therapeutic technique was used. As a matter of fact, some participants, such as Participant 5 and 9, had not completed all the scheduled psychological counselling sessions at the time of attending interviews.

4.2 Core Categories and Subcategories

4.2.1 Facilitating therapeutic relationship

4.2.1.1 Establishing therapeutic alliance through storytelling

The majority of the participants who implemented therapeutic storytelling in their practice reported that this activity was conducive to engaging children in counselling. For example, during the interview with Participant 2, he described how storytelling changed the dynamic of communication and shared his feelings of delivering a story:

Storytelling can draw the student's attention, and make myself more relaxed. How to explain...it's like... as long as we began to tell a story, it was not me who was talking to the student anymore. I became someone who spoke children's language, which made the communication easier. (Participant 2)

In line with what Participant 2 said, Participant 6, who helped a student transferring to the school to adapt to the new circumstances, also reported that telling a story led to a better cooperation between herself and the child.

During our early counselling sessions, he seemed having no idea about what to do with his hands and feet, and always avoiding making eye contact with me. (Participant 6)

The story I told was like a response to his own story, so he showed interests and communicated with me more actively. (Participant 6)

Many participants (Participant 2, 3, 4, 5, 7, 9) reported that the children they worked with showed 'resistance' or 'reluctance to talk' during psychological counselling.

During the counselling process, I had a feeling that she tended to answer all my questions as brief as possible. In other words, the student seemed not inclined to talk about herself. It was apparent that the girl was anxious about something. Maybe it was about the oncoming test-maybe attending psychological counselling also made her anxious? I realised that I needed to offer more support and encouragement, and storytelling seemed like a good option to do so. It turned out that storytelling indeed made the communication in the counselling smoother.' (Participant 2)

It was her class teacher who introduced the child to my counselling room, after communicating with her parents. In our first session, the girl was very quiet. (Participant 3)

Telling a story was definitely a better strategy compared to explaining something directly. The child was encouraged to engage in the counselling. According to my own experience, usually it is pretty difficult for a child to engage actively. (Participant 4)

Through our initial communication, I noticed that his emotions were not very stable. It's quite difficult to talk to him. (Participant 5)

They (Students in grade five and six) are basically in their puberties, so it's very normal that they somewhat rebel against their parents and teachers (Participant 7)

When this boy was referred to me, I was told that he showed some signs of social withdrawal. Therefore, it was foreseeable that opening up his heart would not be an easy task. I thought of a few strategies that might be helpful, including telling a story. (Participant 9)

It is evident that children's resistance is a common problem to address for psychological counsellors working in primary schools. In other words, they may encounter many difficulties in establishing therapeutic alliance with children. One of the reasons is that some children are 'sent' by their teachers and parents to see the psychological counsellor. For example, Participant 3 and 5 both mentioned that in their first session the child was accompanied by their parents or class teacher. It can be seen that Participant 3, 5 and 7 intended to arrive at a solution of this problem by drawing upon therapeutic story.

Her mother was with her in the first session...I thought of your stories when considering how to deal with the potential resistance. (Participant 3)

The boy was accompanied by his class teacher in the first meeting with me, and I could see he felt a little uncomfortable. He just leafed the picture books and walked around my office while the class teacher was introducing some basic information to me. Later on I tried to encourage him to introduce himself to me, and considered using storytelling to establish trust between us. (Participant 5)

Some students show strong resistance to didactic approaches in teaching, which is understandable. The counselling room is inside the school, so it is important to help students understand that attending counselling is very different from attending a class. I suppose using storytelling is less likely to be resisted. (Participant 7)

It was noted by some participants that it is important to take children's stage of development into consideration when analysing the reason of their resistance. Participant 7 indicated that sometimes the relationship between a child and a psychological counsellor can be 'opposing', and suggested that therapeutic story can be used to appease the conflict.

For some students in higher grades (students in Year 5 and Year 6, about 11-13 years old), such as the student in my case, there are signs of puberty- they are

basically in their puberties, so it's very normal that they somewhat rebel against their parents and teachers...their self-awareness is developing. If they are not asking for help and you claim you can help them, they may deny everything and refuse to communicate with you. They might think 'what do you know about me?' It's like there is an opposing relationship between them and you, and attending those sessions is like to do another homework. The boy in my case was quite difficult to talk to, and to be honest I once felt being challenged during the counselling. Telling a therapeutic story could be very helpful in this kind of situation because there is no judging and threats at all-it's just a simple and relaxing activity. It helped both of use to calm down. (Participant 7)

Participant 3, who worked with a grade 6 girl with behavioural problems, also stated that it was very difficult to communicate with the girl because she assumed that the psychological counsellor was just another teacher who would criticise her. Participant 3 suggested that children's 'curiosity of storytelling' can be used to reduce resistance and enhance their acceptance of psychological intervention.

Before coming to see me, the student has been criticised many times by her class teacher and parents, due to her lying problems. It was reasonable to infer that she might regard me as another teacher who would criticise her again. (Participants 3)

You know, children have natural interests and curiosity for stories. Maybe from their perspective, the most outstanding function of story is to entertain. It brings relaxation and pleasure. You don't need to keep alert when listening to stories. (Participants 3)

Participant 3 also mentioned that the general working principle of psychological counsellors introduced in the training program, 'No asking, No helping', does not apply to counsellors working in school settings.

Frankly speaking , the more common situation is I plan and lead the intervention. It was mentioned in the training course that psychological counsellors who work in schools cannot simply stick to the principle 'no asking, no helping'. (Participant 3)

This fact revealed that it is the psychological counsellors' responsibility to adopt appropriate strategies to communicate with children who are unwilling to talk to them. For the participants, storytelling was regarded as an approach to relax and comfort children who were 'sent' to the counselling room. For example, Participant 9 described some advantages of using therapeutic storytelling when working with children who do not seek professional help actively.

Storytelling might make the counselling less like a counselling...it is something that children are already familiar with. This activity may help to prevent children labelling themselves as 'problematic student being told to see a psychological counsellor'. (Participant 9)

In the interview, Participant 7 explicitly referred to the identity issue of primary school psychological counsellors when discussing how to establish an ideal counselling relationship. In addition to 'psychological counsellor' and 'teacher', she also highlighted the role as a 'storyteller' when telling stories.

The student greeted me in our first meeting: 'Hello, teacher.' I guess he recognised me from the mental health education class. This actually made me wonder about our relationship. Is it a teacher-student relationship, or a counsellor-client relationship? I understand that I need to switch from one role to the other, but do students understand this?... After all, I was telling a story—it is different from just letting them watch a cartoon. As a psychological counsellor and a storyteller, my presence is quite important in the process. (Participant 7)

Later on in the interview, she described how the perceived identity gradually changed along with the progress of psychological counselling, and she believed that this was at least partly attributed to therapeutic storytelling.

During the later sessions, I felt that the boy had got used to the way we communicate with each other and became more open. Maybe she gradually found that, well, this psychology teacher was different from other teachers. Apparently, the activity of storytelling contributed to this. (Participant 7)

Participant 3 and 5 talked about how they guided children to recognise them as professional psychological counsellors and let their defences down. They both indicated that storytelling played an important role in the process.

The student's problem was lying, well, you can imagine that she was often criticised by her teachers and parents. In the storytelling, I did not just criticise the character, but tried to surmise the motives of the main character's behaviours together with the student. What I really wanted to do was to let the girl know that I would be supportive without judging or criticising. (Participant 3)

The child appeared reluctant to discuss his family matters, and I could see that he was worried about I would tell these to his classmates. I introduced the working principles of psychological counsellor in the storytelling, making them easier to understand for a young child, and I thought it was helpful for establishing a relationship of trust. (Participant 5)

Most participants who delivered stories to children acknowledged that storytelling contributed to gaining children's attention and creating a non-threatening counselling atmosphere. For instance, Participant 2 stated that he '*felt natural when communicating with children through storytelling.*', and Participant 9 reported that storytelling helped to '*relieve the child of nervous tension*'.

I remember that in one of our counselling sessions, the child said I was like an elder family member of his. I believe he felt this way because of the communication style between us, in which storytelling plays a critical role. (Participant 9)

Participant 1, 2, 3, 4, 7 all felt that the child in their case 'enjoyed' the storytelling.

Telling a story seems like a stress free activity, well, for children. As counsellors, we know that the stories are meant to be used to help us solve problems; but students probably do not have any ideas about why we tell stories. They may just accept it because it sounds fun. (Participant 1)

At least, stories can draw children's attention for a period of time and pacify their emotions. (Participant 2)

She was intently listening to me telling the story, and she seemed interested in discussing the story. That process provided me with opportunities to empathetically talk to her and demonstrate positive regard. (Participant 3)

I remembered that the child commented on the story using words like 'fascinating'. (Participant 4)

There is one point worth mentioning: storytelling was conducive to the atmosphere of counselling. After I suggested telling a story, I saw that her eyes lit up immediately. (Participant 7)

Participant 6 also commented that the environment of her counselling room was suitable for relaxing and enjoyable activities such as storytelling.

I would say the counselling room in our school is very good. There are good interior lighting, bright colours, delightful decoration, and a sand tray with some mini toys and figures. There are some comfortable seats and the student can sit wherever they want. I think the layout of our counselling room positively influenced the atmosphere in psychological counselling, especially the storytelling part.

Participant 3 and 5 both believed that telling a story about someone going through similar difficulties would help to relieve children's feelings of isolation and enhance the mutual understanding between the child and the counsellor.

When you describe a similar situation and show that you understand the feelings of the character, then the child you work with may feel that you can actually understand his/her. (Participant 3)

I would like to help the student understand that having such difficulties does not mean it's the end of the world. His emotional reactions are understandable. (Participant 5)

Participant 5 and 6 both emphasised the skills of storytelling, stating that how the story is told influences the effect of this therapeutic technique.

Storytelling is a form of art. I think the most important element is to dedicate yourself into it with empathy, making the storytelling more appealing and effective. It is a lot like acting. (Participant 5)

Story writers pour feelings into the creations, and story tellers also should be filled with enthusiasm when telling a story. I'm not saying that we should always passionately tell stories- I mean, if we tell a story with a lot of concentration and the right mood, we will have a better chance to influence our audience. (Participant 6)

Participant 7 said therapeutic storytelling can only realise its value when ‘*both the psychological counsellor and the child find it suitable.*’ Participant 12 who used therapeutic story in one of her mental health education classes described how the students respond to this activity.

The whole class was listening with earnest attention and answering my question, so I feel that storytelling is an enjoyable class activity for both myself and the students. (Participant 12)

4.2.1.2 Saying it with a story

‘Saying it with a story’, which means adopting storytelling as a way of communication in order to improve its efficiency, is an in vivo code created based on the interview with Participant 2. I began to treat this in-vivo code as a tentative category after the focused coding of data, because in the interviews all the participants expressed their concerns with respect to how to effectively communicate with children.

In response to the interview question regarding how therapeutic stories were actually used in practice, a range of responses were elicited. The participants understood the therapeutic use of stories and storytelling from different perspectives, and the rationales behind their approaches to using this technique were different. Nevertheless, the majority of them advocated that storytelling can enhance the effectiveness and efficiency of the communication between the child and the counsellor. For example, Participant 2, 4, 5 described therapeutic story as a ‘communication tool’ or ‘communication technique’,

which showed their understanding of how to use therapeutic story. There was a sense that some participants paid more attention to the process of storytelling than the content of therapeutic story.

I would say therapeutic story is more like a communication tool. In other words, if you want to say something, say it with a story. (Participant 2)

It makes what you would like to say less abstract. Vivid and concrete information attracts more attention, and is easier for children, especially young children to understand. The story content also provides children with materials that they can use in expressing their thoughts and feelings. (Participant 4)

I didn't see the boy was significantly influenced by how the main character changes in the story, and maybe this is due to the story was not very suitable for that student? Anyway, I did find the initial communication, breaking the ice, went smoothly. Maybe how the story was told by the counsellor is more important. (Participant 5)

Participant 4 and 7 reported that the stories were used to interpret a therapeutic idea or approach to children, while Participant 5 believed that storytelling helped the child in her case to better understand the changes in his life. Storytelling was used by them as a strategy for communicating with children.

I introduced the DBT training techniques to the student through giving examples with the character in the story, and that's very helpful. (Participant 4)

The core beliefs of Morita therapy were embedded in the storytelling, such as accepting and embracing our feelings. (Participant 7)

Although sometimes we refer to them as 'students with problems', but in some cases it is really not the student's problem. Like the student in my case, I believe his problem is caused by his parents' divorce and neglectful parenting style to a certain extent. Telling a story helped the child to understand this as well. (Participant 5)

What Participant 5 said here seemed contradictory to her claim that the child in the case was not 'significantly influenced' by the storyline. Based on her report of the storytelling process, I suppose it was her attitude towards the character that actually

helped the child externalise the problem. This point can be corroborated by Participant 7's comments on how storytelling helped her and the child to express emotions and attitudes indirectly in psychological counselling.

For the student, talking about the story was one way to release his emotions. His views and feelings towards examination were reflected. Likewise, my attitudes and opinions were also expressed through the discussion. I think the best part is, since what we discussed was all about the story, any potential confrontation seemed to be avoided. (Participant 7)

By using therapeutic storytelling as a communication technique, some participants felt that their communicating skills were improving and they had the opportunity to communicate with the child on multiple levels. Participant 3 claimed that it was possible to '*communicate with the child on an unconscious level through storytelling*', and this point was supported by Participant 9 who said therapeutic stories are '*symbolic*' and '*can be understood by children on multiple levels.*' Participant 5 stated that much information was implicated in therapeutic stories, enabling the stories to '*exert a subtle influence on children.*'

A small number of participants who did not use the stories in their practice were particularly critical of communicating with children through storytelling. Participant 10 suggested that psychological counsellors should be aware of that it is possible to cause children's misunderstanding by just telling a story.

Like we discussed earlier, a story can contain many implicit information that are subtle and elusive. Sometimes even we storytellers cannot realise what information has been conveyed. There might be something we take for granted. Consequently, there is a risk that through storytelling we express some views that challenge children's thoughts. (Participant 10)

Participant 11 was concerned about the possibility that the general communication during counselling was influenced by storytelling. This is because compared to storytelling, other forms of communication '*might be less interesting,*' so the child '*may lose interest quickly*'.

The participants noted that the children they worked with often had a high level of emotional sensitivity. Therefore, it was highlighted in the interviews that the counsellor should adopt a flexible and responsive approach when using therapeutic stories.

The girl in my case is pretty introverted. If you met her, you would have a feeling...how to describe it...that she was easily scared. It is understandable considering her situation. She took a lot of criticism for her behaviour, but it seemed that the caring received was not enough. As a psychological teacher, I reminded myself that I must be especially cautious when communicating with the girl. How to make the communication effective was quite tricky. Therefore I would say it is very important to carefully consider how to make the storytelling match the specific situation. (Participant 3)

You know, the child I worked with was very young, and she was scared of leaving parents and attending school. It was apparent that she was psychologically vulnerable, so I need to be very gentle and patient with her. Telling a story seemed like a wise option. (Participant 4)

Adaptation problems are surely related to the uncomfortable feelings when facing a new environment. For children, a new environment might be too stimulating for them. They may feel uncomfortable about many things, and then refuse to fit in. It is the task of us psychological counsellors to provide students with adaptation problems with individualised help. If we also somewhat make them uncomfortable, then it would be extremely difficult to accomplish the goals of psychological counselling. (Participant 6)

During the training for psychological counsellor examination, we learned a range of therapeutic approaches, but merely in a theoretical and general way. In our practice, the approach adopted should be tailored to each student we work with. I don't believe there is a standard formula that can be easily used. There is no exception when it comes to therapeutic story. Every child is unique so we need to be sensitive and flexible in order to make the storytelling appropriate. (Participant 7)

Well, it's difficult to say why I used the story because that was not only about my choice. It depended on the client. (Participant 1)

I think that using storytelling brings about many possibilities in psychological counselling as well as teaching. For example, sometimes students may perceive teachers and counsellors as aggressive and tend to be obsequious when being talked to. However, that doesn't mean our work is effective at all. Telling a story seems like a better strategy to talk to students. (Participant 2)

In the pilot study, Participant 1 talked about being sensitive to children's responses to the therapeutic story, which revealed her understanding that therapeutic storytelling is a process of mutually interchanging information.

While telling the story, I observed the child's body language—is it withdrawn or open-- and the child's facial expression. These could reflect the child's real response, and open a window to his unconsciousness. (Participant 1)

Many participants agreed that it is important to monitor children's responses, either verbal or non-verbal, in the process of storytelling. For example, Participant 2 indicated that compared to general storytelling, 'being more sensitive' is a unique feature of therapeutic storytelling.

It (Telling a story therapeutically) is like telling a story generally, just needs to be more patient and careful, and more sensitive to the student's reaction. (Participant 2)

Participant 6 mentioned children's facial expression and body language were 'a better reflection of children's feelings and attitudes.' Participant 7 emphasised that it was necessary to 'perceive the child's emotions and emotional changes before and during storytelling in order to achieve ideal outcomes'.

Participant 5 reported that the student showed 'signs of excitement' when she mentioned 'storytelling' and 'playing'. Although she did not comment further on this topic, this description proved that she also proactively perceived the child's responses during the intervention.

Participant 4 claimed that storytelling is helpful in terms of encouraging children to express their thoughts and feelings more openly. Drawing upon prior experience,

Participant 4 provided some examples of using metaphors to help children express their feelings in psychological counselling.

We hope, but we do not really expect that children can always express themselves openly and precisely. Using stories and metaphors, sometimes very simple ones, can help them to describe their feelings. For example, I would say 'is it like being in darkness alone?' to confirm with the child whether he/she has a feeling of being isolated. (Participant 4)

This point was corroborated in the interviews with many other participants. For example, Participant 7 felt that *'the child preferred to talk about the story instead of to discuss himself.'* Participant 3 described how she obtained important information through the discussion of the story.

Based on our discussion of the story, I had a sense that the girl was sensitive to the criticism from teachers and parents. This sense was in line with my observation and assumption. This kind of information was unlikely to be obtained from children if you ask directly. As a matter of fact, sometimes the information I got was not entirely based on the analysis. I can just feel it. (Participant 3)

Although I just delivered the story once, it was mentioned and discussed multiple times by us across different sessions. Well, sometimes it was a very brief mention, one or two sentences. I think this point is noteworthy because the student proactively mentioned the story several times, which shows that she remembered it and would like to communicate in this manner. (Participant 3)

Participant 5 illustrated how she use storytelling to clarify children's feelings.

At some point during my storytelling, I asked questions like 'Do you share the similar feelings with the boy in the story?' I did this because I intended to find out how he felt about his separation with his father. (Participant 5)

Participant 3 and 5 further indicated that the process of expressing feelings with psychological counsellor's help is therapeutic. Interestingly, as aforementioned, they both clearly described therapeutic story as a *'communication tool'* or *'communication technique'*. Participant 3 said she intended to use storytelling to help the child *'relieve negative feelings'*. Participant 6 and 9 also described how storytelling established a safe space for children to express their feelings.

With all her worries, the girl in my case seemed afraid of talking about her family. There might be some very strong negative feelings inside her, and should be relieved with my help using certain techniques, such as storytelling. Relieving her negative feelings was what I would like to accomplish with storytelling. (Participant 3)

If children can express feelings through storytelling, then it is very likely that they would feel better. (Participant 5)

We discussed both stories, the story he told and the story I told. We discussed why he made certain arrangements in his story, and what did he think of mine. On the surface, we just talked about the stories, but I believe his words revealed his true feelings. (Participant 6)

Telling a story brought something interesting and relaxing into the counselling. I think the student felt safe to speak out freely. (Participant 9)

However, conversely, it was noted by some participants that what the children said did not always accurately reflect their opinions and feelings, and they had critically analysed how the children responded during therapeutic storytelling. For instance, Participant 3 confirmed that storytelling would help children to express themselves, but she was also aware of the possibility that children would ‘say certain things to meet psychological counsellors’ expectations’, especially when they ‘regard the psychological counsellor as a teacher’. Participant 2 expressed a similar point of view, stating that primary school students might have ‘learned how to properly response to questions regarding a story.’

Looking through their text books on any subjects, including math, you can find many different types of stories. Students have many experience of listening to stories, and maybe have learned how to properly response to questions regarding a story. You know, they might tend to give the ‘standard right answer’, whether sincerely or not, because they know that's what teachers and parents would like to hear. (Participant 2)

Participant 10 also questioned the reliability of what children said about the stories.

You know, the students in primary schools are used to learn through stories, and they probably know what is ‘good’ to say when commenting on the stories. (Participant 10)

How to respond to children's spontaneous stories as a psychological counsellor was briefly mentioned by Participant 9, but there was no reflection on any practical experience regarding this.

Since storytelling is very generally defined in our discussion, I think the storytelling techniques that we need to learn and practice should include how to respond when a child tells a story to us. Maybe we should try to be a good listener first, and then take the chance to influence them. (Participant 9)

4.2.1.3 Combining Storytelling with Other Activities

Many participants mentioned that some other activities could be combined while therapeutic story was being told. It seems that being versatile is conducive to the interaction between psychological counsellors and children, and storytelling is one of these useful skills. For instance, Participant 5 who held a degree in music education suggested that '*some background music can be added when telling therapeutic stories.*'

Participant 9 argued that sometimes oral storytelling might fail to convey information to young children because of the limitation of their linguistic competence and level of attention; other activities such as drawing, colouring, paper folding, and playing with toys can be embedded in the storytelling process.

When working with children, especially younger children, just sitting there and talking might be not enough. It is difficult to make any progress if the child does not want to interact with you and give you any feedback. Sometimes I would draw upon some activities such as drawing, colouring, or paper folding to motivate the child to participate in the counselling. Maybe therapeutic story could also be used in this way, even combined with other techniques. (Participant 9)

Participant 6, who used a therapeutic story within the theoretical framework of sand tray therapy, seemed to agree with Participant 9 at this point. Participant 1 also assumed that therapeutic story with illustrations are more suitable for young children. Based on her

general understanding of storytelling, Participant 10 postulated that *'using some toys or pictures with bright colours might help children engage in this therapeutic activity.'* Participant 5 mentioned that there were some books and toys prepared for children in the counselling room of the school.

I did not plan to do so, but I sort of combined sand tray therapy and therapeutic storytelling. These techniques were all used to encourage and assist the student's expression. (Participant 6)

We have the tradition to use picture books to educate young children, and it is increasingly becoming popular to use bilingual picture books. Therefore, I would choose stories with pictures when working with young children. (Participant 1)

In my counselling room, there are some children's books and toys that we believe can generally benefit students. Well, although those materials are not specifically designed for any therapeutic approaches, I think there might be a chance to use them when telling a therapeutic story. (Participant 5)

Nevertheless, there were differing ideas amongst participants concerning combining different activities together. Participant 4 suggested including pictures/animation in the storytelling process to draw children's attention, whereas Participant 7 specifically indicated that animation was inappropriate to use in this situation because it might *'erode children's scope of imagination.'* Participant 5 also mentioned that combining other activities with storytelling could be distracting for both the child and the counsellor.

Stories presented with multimedia technologies can be more effective in terms of attracting children's attention. It is not exaggerated to say that nowadays manga and animation are the most popular form of storytelling among children. (Participant 4)

Story contains many information, and there would be even more information if we combine other materials with storytelling. We may use these information to encourage a child who does not talk much to engage in psychological counselling. However, we need to be cautious that the information conveyed through storytelling can lead our discussion to an irrelevant topic, distracting us from working on the main problem. (Participant 5)

4.2.2 Integrating Therapeutic Storytelling into Existing Therapeutic Approaches and Procedures

4.2.2.1 Understanding the Rationale and Impact of Therapeutic Storytelling

4.2.2.1.1 Defining Therapeutic Storytelling Broadly

All the participants, without exception, were able to describe a way to define ‘therapeutic story’ regardless of whether they used the stories in their practice. All the participants interviewed in the study endorsed the use of storytelling in educational and therapeutic settings. For instance, Participant 1 believed that storytelling lies in “*human nature*”, and using storytelling in educational settings is a convention. Participant 10 said ‘*it is natural to use stories in psychological intervention*’. Participant 9 also expressed a similar point of view:

Think about it, we use many forms of stories to entertain ourselves and make our words more interesting. Even at work, we tell stories when we share our cases. (Participant 9)

In response to the interview question about how to define therapeutic story, most participants provided broad and general answers; however after we discussed their cases and how the stories were actually used, their understanding of this therapeutic technique became more specific. Some participants tended to define therapeutic story with the professional contexts in which this technique is used.

In brief, therapeutic story is a story that serves the purpose of helping our students in counselling. It is the counsellor’s job to turn a normal story into a therapeutic one. (Participant 4)

When talking about the definition of therapeutic story, Participant 1 started the answer with ‘*Just as its name implies...*’. Interestingly, several other participants used very similar expressions in the interviews.

Therapeutic story, just as its name implies, is a story psychological counsellors use in their counselling. (Participant 1)

I think we can just understand ‘therapeutic story’ based on its name. Therapeutic stories are special stories with therapeutic values, which could help psychological counsellors in many ways. (Participant 7)

It refers to stories that can be used in psychological counselling or psychotherapy. It is obvious in the name. (Participant 8)

It seems that participants' understandings of the notion of 'story' were their starting points of understanding therapeutic story. For example, Participant 8 suggested that therapeutic stories should interest children, and it was possible to achieve because 'Who doesn't love stories? Children always have stories they like'. Participant 1 and 2 both regarded movies and video games as different forms of storytelling.

Storytelling lies in human nature. Intentionally or not, we tell stories every now and then. For me, watching movies and playing role play games are different kinds of storytelling as well. (Participant 1)

Storytelling is a very broad term to me. Basically, stories form the basis of our entertainment. Novels, films, even many video games are all about stories. From my perspective, how we define therapeutic story depends on how we use it as all stories for children share some similarities. (Participant 2)

The participants were generally familiar with storytelling, and it was very common for them to draw upon personal and professional experience of telling and listening to stories to illustrate the power of storytelling.

Based on my own experience, I totally agree that stories could significantly influence our emotions. Novels, movies...although I am a man, I'm a quite impressionable person. (Participant 2)

Ultimately, storytelling is a communication. You know what, it reminds me of blind advertising—what interests you comes along with what they really want to say, and you will receive the information without noticing it. (Participant 5)

What the clients tell us is all about their life story. (Participant 8)

I am a mother, so I totally understand that stories are like vehicles of information which could enliven the child. Children like listening to stories, telling stories, even creating stories by themselves. (Participant 10)

Most participants spontaneously compared and contrasted the therapeutic stories provided in this study with other types of stories, and there were various opinions over how ‘special’ the therapeutic stories were. A few participants attempted to distinguish therapeutic story from other kinds of stories, whereas others maintained that a wide range of stories could be utilised for therapeutic purposes. Participant 2 used the term ‘general storytelling’ to refer to telling stories for entertainment, and claimed that therapeutic stories should be specifically designed.

Using storytelling in psychological counselling seems straightforward, but if we think carefully, it is very different from general storytelling that is merely used to entertain people. Like education stories, therapeutic stories need to be carefully designed and selected. (Participant 2)

This point of view was affirmed by Participant 7, who differentiated therapeutic storytelling from other forms of storytelling in the interview.

Telling a therapeutic story is definitely different from telling stories in other contexts...Well, as a psychological counsellor, the process was quite stressful for me. (Participant 7)

Participant 10 noticed some similarities between therapeutic stories and conventional education stories, she said ‘*I can think of some children’s stories that have similar plots and characters*’. Participant 3 claimed that the therapeutic stories ‘*reminded me of story-based teaching approaches.*’ Participant 5 explicitly indicated that the therapeutic stories ‘*have some common characteristics with traditional myths and fairy tales in terms of establishing storyline and creating characters.*’

Participant 4, 6, 9 and 12 all claimed that intentionally or not, they did have some experience of using storytelling in counselling, although it was not given enough importance as a therapeutic technique.

Sometimes I would use some of the education stories in psychological counselling...well, randomly. It depends on the situation. It is kind of a habit nurtured in my teaching. (Participant 4)

I have some experience of using storytelling as an element of some other approaches, such as sand tray therapy. The counselling room in our school is

equipped with a sand tray, which is commonly used by my colleagues and me. (Participant 6)

In some cases, I would mention stories of other children to the child I work with. Some of which are real, some are fictional. I suppose these can be viewed as my experience of using stories therapeutically. (Participant 9)

We tell stories when we would like to give an example-it's just a normal way of communication. (Participant 12)

What they said laterally indicated that they all held the opinion that many stories have the potential to function as a therapeutic story with the interpretation of psychological counsellors.

It was widely acknowledged by the participants that therapeutic stories could be used in many different ways when working with children because of the rich diversity of stories and the complexity of psychological intervention. For instance, Participant 3 suggested that storytelling could be used in any therapeutic approach because it is a manner of talking.

I am not entirely sure about the procedures of using therapeutic stories, but I can see that there are many possible ways of using this tool. Countless stories can be developed. Storytelling is a manner of talking that is suitable for primary school students, so it might be used in any therapeutic approach. (Participant 3)

Participant 7 claimed that there are different applications of storytelling at different points of an intervention.

Therapeutic storytelling can have different functions at different stages in psychological counselling. Designing a group of stories for different stages might be something you can work on next. (Participant 7)

Participant 9 even regarded case sharing amongst psychological consultants as a kind of professional storytelling.

As psychological counsellors, we share cases with our colleagues from time to time. Describing and discussing the cases is like telling stories, of course, in a professional manner. (Participant 9)

Participant 10 was especially critical towards the broad definitions of therapeutic story. She indicated that the broad definitions might lead to confusion for psychological counsellors.

For a therapeutic technique, I would expect to study the theoretical basis and practical procedures before using it. A step-by-step guidance would be very helpful. The concept of therapeutic story is pretty general, and a little confusing for me. (Participant 10)

4.2.2.1.2 Taking Different Theoretical Perspectives

The participants tended to understand therapeutic storytelling through different theoretical lenses, and they were aware that there are various types of therapeutic stories. For example, Participant 1 pointed out that ‘*different types of therapeutic stories were compatible with different psychotherapy approaches*’, and Participant 10 assumed that ‘*different therapy approaches could draw upon stories vary greatly.*’

Many participants were inclined to understand this therapeutic technique from a cognitive perspective. For example, Participant 6 regarded therapeutic storytelling as a form of cognitive rehearsal, helping the child to ‘*establish self-confidence of overcoming the problem.*’

From my experience, stories could easily influence people’s emotion and cognition. (Participant 2)

When using stories in teaching, usually we would teach a moral or lesson to children. We can do the similar thing with stories in counselling, maybe in CBT. (Participant 5)

Participant 3 cited a concept of ‘*therapeutic suggestion*’ from the work of M. H. Erickson to interpret the effect of therapeutic story, and Participant 8 also drew upon Erickson’s theory to analyse his practice with storytelling. The concepts of ‘*therapeutic suggestion*’ and ‘*therapeutic metaphor*’ were used to analyse how a story or metaphor may influence the child’s mind.

I think stories with 'therapeutic suggestion' can be called therapeutic story. Solving problems through conveying implicit information can be regarded as an application of therapeutic suggestion. (Participant 3)

Metaphors might convey information into children's unconscious mind. Therapeutic story is like a systematic set of metaphors, therapeutic metaphors. I remember this concept is rooted in Milton Erickson's theories. (Participant 8)

Participant 9 analysed this therapeutic technique from a psychodynamic perspective, with reference to some theories established by both western and Chinese psychologists. He noted the similarities between therapeutic storytelling and other projective techniques, and indicated that this activity provides psychological counsellors with opportunities to obtain valuable information as to children's problems.

There is always something children do not want to talk about, and sometimes they are unable to talk about...I think therapeutic storytelling and some projective therapeutic tools are related. For example, the Thematic Apperception Test is all about analysing the client's stories. (Participant 9)

Maybe the free association skill could somehow be used together with therapeutic storytelling. Your adaptation of traditional Chinese stories reminds me of the imagery dialogue approach developed by Zhu Jianjun. Like Freud and Jung drew upon Greek myths to elaborate their ideas, Zhu Jianjun analysed and revealed the meaning of the imaginaries in some traditional stories to demonstrate his theory. (Participant 9)

'Projective tool' was mentioned by Participant 6 as well, who said:

I believe therapeutic stories could be used as a projective and expressive tool for children in counselling, just like music, painting and playing. (Participant 6)

Client-centred approach was reflected by what Participant 9 said in the interview. He argued that psychological counsellors can expect children to receive different information from the storytelling process according to their own demands.

What you try to say is one thing, what the student gets is another. Actually I believe that children can automatically absorb the information they need. (Participant 9)

Participant 7 reported that storytelling was used to encourage and guide the student to talk during the counselling process, and she said it was important to listen carefully to the student's comments.

It looked like that I was telling the story, but actually it was an interactive process. I did not tell the story all the way through to the end. I paused frequently to allow discussion. I listened carefully to the boy's comments. I believe that it was important to do so. (Participant 7)

As aforementioned, many participants felt that adopting storytelling in counselling was conducive to the establishment of therapeutic relationship, which process itself was therapeutic. For example, Participant 4 attributed the positive effect to the process of storytelling rather than the content of the story. Participant 3 referred to Carl Rogers' core conditions and described them as 'general principles when conducting psychological counselling.'

Storytelling is compatible with some general principles when conducting psychological counselling, such as empathy, unconditional positive regard, and understanding. (Participant 3)

I combined two stories therefore the storytelling process was longer than I expected. This was good because the storytelling process was beneficial. Maybe the process itself was more important. (Participant 4)

However, conversely, Participant 10 claimed she felt that the stories provided were quite directive and it was difficult to embed them in non-directive psychotherapy approaches.

For me, it is contradictory to apply these, a little directive therapeutic stories in non-directive therapy approaches. The psychological counsellor may view himself/herself as the authority when delivering them. (Participant 10)

It is noteworthy that some participants viewed therapeutic story through more than one theoretical lenses. For example, Participant 6 interpreted the effect of therapeutic storytelling from both psychodynamic and cognitive perspectives. Participant 5 said she can 'associate therapeutic story with many approaches, such as narrative therapy and

art therapy.' Participant 1 also compared therapeutic story with other therapeutic techniques in play therapy and art therapy. When discussing different possible ways of using therapeutic story, Participant 10 expressed her interests in studying different psychotherapy approaches, including play therapy, narrative therapy, and bibliotherapy.

4.2.2.1.3 *Reflecting on the Content and Structure of Therapeutic Stories*

Participant 2, 3, 8 and 12 all noticed that metaphors, analogies and personification are commonly used in therapeutic stories.

There are some kind of metaphor and analogy in all the stories you write. They seem interesting and easy to understand, maybe children could benefit from them by just reading. (Participant 2)

I think a therapeutic story should have a completed metaphoric structure, which matches with the child's life situation and psychological structure. (Participant 3)

I would ascribed the effect of therapeutic story to the metaphors' resonance with children's experience. (Participant 8)

Metaphor and personification are very commonly used in stories for children. That's how we make the stories appealing and beautiful. (Participant 12)

Some participants emphasised the plots and storylines of the stories, while others thought that the character shaping was more important. Either way, there was a consensus that it was necessary to link the story to the child's own situation. As Participant 6 put it, '*It would be beneficial to create a role model for the child to follow*'. Participant 7 reported that she guided the child to understand and accept changes in life by discussing the character's situation and choices in the story. She also mentioned that the student in the case '*automatically referred to the characters in the story told*' when talking to her in later sessions.

Through the storytelling and our discussion, the main character of the story gradually became, how to describe it, our mutual friend? The prince's changed way of dealing with challenges was extensively discussed, and I paid attention to linking our discussion to the student's own situation. You know, the boy was

very cooperative at this point, and later on started to automatically refer to the characters in the story told. (Participant 7)

Similarly, Participant 5 encouraged the student to imagine the situation of the main character.

In the context of storytelling, I intentionally encouraged the student to think from Chen's (the main character of the story) perspective, to imagine and immerse himself in the story. I knew it was very important to talk about the student's own situation, but I did not rush to do it. I thought when the similarities between the situation of Chen and himself were identified, there would be a chance to create an 'aha' moment that could lead to positive changes. (Participant 5)

Participant 12 commented that '*sometimes attractive or familiar characters may resonate with the child better.*' Participant 9 also expressed her viewpoint regarding creating and shaping characters.

Regarding creating and shaping characters, I want to ask: should the main character be more similar to the child, or be more idealised? Well, I know it is difficult to provide a simple answer...I think there is a balance we need to keep. (Participant 9)

Participant 6 drew upon a traditional Chinese idiom to illustrate that it was more important to demonstrate through storytelling how to find out the most effective coping strategies of the problem. Participant 4 argued that the '*solution*' provided in the story '*could be either obvious or subtle, but needs to be practical*'. Participants 2 especially appreciated the characters that are metaphors of some kind of supportive roles, such as teachers, parents, or psychological counsellors.

Teaching one to fish is better than giving him fish. I appreciate the story as it provides a problem-solving method, not just what to do for this time. (Participant 6)

For me, the turtle is a key character in the story. The turtle represents someone that can provide help when children need. It could be someone inside the family, a teacher in the school, and of course, a psychological counsellor. This character tells children that they can always seek help when they are facing difficulties. (Participant 2)

Participant 10 maintained that therapeutic stories did not necessarily target one specific problem. She said: *'I will be very interested to see some stories created to help children develop social and cognitive skills.'* She also emphasised the role played by the psychological counsellor.

The original purpose of a therapeutic story is one thing, and how the counsellor uses it is another. I think eventually the effects of storytelling depend on the counsellor because it is the counsellor who faces the child and works on the specific mental health issues. (Participant 10)

4.2.2.1.4 Potential Negative Impact and Shortcomings of Therapeutic Story

More than half participants discussed the potential disadvantages of using therapeutic story, including all the participants who did not actually use the stories in practice. Participant 12 said that stories *'can contain a massive amount of information which can be out of the psychological counsellor's control.'* Participant 8 was also aware of the possibility that *'some irrelevant or unwanted information'* could be conveyed to children through storytelling, and *'sometimes the psychological counsellor cannot realise this situation.'* Participant 4 indicated that the message embedded in a story could be negative sometimes.

I was wondering, who does the story belong to? Author, counsellor, or child? We deliver the story to children, but what if the message was not suitable for them and they view it through a more negative perspective? We might be unable to realise this when it happens. Well, telling appropriate stories to appropriate child—it's always easier said than done. (Participant 4)

Participant 6 said that the effect of storytelling was quite obvious, but it concerned her that the effects were only temporary. This view was echoed by Participant 4, who reported that the storytelling process *'at least temporarily'* helped the child to reduce fears.

Indeed, the storytelling and our discussion of the stories went very well and the student showed signs of changing. However, I was not very sure whether the

student was only temporarily influenced by the story. Anyway, using storytelling is a quite good starting point to create therapeutic changes for students. We might need further evidence regarding to which extent the student was influenced by the story. (Participant 6)

Participant 11 seemed not sure about how to select stories and guarantee that the stories were of a good quality.

Actually, I am not completely confident in my ability to judge the quality and suitability of a therapeutic story. Maybe I can build on this ability by reading more stories and case studies. (Participant 11)

Participant 10 offered many critical opinions in the interview. She argued that ‘*it was only an assumption that children would connect the character with themselves and project their own life situation into the character’s.*’ Similarly, Participant 7 and Participants 9 also expressed their concerns regarding whether children’s positive changes induced by storytelling can be applied in their real lives.

The storytelling and psychological counselling can be very helpful for dealing with this examination. Of course, there is a premise that the student can really use the insights to cope with the examination stress. Regarding the rationale of its effect, I feel there is a risk. When we see the child changes positively when discussing the story in an imaginative world, how could we guarantee that the change will transfer to the child’s real life? (Participant 7)

I suppose that some of his problems may cannot be entirely solved by short term counselling. Can he keep the positive changes? How profound the influence of the storytelling is? These questions cannot be answered at the moment. (Participant 9)

Participant 10 said one of the reasons that she did not apply the stories in practice was that she felt it was difficult to match the stories with the demands of the students she was working with. Meanwhile, she was concerned about whether a relatively directive therapeutic story would challenge the child’s own views.

From my perspective, the stories provided are a little too specific. They are very similar to some education stories. It seems that by telling a story, we give an example and expect the child to follow. I am worried that this would directly challenge the child's own views. (Participant 10)

She also indicated that merely listening to the story may make children lose interests.

How to make the child engage further in the storytelling process is of my interest. The child seems too passive if listening to the counsellor is the only thing he (she) can do. (Participant 10)

4.2.2.2 Justifying the Case Choice

It was acknowledged by most of the participants that therapeutic storytelling has a wide range of applications. Meanwhile, they noted that it was important to be careful when choosing an appropriate case to implement this technique. Participant 1, 4 and 9 all believed that therapeutic story was especially suitable for children with some specific personality traits, such as being shy or imaginative.

Children's personalities and characters need to be carefully considered before using storytelling. Maybe it is more appropriate to use this technique to communicate with children who are bashful, or imaginative. (Participant 1)

The girl I worked with was very young, and quiet. I think storytelling was a suitable strategy to talk to her (Participant 4).

When this boy was referred to me, I was told that he showed some signs of social withdrawal. Therefore, it was foreseeable that opening up his heart would not be an easy task. I thought of a few strategies that might be helpful, including telling a story. (Participant 9)

Although some participants did not explicitly point out they tended to use storytelling with what kind of students, they described the factors needing to be taken into account before using this therapeutic technique. For example, Participant 8 indicated that the audience of therapeutic stories were usually more sensitive. Participant 1 also mentioned some factors she would consider.

As the stories provided were specifically designed for a certain kind of problem, so first I would consider to use them in relevant cases. Then I'll analyse the child's age, personality, language competence, etc (Participant 1)

Participant 5 noticed that the student was ‘*uncomfortable with the atmosphere in the counselling room*’, and that was one of the reasons she chose to tell a story to start the counselling. She said that ‘*the child's problem determined the kinds of help needed, thus influencing the appropriateness of applying therapeutic storytelling.*’ Participant 5 stated that the boy she worked with ‘*was with weak rational thinking abilities,*’ therefore ‘*implementing therapeutic storytelling was especially helpful.*’

Participant 1, 2, and 10 all paid attention to the language competence of the children they worked with. Participant 1 also analysed the child's level of attentiveness in the first meeting.

I decided to use storytelling in our very first meeting because I noticed that it was difficult to keep the student focused on what I was saying. According to my experience, this kind of student is usually reluctant to talk, so it was necessary for me to take some measures. It is common for me to work with incommunicative children. (Participant 1)

The girl was in grade six, so I am not worried about her ability to understand the story. Actually, I even added some details to make the story more interesting. (Participant 2)

Storytelling relies on the language skills of both the listener and the teller. It also requires some thinking ability to understand the twists and turns of plot. (Participant 10)

Participant 4 reported that she considered using therapeutic storytelling when feeling difficult to communicate with the child. Similarly, Participant 10 said she would consider to adopt therapeutic storytelling if it is necessary to communicate with children indirectly.

You know, the child I worked with was very young, and she was scared of leaving parents and attending school. It was apparent that she was psychologically

vulnerable, so I needed to be very gentle and patient with her. Telling a story seemed like a wise option. (Participant 4)

Stories contains many information, and storytelling conveys the information in an indirect manner. I would consider to adopt this technique when it is necessary to talk to children indirectly. (Participant 10)

The psychological counsellor's own experience and expertise were also taken into account by some participants. For example, Participant 7 said she tended to be particularly cautious when using a relatively unfamiliar therapeutic technique.

I was not familiar with the technique so I was very careful...This boy's examination anxiety was not very serious and it is a common problem that I am pretty proficient in dealing with. I choose this case because it allowed me to explore this therapeutic approach without too much tension. (Participant 7)

4.2.2.3 Adapting therapeutic story to cater to the child

4.2.2.3.1 Motivations of adapting therapeutic story

All the participants who used the stories in their practice, more or less, had adapted them. As Participant 8 put it, '*I do think adapting the stories is unavoidable if we try to use it in a case.*' He also asked: '*Are there any guidelines or procedures we should follow?*' Participant 1 indicated that the suitability of a specific therapeutic story should be analysed according to the child's situation.

First, I think there are some common aspects that we need to think about when adopting a therapeutic tool. Since the stories provided are specifically designed for certain problems, I surely firstly considered that whether the problem of the student was among the problems targeted by the stories we have. (Participant 1)

Participant 7 claimed that existing therapeutic stories cannot always be an exact match to the child's problem, so adapting therapeutic stories based on individual cases seemed necessary. She indicated that '*it was required to remain flexible in thinking as a psychological counsellor.*'

Participant 1 described how she used easily understandable language to tell the story, and suggested that *'it would be very practical if the stories could be classified according to children's applicable age range.'* Participant 1 recommended to use therapeutic stories with pictures when working with young children, and Participant 7 supported this view by proposing to create different versions of a therapeutic story for children of different ages. She explicitly indicated that she analysed the student's *'cognitive development level'* in the first counselling session. When talking about choosing the appropriate therapeutic story, Participant 6 also mentioned that the student's developmental stage had to be considered. Participant 4 said it was also important to take audience's gender into account when adapting and telling therapeutic stories.

Primary school students' cognitive developmental level is something we need to think about when deciding whether to use a story, or to use what kind of story. The same story may also have different versions for children of different ages. (Participant 7)

The primary stage of education covers six years, which is a long time. Children will go through several important developmental stages. Maybe because of this, we divide the six grades into three levels, which are low grades, middle grades and high grades. The same story may have different effects on children at different developmental stages. We should tell the story in a manner that is developmentally appropriate. (Participant 6)

Speaking of adapting therapeutic stories, I think we need to think about the gender roles and expectations reflected in the stories. Sometimes it is ok to tell the same story to both boys and girls, but sometimes it would be better to make some minor changes. (Participant 4)

Participant 5 articulated that the child's interests should be taken into consideration when adapting stories. This point was affirmed by Participant 10, who said it was important to *'figure out what the child likes'* when constructing and using therapeutic story.

Participant 4 paid much attention on the storytelling process rather than the story content. She claimed that every storytelling process was unique even using the same story because

'every child is unique, and the storyteller would improvise accordingly'. In the case, Participant 4 adapted and combined two therapeutic stories provided to help the child.

When facing different audience, we naturally use different language to tell stories. Every child is unique, and the storyteller would improvise accordingly. Therefore, there are not two storytelling processes that are exactly the same, even we tell the same story. (Participant 4)

Storytelling is a creative work, so I did not set many limitations for myself. I chose the useful parts of two of your stories and combined them together. Well, basically I developed my own story-I hope you don't mind. I combined the test anxiety one and the adapting to changes one because I think both of the stories could offer the student some advice. (Participant 4)

Coincidentally, Participant 9 also used more than one stories in the counselling for different purposes.

I used two of the stories, but in different ways. One was used when conducting the House-Tree-Person test, as a response to his expression. The other story was used because it resembled the boy's situation and targeted his problem. I think what I did shows that storytelling has many different potentials. (Participant 9)

Some participants said that open-ended stories or stories with multiple endings may have better therapeutic effects. Participant 11 said that such stories could provide psychological counsellors and children with *'more space for discussion'*. In addition, Participant 7 discussed a potential risk of using stories with a specific ending.

As far as I am concerned, therapeutic stories should be open-ended, or with multiple endings. A definite positive ending could be helpful, but sometimes it also seems like a promise to children that their problems will be solved in a specific way, which we don't know whether we can keep. (Participant 7)

Some participants mentioned that another purpose of adapting the stories was to fit this therapeutic technique into the main approach adopted. For example, Participant 4 described how she adapted the stories to deliver some DBT techniques training to the

child. She used the characters to demonstrate the techniques and encouraged the child to observe and imitate the actions.

I did not strictly follow the story and the plots it has. I made the characters in the story to demonstrate the techniques, such as mindfulness, emotion regulation techniques, and motivated the girl to learn and practice. (Participant 4)

4.2.2.3.2 Suggesting the Possible Ways of Adapting Therapeutic Stories

Many participants expressed their concerns when adapting the stories. Participant 1 said she was not sure about the appropriateness of adapting therapeutic story because the stories ‘*seemed very well designed*’. Participant 3 said she was ‘*not sure about whether adapting a therapeutic story influences its quality.*’ Participant 5 also worried about the possibility that ‘*some important but subtle details within the story were influenced by the adaption and thus undermining its effect.*’ In terms of how to conduct the adaptation work, Participant 2 and 10 both stated that it would be extremely helpful to have some stories with adaptable components. Participant 7 suggested that ‘*the same story may also have different versions for children of different ages.*’

I think we can keep the main structure of the story, but make the components adaptable. The psychological counsellor could work with the adaptable components according to the child’s individual situation. (Participant 2)

Perhaps you can provide psychological counsellors with some plots and characters that they can choose or adapt. (Participant 10)

Some participants believed that using construction models to develop therapeutic stories can help to ensure the quality of the stories and reduce uncertainties that might cause problems. However, there were some disagreements amongst the participants regarding whether the models of creating therapeutic stories were helpful.

Storytelling is a creative work, so I did not set many limitations for myself...A model of creating stories might be helpful, but they might also limit people’s creativity.(Participant 4)

I understand that developing therapeutic stories is a professional work. We need to guarantee the stories’ quality. I suppose with the assistance of some examples

and models, we psychological counsellors should be able to create stories specifically for the children we are working with. (Participant 11)

Well, I really would like to learn about how to write therapeutic stories because I do not know where to start if I am asked to write a story. (Participant 8)

Some participants suggested engaging children in the process of creating or adapting stories in order to customise the stories. For example, Participant 2 and Participant 9 said:

One-to-one psychological counselling is a personalised matter, so I think children should be involved in the process of adapting or continuing to write the story. (Participant 2)

When we think a story is suitable for a child, will the child agree with us? Something the child is familiar or resonate with could be embedded in the story we use. (Participant 9)

I was wondering, it is also possible to engage a group of children in the process of writing therapeutic stories. (Participant 9)

Participant 3 reported how she matched the structure of the therapeutic story with the child's 'mental structure' (specific way of thinking) and life situation (having a new born sister/new family structure). She discussed different possible developments of the storyline with the child, and adapted the story together with the child. Participant 3 suggested that another possible way to adapt therapeutic stories was '*to involve the child's parents or teachers.*'

To be more precise, it was 'we' who adapted the story. We discussed the plot points in which the characters were facing different choices, and developed alternative endings together. The girl brought her ideas into this process. I think it is ok to do this because I believe the therapeutic value contained in stories has to be realised through the discussion between us. (Participant 3)

4.2.2.4 Incorporating Therapeutic Storytelling as an Adjunct Therapeutic Technique

All the participants who used storytelling in their practice incorporate it as an adjunct therapeutic technique. In other words, storytelling was used by the participants as an auxiliary therapeutic technique instead of the main therapeutic approach. For example, Participant 1 said she used therapeutic storytelling to support the approach in which she was proficient.

In the process of counselling, I feel storytelling could help me to communicate better with the child, and thereby adjusting his cognition. From this perspective, I believe therapeutic story could be used as a good auxiliary therapeutic tool.
(Participant 1)

Participant 1 and 2 both indicated that they did not intend to break existing counselling procedures with therapeutic storytelling, and might abandon using this technique if it cannot be integrated into the procedures.

So basically, I still followed the recommended procedures of dealing with this problem introduced in the training, and tried to use the stories within those procedures. After all, the primary purpose of the counselling was to help the child. I would stop storytelling if I found it was not very appropriate.
(Participant 2)

...However, in my case the effects of the story depended more on how I coordinate it with other techniques. (Participant 1)

Participant 1 emphasised the cognitive factors in test anxiety, and adopted REBT in the case. She used therapeutic story to help change irrational thinking and establish rational thinking for the child. She drew upon the ABC theory and the appraisal theory of emotions to elaborate why she choose to use the story in this way.

I intended to use storytelling as a way of persuasion. I thought of the ABC theory, and the appraisal theory of emotions. Individual's emotional reactions are caused by their beliefs and evaluations of events. Storytelling has the potential to contribute to achieving therapeutic goals by helping children change their beliefs and evaluations. (Participant 1)

Participant 2 decided to use systematic desensitisation as the main approach because it was one of the therapeutic approaches introduced and recommended in the psychological

counsellor training to deal with clients' anxiety-related problems. In the interview, he explained the rationale of systematic desensitisation and discussed the possibilities of using therapeutic storytelling within this approach. He introduced systematic desensitisation and relaxation exercises to the child, and used storytelling to help the child create an anxiety hierarchy.

To sum up, through storytelling, I attempted to help the girl establish self-confidence, encourage her to undertake relaxation exercise and imagine the anxiety inducing stimulus. (Participant 2)

Participant 5 regarded embedding therapeutic stories in the counselling as a way to adapt the main approach adopted. She said this understanding was built upon her previous experience of using 'games' in practice. She thought that the rationales for using games and therapeutic story were similar.

I regard therapeutic storytelling as a technique that can be added to different therapeutic frameworks. You know, our psychological counsellor training introduces a range of therapeutic approaches, but the guidelines are not really focused on working with children. In my practice, I have some experience of using toys and games to make the therapeutic approach more suitable for children. I believe storytelling can serve a similar function. (Participant 5)

When discussing how storytelling supported the therapeutic approaches used in their counselling, there was a wide consensus amongst the participants that therapeutic storytelling, as a non-threatening therapeutic technique, influenced children at multiple levels. When reporting the case, Participant 3 pointed out that the discussion about the story was very revealing in terms of why the girl's mental health problem occurred.

I was thinking, if you (the child) don't want to talk about you, then let's just talk about the story. We discussed the plot of how Zeng Zi responded to his child and I analysed the child's drives according to her responses. It seemed that she was very sensitive to what teachers and parents said to her--her affiliative drive drew my attention. (Participant 3)

I tried to help the girl to rethink about her behaviours and change her attribution through discussing the story. Storytelling might have an impact upon her at a cognitive level. (Participant 3)

Participant 6 described how storytelling was used within a sand tray therapy approach. She said that the sand tray scene made by the boy and his description of the sand tray scene reminded her of one of the stories provided.

When conducting sand tray therapy, basically we don't intervene after introducing how to play with the sand tray... What he said after making the sand tray scene somehow similar to one of the stories provided by you. After exploring his story expressed through the sand tray, I thought it could be a good strategy to tell a story back to them. (Participant 6)

So, I am very concerned about what the boy said after the storytelling as it reflected his cognition and inner conflict. Then we reviewed the sand tray he made, the story he told me and the therapeutic story together. I hope to influence him through the metaphors in the therapeutic story. (Participant 6)

Participant 9 reported that the opportunity of using storytelling arose during the process of using other therapeutic techniques.

In my case, I used the House-Tree-Person test to analyse the child, and what he drew and he said reminded me of one of your stories. That was a good chance to use therapeutic stories to help the child explore and understand his own situation. (Participant 9)

It can be seen that some participants determined the timing of delivering therapeutic story based on children's responses to other therapeutic approaches. In other words, storytelling was used in an attempt to complement or enhance the effects of those therapeutic approaches. The timing of telling a therapeutic story was also discussed by Participant 7, who stated that it was important to acquaint herself with the story and the situation of the child, and '*determine the appropriate timing of telling the story according to the process and progress of psychological counselling.*'

The way the participants used therapeutic storytelling might be influenced by their personal and professional experience of storytelling. Participant 2 said when working as a teacher, sometimes storytelling was used to make the teaching approaches more engaging and less directive. Therefore, he presumed that applying storytelling may help psychological counsellor to '*avoid being didactic in counselling.*' He believed that children are more likely to accept the advice conveyed through stories. As mentioned in

the analysis of other categories, using the characters to set an example and demonstrate some therapeutic techniques for the student was another way of using therapeutic storytelling as an adjunct technique. For example, Participant 4 introduced DBT skills to the child through storytelling. Participant 4 reflected on her experience of using storytelling in teaching in the following quote:

Personally, I love many kinds of stories and used a wide range of stories to teach when I worked as an ideology and morality teacher. The Pilgrimage to the West, Grimm's fairy tales, no matter where the stories came from, I used them as long as they matched the topic. Sometimes one story could be used for multiple purposes, and every storytelling experience is unique. (Participant 4)

Participant 12 explicitly indicated that storytelling is a 'transferable skill' developed through communicating with people on different occasions.

Storytelling requires a set of skills and techniques that can be developed through practice and experience, either in professional settings and personal settings. A good storyteller is able to use the skills and techniques to tell stories to different audience in different situations. (Participant 12)

In the interviews, many participants expressed their interests in different psychotherapy approaches, such as sand tray therapy, art therapy, and music therapy, etc. Participant 2 seemed affirmatively support the integration of different therapeutic approaches according to what she said in the interview.

In the training, we were told that we do not have to stick with one therapeutic approach when conducting counselling. We can use multiple approaches as long as they are useful. I used systematic desensitisation but I did not stop there. In later sessions of the counselling, I mentioned the therapeutic story several times and hoped to further influence the student's emotion and behaviour. (Participant 2)

Participant 9 mentioned the idea of encouraging children to tell stories spontaneously, and said that the strategies of how to respond when children tell stories to psychological counsellors would have been provided.

Since storytelling is very generally defined in our discussion, I think the storytelling techniques that we need to learn and practice should include how to respond when a child tells a story to us. Maybe we should try to be a good listener first, and then take the chance to influence them. (Participant 9)

Overall, the participants were generally not very familiar with using storytelling as a therapeutic technique. They were not being sure about how to effectively use therapeutic storytelling as a main approach. For example, Participant 2 said he ‘*never used storytelling as an official therapeutic tool*’; Participant 7 also stated that she was ‘*not familiar with therapeutic story and unconfident about using it.*’ It is reasonable to infer that they might feel it was safer and easier to use it as an auxiliary technique.

4.2.2.5 Analysing Cultural Elements in Therapeutic Storytelling Process

The stories provided to the participants are adapted based on Chinese traditional stories. Some participants made general claims regarding the cultural considerations when using therapeutic storytelling. For example, Participant 10 suggested that it was important to ‘*introduce stories created by foreign authors in a culturally sensitive manner.*’ Participant 12 said ‘*the cultural features could influence children’s understanding and acceptance of stories.*’ However, their discussion on this topic was very brief. This might be because the participants’ experience of using culturally adapted therapeutic stories was not sufficient.

The responses from the participants who used the stories were generally slightly more detailed. Participant 1 claimed that cultural differences were ‘*shrinking*’ due to the extensive cross-cultural communication. However, she indicated that traditional stories in various cultures might convey different values that are culturally bounded.

As a matter of fact, a large portion of the popular stories amongst children is not from traditional culture, such as some Disney animated films, The Avengers, Minions, Japanese Manga, etc. From this perspective, the differences among different cultures are shrinking. Traditional stories, on the other hand, contain many traditional cultural values that passed down through generations and influence people in that culture. (Participant 1)

Participant 3 also claimed that stories from different cultural background could suggest different coping strategies.

As far as I am concerned, western and eastern stories may endorse different coping strategies towards stressful life events. I know it is a little overly simplified to say so, but generally individualism is more typical in western cultures, and collectivism is more influential in eastern cultures. (Participant 3)

Participant 3 emphasised that metaphors, which were important elements in therapeutic stories, could imply different things in different cultures. Participant 2 affirmed that Chinese children were able to understand Chinese traditional stories, but doubted these stories could be directly used in foreign countries.

Sometimes people in different cultures associate the same metaphor with different things. For example, in Chinese culture, the dragon is a symbol of wisdom and luck. It is a very positive metaphor. However, I know that for westerners, the dragon is an evil creature. (Participant 3)

I believe normally Chinese children will have no problem understanding the stories that are written based on traditional Chinese stories, but I am not sure how well children from other cultural backgrounds can understand those stories. (Participant 2)

In addition to discussing traditional Chinese cultural values, the participants were also aware that it was more important to consider current cultural values in China in order to accurately analyse children's situations. For example, Participant 9 and Participant 10 both noted that the contemporary Chinese socio-cultural context may affect psychological counselling negatively. For instance, there is prejudice against psychological intervention.

Some parents have prejudices against psychological counselling, and their children were easily affected by their bias. (Participant 9)

According to my work experience, seeking professional psychological help has not been accepted by all the students and their parents. They have some misunderstanding of mental health problems, and it is very common for them to deny that the child is in need of psychological services. (Participant 10)

Participant 10 and Participants 6 both mentioned that Chinese culture does not endorse open expression of feelings, and Participant 4 postulated that children from Chinese cultural background could be more introverted.

I can see that some of your stories are adapted from traditional Chinese stories, and some cultural characteristics may be reflected, such as expressing emotions reservedly. Anyway, this point is just my subjective thought as it is not obvious to see the impact of cultural elements in my case. (Participant 6)

Chinese children, especially boys, are often advised not to cry and express personal feelings because such expression is viewed as being weak. Our work can be negatively influenced by this kind of ideas. (Participant 10)

The girl I worked with seemed very introverted. As a matter of fact, not a few students I worked with did not talk much. I suppose this is partly due to our culture. (Participant 4)

Participant 4 indicated that storytelling was a universal activity in every culture and different cultures ‘*share a large number of stories*’. She then gave examples of stories without any cultural features, such as animal stories. Similarly, Participant 8 said that:

Indeed, stories from different cultures may involve different culturally influenced beliefs. A lot of traditional stories contain cultural beliefs. However, we cannot say that every story from a culture definitely reflects the cultural values. Many stories have nothing to do with values. Meanwhile, there are some common values that many cultures tend to share. Maybe that is why we can find a lot of same or very similar traditional stories in different cultures. (Participant 8)

Participant 12 also talked about the universality of storytelling in the interview, and indicated the fact that ‘*many cultures have traditional stories that are popular worldwide.*’

Some participants reported that the cultural features of the stories did not substantially influence their therapeutic storytelling processes. For example, Participant 5 claimed some children stories, especially the ones for young children, were ‘*too simple to include*

obvious cultural beliefs.' She also claimed that therapeutic stories were adapted, so the cultural elements of a story actually could be manipulated by psychological counsellors.

The cultural features in a story are reflected by the context is set up. Since we can adapt the story, we can determine the extent to which the cultural elements are reflected in a story. (Participant 5)

Participant 1 reported that during the counselling she did not realise the influence of the cultural characteristics of the therapeutic story; Participant 2 claimed as well that the cultural characteristics of the therapeutic story used in the case was not very obvious. They both believed that the storylines and characters of therapeutic stories were more important.

To be honest, I did not think about the aspect of culture during the delivering and discussing of the story. Maybe that is because I did not feel that the cultural characteristics of the story influenced the counselling. (Participant 1)

Cultural characteristics? Well, although I can see the story I used was adapted from a traditional story, but the characters of the story were personalised animals, and the plots seemed not very culturally specific. I think the cultural characteristics were not very obvious. (Participant 2)

However, Participant 2 did not ignore the possible impacts of the cultural elements of a therapeutic story. He stated that *'the cultural elements of a therapeutic story could influence the counselling significantly when they were crucial in terms of constructing plots or creating characters.'* This point was affirmed by Participant 6, who said the cultural elements within the story would 'more or less' influence the counselling.

More or less, the storytelling process will be influenced by the cultural background of the story, but we should not treat different cases as the same. It depends on the story you use. Some stories are rooted in specific cultures, while others are very general. (Participant 6)

Participant 4 reported that she did not have any discussion with the child in the case regarding the cultural background of the story because it did not seem necessary. However, she admitted that *'the cultural elements of stories might influence the intervention significantly when they relate to values,'* and mentioned a traditional Chinese education story as an example.

The values conveyed through stories are more concrete and easier for children to accept. For example, the story 'Three Monks' tells children the importance of teamwork, and the story is very convincing for children because it vividly shows the consequences of not working collaboratively. (Participant 4)

Participant 11 argued in the interview that the cultural elements of therapeutic stories needed to be considered more carefully when working with adults. She thought young children only have very limited understanding of 'culture'.

The world views of adults have been constructed, so we need to be more cautious when using a culturally influenced story. As for children, generally they are more open-minded and have not been able to fully understand the concept of culture. (Participant 11)

Participant 10 indicated that how children might be influenced by the cultural elements of stories depended on their life experience and knowledge structure.

It is possible that children understand a story differently from us. Their life experience and knowledge structure affect how they comprehend a story, including the cultural elements within it. (Participant 10)

Generally, the participants agreed that some existing traditional stories could be adapted and used for therapeutic purpose. For example, Participant 8 said that '*considering the huge number of traditional stories we have, I surely believe that there are many stories that have therapeutic potentials.*' Participant 3 claimed that '*using a traditional story has a chance to enhance children's acceptance and engagement of this activity.*' She reported that during the storytelling process the child recognised the origin story and she utilised this chance to encourage the child to talk.

At the end of the storytelling, the student said: 'Teacher, I might have heard of a similar story.' I knew she might recognise the origin story, and I was glad that she showed interests to say something. I said: 'Very well, then, how about you tell me what will happen next? Let's finish the story together.' (Participant 3)

4.2.2.6 Discussing the Difficulties Encountered When Using Therapeutic Stories

The theme 'Lacking of resources of therapeutic stories' was frequently mentioned by the participants. Participant 1 said it was difficult to find relevant resources, and she was interested in the situation in western countries.

I have tried to find some references to support the using of therapeutic story, however there are very limited references that can be found. I am wondering, maybe there are more resources in other languages? You can tell me more about the situation in western countries. (Participant 1)

Participant 3 said she was not very satisfied with the stories provided because they did not match the needs of the students she worked with. Hence, she contacted me and we collaboratively developed another story for her to use. Participant 10 claimed that she was 'results-oriented and prefer to follow evidence based practice, yet relevant resources available was very limited, and evidence-based guidelines have not been established'. This is the principal reason why she did not use therapeutic storytelling in her practice. It can be seen that psychological counsellors would be more inclined to incorporate storytelling as a therapeutic technique if a comprehensive training is provided and there are sufficient available resources to support them, such as a wide range of therapeutic stories to choose from.

As aforementioned, although most participants appreciated the value of therapeutic storytelling, they were not sure about the effectiveness of this technique, especially when using it as the main approach. It seemed that the participants preferred to use therapeutic story for less severe mental health problems. As a matter of fact, psychological counsellors in China were recommended to only work with less severe mental health problems. Participant 3 mentioned this point:

I think this tool is more suitable for short-term psychological counselling, at least for us. Actually, children with serious problems will be referred to somewhere else anyway. (Participant 3)

Many participants mentioned that a detailed guidance of choosing and using therapeutic story would be every useful. For example, Participant 3 wondered whether there was a

'standardised procedure for using therapeutic story.' Their expectation may be based on their own training experiences.

With your online presentation, I'm still not sure how to apply those theories in practice with your story examples. I think I need some detailed guidance to follow. (Participant 8)

It seems that many existing stories can be adapted and used as therapeutic stories theoretically. But I'm still not sure that the stories are suitable for the children I work with. There are too many aspects that need to be taken into consideration. (Participant 11)

The difficulties encountered during the therapeutic storytelling process were discussed by the participants. For example, Participant 7 expressed a degree of uncertainty about how to determine the suitability of a therapeutic story.

Are there any criteria and procedure? During the counselling, it took me some time to think through the suitability of the story. Well, I was not entirely sure when I decided to use it, but the outcomes seemed good. (Participant 7)

Participant 1 said she was not sure about how to start storytelling and worried about the counselling could be negatively affected by adopting this technique with which she was not familiar.

I was not familiar with using storytelling therapeutically, so I felt a little anxious when trying to start the storytelling. Is the content of the story okay? How about my storytelling skills? Maybe I was thinking too much, but I did worry about the possibilities that the storytelling did not go smoothly and influence the counselling. (Participant 1)

Participant 2 stated that observing the child while telling the story was quite challenging as *'it requires the ability to effectively multitask.'* When the child switched to another topic in the discussion of the story, Participant 5 also felt *'overwhelmed'* for a moment. Participant 5 found that the student was reluctant to talk again when linking the story to his own situation. She said she was not sure about how to *'help the student to re-engage when the student was losing interest in the process.'* Participant 4 felt difficult to draw the girl's attention when trying to discuss the story after telling it.

The girl stayed focused when listening to the story, and followed the exercises as I asked. Nevertheless, she still did not respond very actively when I asked some questions about the story. I would like to know are there any strategies to engage them in the discussion? (Participant 4)

Participant 8 pointed out that although a therapeutic story can be designed to target a mental health problem, it is ‘difficult to guarantee that the child would resonate with a specific therapeutic story.’ Participant 11 considered the possibility of guiding the student to read the story when the student does not enjoy the psychological counsellor’s storytelling style.

The story is there, and telling it is not the only way to use it. What if the child does not like the counsellor’s storytelling style? Maybe we can guide the child to read the story. (Participant 11)

Many participants mentioned that they lacked of experience of working with therapeutic storytelling. Consequently, they were not very confident in using this therapeutic technique. For example:

I was not familiar with using storytelling therapeutically, so I felt a little anxious when trying to start the storytelling. Is the content of the story okay? How about my storytelling skills? (Participant 1)

When carrying out counselling, I never used storytelling as an official therapeutic tool before. Maybe it is due to my lack of experience as a psychological counsellor. (Participant 2)

Anyway, for now, I would not use it as the only tool as my knowledge of therapeutic storytelling is deficient. (Participant 4)

The first feeling was...a little nervous. That was because I was not familiar with therapeutic story and unconfident about using it. Consequently, I was very cautious when choosing the case to deliver the story to. (Participant 7)

Participant 10 thought about the possibility that the storytelling process may ‘impair the counsellor’s self-confidence if it does not evoke strong reactions from the child.’ She was aware of potential counter transference reactions as this activity reminded her of her own

experience of telling stories to her son. Participant 10 also believed that therapeutic storytelling could be very useful in group counselling.

I suppose storytelling could be used in group counselling. It is a good activity to stimulate discussion in the group. However, I suppose it is not easy to operate, to establish a therapeutic storytelling group. (Participant 10)

The participants provided many suggestions in order to overcome the difficulties. For example, some participants suggested possible solutions for the problem of lack of resources. Participant 1 suggested sharing the counselling cases conducted by the participants in this study online.

Resources are gradually accumulated over time. I think we can start doing this by sharing our cases and stories through our social media networks. (Participant 1)

Participant 9 said it would be very helpful for psychological counsellors who would like to learn and practice to use therapeutic stories if ‘*relevant materials in English can be translated and shared.*’ Participant 2, 3, 5, and 10 all discussed what kind of resources should be developed for Chinese primary school psychological counsellors to support their therapeutic use of stories and storytelling.

I truly wish to see some therapeutic story collection books created by Chinese authors. (Participant 2)

I do not think that only psychological counsellors can use therapeutic stories. It would be helpful to develop self-help therapeutic story books for children and parents. (Participant 3)

If there are some therapeutic story collection books targeting children, I would be more than happy to recommend them to the students. (Participant 5)

Maybe we can develop a therapeutic story toolkit which allows psychological counsellor to choose characters and plots. With the toolkit, writing or adapting therapeutic stories would be more easy and convenient. Along with the tool kit, we can also design a scale to determine children’s ability of understanding stories. (Participant 10)

4.2.3. Promoting Psychological Counsellors' Professional Development

4.2.3.1 Following the Recommendations Provided in the Training Program of Psychological Counsellor

Most participants claimed that the psychological counsellor training course provided many practical and useful guidelines, although some of them did adopt techniques beyond the textbooks. Participant 2 stated that he was inclined to work in strict accordance with the textbooks, and Participant 5 and 6 both mentioned the 'recommended' approaches or procedures.

My main job is to teach math, so at this stage I haven't got many experience of working as a psychological counsellor. Basically, I just follow the procedures in the textbooks... (Participant 2)

This approach was highlighted and highly recommended in the training, and that's why I choose to use it. (Participant 5)

I totally agree that we should follow the recommended procedures of doing a psychological counselling. (Participant 6)

In the training, our teacher stressed that psychological counselling is a process of helping others to help themselves. (Participant 11)

Some participants spoke about the limitations of the training course in which adults were regarded as hypothetical clients mostly. Participant 6 specifically referred to this issue when we were discussing the decision making process of choosing appropriate therapeutic approaches:

...but there is one problem—the training course is not specifically designed for counsellors who work in primary schools. Therefore, I suppose we should pay more attention to the applicable part, and study further. (Participant 6)

As a matter of fact, there was a consensus amongst the participants that only holding a certificate does not necessarily means that a psychological counsellor is competent for the job. Hence, it is imperative for psychological counsellors to continuously develop their theoretical knowledge and practical experience.

In the field, we all know that the national certification training is just a starting point of our career. It allows us to work as a psychological counsellor, but it does not really mean the ability to do a good job. (Participant 4)

I worked in the field of psychological counselling long before the national examination of psychological counsellors was established. I think the national examination is a good thing, but it is still in the process of development. It is definitely better than nothing at all, but I doubt the current form of examination can properly examine the knowledge and ability of psychological counsellors. It seems like a temporary expedient made to help alleviate the shortage of psychological professionals. Maybe that is why the highest level of certification is still not available. (Participants 9)

I have a bachelor degree in applied psychology, and I took the examination as soon as it launched in order to enhance my CV. Some of my classmates in university work as psychological counsellors for years, but they do not take the examination. However, some of them have been invited to deliver training sessions for the training school because they are experienced practitioners. Apparently, in spite of the efforts made by the government and professional bodies in the field, a unified and widely accepted accreditation system for psychological counsellors has not been established. (Participants 10)

4.2.3.2 Reflecting on One's Educational and Professional Background

How the participants understood and used therapeutic story was influenced by their educational and professional training background. In the current study, I focus on psychological counsellors who work with primary school students, so it could be anticipated that many participants have a background in education. However, the participants' majors are still diverse in the field of education, including primary education (Participant 2, 12), music education (Participant 5), ideological and political education (Participant 4), and English education (Participant 11). Participants 1, 3 and 10 hold a degree in psychology, while Participants 5, 6 and 7's first degrees are not related to their jobs. Participant 8 is the only one who has a medical science background among my participants. Originally, I did not plan to explore my participants' educational backgrounds, until the interview with Participant 5 excited my interests. She had a degree in music education, therefore she tended to associate therapeutic story with art and music

therapy, and suggested using background music during storytelling. It can be seen that some participants' understanding of therapeutic story and how they chose to use this technique were influenced by their educational background.

The major of my first degree was music, so I am particularly interested in art and music related therapeutic techniques. Do you think using background music along with storytelling is a good idea? (Participant 5)

I was working in the field of business, and switched my job into psychological counselling after conducting the training and passing the examination. Why? Purely because of personal interests. So speaking of storytelling, the first thing pops out in my mind is actually successful business stories. (Participant 8)

I have a psychology degree, and devoted myself to this job before the national certification system was launched. Back then, there were much fewer people working in this field...I don't remember the term 'therapeutic story' was used in any training, but this notion reminds me a lot of therapeutic approaches... (Participant 10)

There were a variety of responses concerning one's prior experience of listening or telling stories in the interviews. The experiences that the participants mentioned could be roughly divided into two types: general life experience and professional experience. Their professional experience will be analysed first in the following section.

Many participants discussed their experience of using stories in teaching. For example, Participant 6 mentioned her experience of attending storytelling workshops held by an educational institution. It can be seen that some participants intended to make a link between conventional education storytelling and therapeutic storytelling. Moreover, there was a general consensus among the participants that prior experience of storytelling was beneficial to using stories therapeutically.

Therapeutic storytelling is about conveying therapeutic messages through storytelling. This reminds me of story-based teaching approaches. (Participant 3)

Personally, I love many kinds of stories and used a wide range of stories to teach when I worked as an ideology and morality teacher. The Pilgrimage to the West, Grimm's fairy tales, no matter where the stories came from, I used them as long as they matched the topic. Sometimes one story could be used for multiple purposes, and every storytelling experience is unique. (Participant 4)

Storytelling requires a set of skills and techniques that can be developed through practice and experience, either in professional settings and personal settings. A good storyteller is able to use the skills and techniques to tell stories to different audience in different situations. (Participant 12)

Some participants(4, 6, 9, 12) claimed that 'stories' in a broad sense had been used in their professional practice, including life stories, metaphors, children's literature, classical fairy tales ,etc. However, none of the participants elaborated what theoretical framework guided how the stories were used. Participant 6 said she had some experience of using picture books and psychological self-help books.

Occasionally I use some picture books, or psychological self-help books as materials for our mental health education class. However, this kind of books are not easy to find. (Participant 6)

Other participants stated that they had no experience of telling stories therapeutically. A few participants also shared their feelings when trying to use an unfamiliar therapeutic technique.

When carrying out counselling, I never used storytelling as an official therapeutic tool before. Maybe it is due to my lack of experience as a psychological counsellor. (Participant 2)

The first feeling was...a little nervous. That was because I was not familiar with therapeutic story and unconfident about using it. Consequently, I was very cautious when choosing the case to deliver the story. (Participant 7)

When talking about general life experiences of storytelling, a number of participants (Participant 1, 2, 10) said they have extensive experiences of telling stories.

I love stories, who doesn't? Believe it or not, I made up and told stories to my classmates since I was in kindergarten. (Participant 1)

I am a big fan of games and movies, so I am totally into different forms of storytelling. I understand the power of storytelling, so I tell a lot of stories in many different situations. (Participant 2)

Storytelling is a regular activity between my son and me. I remember that my mother used to tell me a lot of stories when I was a child. I remember those feelings. Storytelling is a valuable activity between parents and children. (Participant 10)

4.2.3.3 Expressing one's Understanding of Learning and Using a New Therapeutic Technique

There were varied opinions on how a psychological counsellor should learn and use a new therapeutic technique. Many participants drew upon their experience of attending training workshops on different therapeutic approaches organised by the training school or other professional institutes when discussing the proper way of learning new therapeutic techniques. For example, Participant 3 and 10 both highlighted the importance of attending training courses and workshops.

I would definitely attend a workshop on this topic, if there is one held locally. I'm particularly interested in how to compose therapeutic stories. (Participant 3)

I think it is necessary to conduct some comprehensive training before using it because our work is highly professional... Usually I would not use a therapeutic tool unless I know exactly what I should do. If I cannot handle it very well, then the case could be negatively influenced, as well as my self-confidence. (Participant 10)

All the participants referenced my online presentation when expressing their understanding of therapeutic story. There was a sense amongst the participants that they regarded participating in this study as a continuing professional development (CPD) activity. For example, Participant 12 said that *'the opportunity to practice a new therapeutic technique motivated me to participate in your study.'*

Some participants mentioned the difficulties of learning through CPD activities. For example, Participant 12 mentioned that she did not have much information about available CPD activities.

The local Bureau of Education holds regular meetings of psychological teachers from different schools in the region, usually once a semester. Usually one of the teachers would give a presentation and we would share some psychological counselling cases. Apart from this, I can't think of many activities that I can attend. (Participant 12)

Participant 5 stated that her workload was very heavy, therefore she almost had no energy to attend any CPD activity unless it was very convenient.

Our school is a big one. We have about one thousand students and over fifty teachers, but I am the only full time psychological teacher. At times, I have a feeling of being overwhelmed. Therefore, apart from the really convenient ones, basically I do not have the energy to attend any training events during term time. (Participant 5)

Participant 4, who worked in a primary school for ten years, described the situation that the tuition fees of those training were quite expensive and mostly the psychological counsellors had to pay by themselves.

I remember that the first bunch of certificated psychological counsellors who work in schools were sponsored by the school to take the official training course. Basically, we were teachers of other subjects and worked as a psychological counsellor part-time. However, nowadays we have to pay by ourselves to attend any training courses. Our local Bureau of Education organises free seminars every couple months, but that is far from enough. (Participant 6)

Participant 8 believed that the learning processes of different therapeutic techniques were similar.

'By knowing one method you will know all.' How we choose to use or not to use a therapeutic approach is similar, no matter what we adopt eventually. (Participant 8)

Most of the participants expressed a willingness to further study this therapeutic technique. For instance, Participant 5 said she would like to ‘*read more stories in order to broaden the level of comprehension.*’ Some participants suggested that it was practical to learn from case studies, and a ‘step by step’ guidance would be very helpful, including how to create or adapt a therapeutic story.

I still feel unclear about how to use this tool step by step, well, it would be very helpful to study more cases. (Participant 2)

How to evaluate this approach? I would like to read more examples of how exactly the stories were used. (Participant 7)

I’m still not very sure how to use this tool...You gave me an introduction, but there is much more to consider when I try to use it in practice. (Participant 11)

Stories could be constructed following a model, and I would like to see what the model is like. However it is impossible to make how to use a story into a formula that we can apply mechanically. (Participant 6)

There seems a unanimity of opinion concerning the importance of support from other psychological counsellors. Participant 9 maintained that the ‘*support from a supervisor was essential when learning a new technique*’; Participant 10 also claimed that using stories therapeutically is ‘*a specialist area where supervised practical training is essential.*’ It can be seen that although supervised practice is not included in the national certification program, some psychological counsellors are aware of the importance of such training. That might be why that some supervision groups are informally established, like the one in which I recruited four participants during the theoretical sampling period. Participant 2 also mentioned that he sought advice from a more experienced psychological counsellor in the school.

There is a more experienced counsellor working in our school, so I asked her for some advice about in what kind of case I should try to use your stories. Well, although her advice was very brief, it was very helpful for me. (Participant 2)

Participant 6 mentioned that she discussed the case with colleagues and her supervisor in a case sharing meeting.

I met my supervisor a few days ago in a meeting, and I shared this case with her and other colleagues. Now I am discussing the case with you. I think all these discussion helps me better use this therapeutic tool in the future. (Participant 6)

Furthermore, the support from me was also experienced by some participants as helpful, especially when they encountered some kind of difficulties. For example, Participant 3 contacted me because she would like to use storytelling but all the stories provided were not very suitable for the case. We then developed another story together, and she said such specific support was very useful. Participant 2 said the regular contact maintained with me somewhat made him *'feel a little more confident'*, and Participant 6 stated that the discussion between us would help her to *'use therapeutic storytelling better in the future'*. Participant 10 also said:

I appreciate the opportunity to discuss this interesting therapeutic technique with you. It's like some kind of initial training. I will find a chance to use it at some point. (Participant 10)

The following paragraph is a short memo that is related to the participants' discussion of acquiring support:

In the interview, Participant 4 said she had a feeling of 'scarcity of time and energy' when we were discussing the possibility of adapting and writing stories by psychological counsellors themselves, and Participant 6 expressed something similar. Other participants also mentioned some difficulties they may encounter when choosing and using a therapeutic tool. The point drawing my attention is that although the notion of 'supervision' was mentioned by some participants, there was not an official scheme/program for 'psychology teachers' in primary schools to follow when they need professional support. The supervision group from which I recruited participants in the theoretical sampling process was just informally formed following a workshop organised by the local psychological association. (Memo)

Various resources were referenced by the participants when discussing how they explored therapeutic storytelling. Participant 4 mentioned that he had read a book introducing how to use stories therapeutically.

I read a book called 'Story Knows What to Do' a while ago, which introduces an approach of how to use therapeutic story...I do not have enough resources to reference, so it is difficult to ensure that a story is suitable for the case. Would adapting influence the quality of the story? Anyway, for now, I would not use it as the only tool as my knowledge of therapeutic story is deficient. (Participant 4)

Participant 7 said she once read an article on a Chinese question-and-answer website regarding the neuroscience of storytelling, which was also translated and adapted based on a few English articles (Widrich, 2012; Gottschall, 2012; Evans, 2007); Participant 12 said she asked a friend to search the key word 'therapeutic story' in the Chinese National Knowledge Infrastructure (CNKI) and found some case reports, but very few of those were about primary school students. Overall, as discussed earlier in this chapter, for Chinese primary school psychological counsellors, relevant resources on therapeutic storytelling and specialised therapeutic stories were difficult to find.

4.3 Summary

This chapter has presented the key findings emerged from the analysis of the data achieved from the interviews. Overall, three core categories were constructed: 'Facilitating therapeutic relationship', 'Integrating therapeutic storytelling into existing therapeutic approaches and procedures' and 'Promoting psychological counsellors' professional development'. The core category 'Facilitating therapeutic relationship' was revealed based on the participants' experience of communicating with children through storytelling and their descriptions of how therapeutic storytelling helps to establish an effective therapeutic alliance with children in school settings. The core category 'Integrating therapeutic storytelling into existing therapeutic approaches and procedures' emerged from the analysis of the participants' reports about how storytelling was used as a therapeutic technique and how they reflected on and evaluated the process. The core category 'Promoting psychological counsellors' professional development' emerged through participants' discussion with regard to how their educational and professional backgrounds influenced their understanding and application of therapeutic storytelling.

Chapter 5 Discussion

5.1 Introduction

At the beginning of this section, the research aim and research questions are stated again in order to give context to the discussion. The aim of the current study is to explore Chinese primary school psychological counsellors' understanding and experience of the therapeutic use of stories and storytelling. The research questions are:

1. What are Chinese primary school psychological counsellor' viewpoints on the therapeutic use of stories and storytelling?
2. What are the implications of these viewpoints for the future practice of Chinese primary school psychological counsellors?
3. What possibly useful guidelines for the use of therapeutic stories in Chinese schools can be developed based on the experiences and views of the primary school psychological counsellors in this study?

Overall, data analysis using constructivist grounded theory methodology has revealed how Chinese psychological counsellors comprehended therapeutic storytelling. Eight of the twelve participants used the stories in psychological counselling, therefore the analysis of the interviews with them also reflected how this tool was applied when working therapeutically with primary school children. The methods employed in a constructivist grounded theory framework include: initial coding, focused coding, constant comparison, memoing, theoretical sampling, and theoretical coding. Three core categories congruent to the research questions emerged: 1. Facilitating therapeutic relationship; 2. Promoting psychological counsellors' professional development; 3. Integrating therapeutic story into existing therapeutic approaches and procedures. The research design furnished opportunities to immerse myself in the data in order to '*open up a more complex, in- depth, but still thoroughly partial, understanding of the issue*' (Tracy, 2010, p.844). Hence, my understanding of the issues with regard to therapeutic storytelling that I was either unaware or only tacitly aware of was enlarged and deepened, and the exploration of academic literature on psychological counselling with children and young people was guided by these illuminations. I will now discuss these understandings with reference to the findings presented in the last chapter and relevant literature. Some

comments made by the participants and research memos will be included as well in order to provide more detailed information, thus presenting a '*thick description*' (Ponterotto, 2006).

5.2. Facilitating Therapeutic Relationship

5.2.1 How Storytelling Facilitates Therapeutic Relationship

The establishment of a productive and collaborative therapeutic relationship was given great importance by the participants, and it was widely acknowledged by them that using therapeutic story was helpful in terms of engaging children in psychological counselling. Greenson(1967) proposed a theoretical model to analyse therapeutic relationship, in which three key elements were indicated: the real relationship, the working alliance, and the transference/countertransference relationship. Greenson's work on therapeutic relationship has been widely referenced by researchers in the field, and his model is considered as a theoretical source for most other analytic models. (Ardito & Rabellino, 2011; Gabbard, 2009; Duquette, 2011; Horvath & Luborsky, 1993; Hill & Knox, 2009; Marziali & Alexander, 1991; Gelso & Carter, 1994). In the interviews, many participants explicitly or implicitly referred to the key elements in Greenson's model, this framework therefore is adopted to discuss how therapeutic storytelling was used to facilitate the therapeutic relationships between the participants and the children with whom they worked.

5.2.1.1 The Working Alliance

The working alliance reflects the subjective determination of children and psychological counsellors to work collaboratively to address the mental health issues (Dunkle & Friedlander, 1996). Achieving an effective working alliance is deemed as essential to a successful psychological counselling, and its significance in short term psychological counselling has been emphasised by researchers (Clarkson, 2003; Wills, 2008). In Chinese primary school settings, psychological counsellors mainly perform short term counselling, so they have particular concerns on establishing a successful working alliance. By describing how storytelling helped the children to cooperate more efficiently

and effectively, some participants (Participant 2, 6) explicitly confirmed that this activity generally contributed to the development of an effective working alliance.

It seems inevitable for psychological counsellors working in Chinese primary schools, also known as 'psychological teachers', to work with children who did not seek professional psychological help actively. According to the interviews, the majority of the children whom the participants (Participants 2, 3, 4, 5, 6, 7, 9) worked with showed signs of resistance. Participant 3 mentioned that although 'no asking, no helping' was introduced in the training course as a general working principle for psychological counsellors, it did not apply for psychological teachers working in education settings. In other words, it is psychological teachers' responsibility to offer professional help actively when identifying potential mental health problems in children, even though the children do not seek help on their own initiative. This might be because children's ability to seek professional mental health help is limited by their awareness of their own problems and the help available. According to Wang and Cui (2006), teachers and parents are encouraged to be involved in the 'identifying process', so it is quite common that they 'send' a student to see a psychological counsellor, and maybe accompany them in the first session (Participant 3, 5). Although psychological counsellors' motivation and dedication to make the counselling successful can be ensured by their professional integrity and standards, it is very difficult to ascertain children's determination with regard to cooperating with psychological counsellors to address their mental health problems. In the interviews, some participants (Participant 3, 5, 7, 9) reported that they intended to use therapeutic storytelling to connect with children who showed reluctance or refusal to cooperate. This might be because they were aware that therapeutic storytelling is a creative and appealing activity that could arouse children's spontaneous interest and curiosity, thus helping them to engage in psychological counselling. Children at different developmental stages might be reluctant to talk to psychological counsellors for different reasons, and storytelling can serve as a non-threatening therapeutic technique to promote positive changes in a wide range of situations. For example, storytelling was used by Participant 4 to help a young child with limited language capacity, and adopted by Participant 3 when working with a preadolescent child who was worried about being criticised and punished and in need of caring and attention.

Participant 7 raised the issue of the perceived identity of primary school psychological counsellors, and I wrote a short memo to reflect on this point:

If a professional is recruited on a full-time basis (such as Participants 1, 2, 3, 4, 5, 8, 12), the title for the job actually is called 'psychological teacher', and thereby being distinguished from general psychological counsellors. Another reason that they are called 'psychological teacher' is that teaching mental health education class is also their responsibility, in addition to one-to-one counselling. Participant 12 used one story in her teaching, and mentioned that the local Education Department organised teaching competition among psychological teachers annually. Meanwhile, it is also very common for some full time primary school teachers to work part time as psychological counsellors, which means they need to change identities when conducting different pieces of work—but how do the students perceive their compound identities? (Memo)

For psychological counsellors, sometimes it is unavoidable to bring up some sensitive topics that children might tend not to discuss with a 'teacher' for various reasons. In order to establish a good working alliance, it seems necessary for children to realise that they are talking to professional psychological counsellors dedicating themselves to help, and sufficient confidentiality is ensured. Storytelling provides psychological counsellors with opportunities to demonstrate that they are someone non-judgemental and trustworthy, to whom children can feel safe to talk (Participant 3, 5). It can be seen that storytelling is a technique which enables psychological counsellors to adjust to children's wavelength of communication, thus helping them to distinguish psychological counsellors from other teachers. However, since 'seeking mental health help' is a stigma that has not been eradicated in China (Qin, Gao & Sun, 2015), children's resistance might be reduced if at the beginning of counselling psychological counsellors present themselves as teachers who genuinely care about them and would like to help.

5.2.1.2 The Transference/Countertransference Configuration

Freud is the first psychologist who devotes attention to the notion therapeutic relationship. Based on his professional experience and observations, Freud (1913) developed the concept transference to describe the phenomenon in which patients transfer their emotions for other people onto their psychological counsellors. Countertransference, on

the other hand, refers to the phenomenon that psychological counsellors redirect their feelings onto their clients (Lemma, 2003). The transference/countertransference configuration can play either a positive, neutral or negative role in psychological counselling. Some researchers maintain that successful psychological counselling relies on the unconscious transference/countertransference relationship to a large extent (Jacobs, 2010; Sandler & Sandler, 1997). According to the interviews, storytelling was helpful in terms of shaping children's transference experience, and provided psychological counsellors with invaluable insights into children's feelings and life situations. For example, Participant 9 who worked with a left-behind child reported that sometimes the child talked to him as if he was 'an elder family member', because one to one storytelling was an activity that the child would expect in his family life. It was evident that the emotional proximity was increased through storytelling, so was the psychological counsellor's understanding of the child's experience. Some studies on attachment theory also support that transference/countertransference relationship could benefit psychological counselling by providing children with insecure attachment issues with a protective space whereby psychological counsellors and children can explore the mental health issues together (Schoore, 2013). However, there are varied opinions as to whether the transference/countertransference configuration is helpful in psychological counselling. For example, Dreikurs (1967, p. 65) claimed that:

The proper therapeutic relationship as we understand it does not require transference but a relationship of mutual trust and respect... When the goals and interests of the patient and therapist clash, no satisfactory relationship can be established. . . What appears as resistance constitutes a discrepancy between the goals of the therapist and those of the patient.

From a classical Adlerian perspective, countertransference is regarded as an obstacle in counselling, and its occurrence is a sign that further training with a senior analyst is needed for the psychological counsellor (Dreikurs, 1967). Participant 10 said in the interview that as a mother, she was concerned that storytelling can induce countertransference which might influence the counselling negatively. This was one of the reasons that she did not use the stories in her practice.

5.2.1.3 *The Real Relationship*

The personal relationship, or the real relationship, is ‘the realistic and genuine relationship’ between psychological counsellors and children (Greenson, 1967). As reported by the psychological counsellors interviewed, storytelling has an immanent quality to establish personal relationship (the real relationship) with children and alleviate their anxiety of attending psychological counselling, regardless the content of the story. For example, Participant 2 and Participant 9 both depicted how storytelling helped to foster a conducive atmosphere in psychological counselling, and many participants (Participant 1, 2, 3, 6, 7, 12) reported that the children they worked with experienced the storytelling as enjoyable. The personal rapport can be enhanced with this activity by making children realise that psychological counsellors and characters in stories have much in common with themselves, thus increasing their willingness to communicate proactively (Cochran, Nordling & Cochran, 2010).

The real relationship is often associated with the child-centred psychotherapeutic approach. Therapeutic relationship is conceptualised by Carl Rogers (1966), the founder of client-centred approach, as an ‘*intimate, close, mutual and subjective relationship*’ (p.198). McLaughlin and Holliday (2013, p102) stated:

The therapist's theoretical orientation plays a significant part to how they contribute to the real relationship and humanistic therapists will tend to emphasise this strand of the therapeutic relationship. As the name implies, this aspect is about being human and being real: it involves an emotional contact and empathy on the part of the therapist that is free from the distortions of transference and other internal processes, and when working with children this aspect comes very much to the fore.

The essential factors of this kind of relationship are reflected in Rogerian core conditions for psychological counselling: empathy, congruence and unconditional positive regard. These core conditions were widely acknowledged by Chinese psychological counsellors because they were introduced as ‘general requirements’ of delivering psychological counselling in the training course. A core belief conveyed by the training program was quoted by Participant 10, which is ‘*the job of a psychological counsellor is to help the client to help himself/herself*’. This belief resonates with the concept ‘self-actualisation’ in humanistic psychology, which is defined by Assagioli (1961, p2) as:

The meaning most frequently given to self-realization is that of psychological growth and maturation, of the awakening and manifestation of latent potentialities of the human being—for instance, ethical, esthetic and religious experiences and activities.

Storytelling, as a non-threatening activity, empowered the children in the cases by allowing them to explore their own problems with some help from psychological counsellors. Through the interactions in storytelling, potentially children will begin the exploration of their mental and emotional states spontaneously. Many participants described their cases to expound their views on psychological counsellors' involvement in the process of storytelling, and it can be seen that the core conditions were demonstrated although these concepts might not be mentioned explicitly in some interviews. Participant 3 claimed that she consciously incorporated Rogerian core conditions in the process of storytelling to make the child feel accepted and to alleviate her feeling of isolation. Some participants (Participant 3, 5) emphasised normalising and accepting the feelings and behaviours of the characters, which could be regarded as their endeavour to demonstrate unconditional positive regard indirectly. According to Mills and Crowley (2014), telling stories therapeutically entails a great deal of patience to listen to children empathetically. The topic 'being sensitive to children's responses during storytelling' is reiterated by many participants (Participant 1, 2, 3, 5, 6, 7). It was evident that they strove to put themselves in the children's shoes during storytelling in order to facilitate empathetic understanding. As for congruence, some participants (Participants 5, 6, 7, 12) found that it was beneficial to show real feelings during storytelling because the genuineness showed by storytellers made the stories more appealing. Storyteller might have a specific way of talking which sets a comfortable tone for communication. Participant 9 recognised the importance of his presence as a storyteller rather than a psychological counsellor.

The emotional connection in the real relationship between psychological counsellors and children is highlighted in the humanistic psychotherapeutic approach (McLaughlin and Holliday, 2013). Storytelling is especially useful when the psychological counsellor intends to attune to the emotional state of the child because the storyline and the situation of the characters might evoke similar emotional responses in both the psychological counsellor and the child. This function of storytelling was proved in a cognitive neuroscience study conducted by Hasson (2012), and a term 'brain to brain coupling' was coined to conceptualise it.

Previous studies showed that, during free viewing of a movie or listening to a story, shared external input can induce similar brain responses across different individuals. Verbal communication enables us to directly convey information across brains, even when the information is unrelated to the current external environment. Thus, whereas stimulus-to-brain coupling is mostly locked to momentary states of affairs in the environment, brain-to-brain coupling can provide a mechanism for transmitting information regarding temporally and spatially remote events. This mechanism works by directly inducing similar brain patterns in another listening individual in the absence of any stimulation other than speech. Such freedom from the immediate physical environment is one of the prime benefits of the human communication system. (Hasson, 2012 et al., p5)

It was noted by the Participants (3, 6, 9) that storytelling nurtured a positive counselling atmosphere that provided a sense of security to help them express their own feelings. Psychological counsellor's emotions and attitudes towards the main character in the story who was in a similar situation with the child can be verbally and/or non-verbally conveyed through storytelling, and the child can receive these messages vicariously. In this situation, storytelling worked as a medium for emotional communication between the counsellor and the child. For example, Participant 7 normalised the boy's feelings towards examination by telling a story to avoid the possibility of causing his anxiety by talking about the issue directly. It was indicated by some participants (Participant 3, 4, 7, 9) that the children they worked with were sensitive to the emotions and attitudes from others. Therefore, implementing storytelling is a more non-threatening manner to express these messages and build trust with the child. Meanwhile, children might feel safer to express their genuine feelings through storytelling because it seems that everything said is about the characters in the story, rather than focused on themselves. It is noted that this medium is especially useful for children with attachment issues and low self-esteem. (Burrows, 2008, 2011; Perrow, 2008; Campbell, 2007).

Mutchnick and Handler (2002) described therapeutic stories which are employed with children and adolescents from a humanistic perspective and suggested that stories have effects on improving their positive emotions. Burns (2007) argued that psychological counsellors should devote attention to their own emotions when telling a therapeutic story. Since the emotions of the psychological counsellor and the child interact and

reciprocally influence each other in the counselling, it is argued that the stable and positive emotional state presented by the counsellor can help the child to regain emotional balance (Kohler, 2003; Allione, 2008). The sentiment expressed by psychological counsellors during storytelling could help children to be more empathetic with the characters and the storyline. A few participants observed that children's perception of psychological counsellors' emotions and attitudes would influence their engagement into the counselling process. For example, Participant 6 reported that being more enthusiastic and active when implementing storytelling increased children's interests in discussing the story. A possible reason is that the psychological counsellor's commitment can be felt by the child in storytelling, so the child would be more likely to engage. However, sometimes working with children therapeutically prompts negative emotions, especially when the process is not smooth. In these circumstances, storytelling would demonstrate calming effect upon both psychological counsellors and children. For example, Participant 7 discussed her own negative feelings when working with an 11 years old boy with acts of adolescent defiance. Participant 7 reported that the activity of storytelling helped in terms of calming the child down as well as regulating her own emotions evoked by the child's 'challenge', thereby cultivating an atmosphere of trust. The experience of Participant 7 illustrated that resolving tensions in a therapeutic relationship is conducive to the counselling process (Bordin, 1994). When therapeutic relationship rupture occurs, psychological counsellors can adopt various strategies, including storytelling, to repair it and achieve therapeutic effect. It also can be seen that compared to straightforward behaviour management strategies, storytelling is a more safe and useful technique to deal with children's aggressive behaviours (Sawyer and Wills, 2011; Sherwood, 2008), because it will not intensify their feeling of anxiety and powerlessness (Burrows, 2011). This might be the reason that it is a convention in many cultures to use storytelling helping children in this way.

In many traditional cultures throughout human history, wise elders have drawn naturally on metaphors and stories in their role as mentor and guides for the children in their tribes and communities. Using 'wisdom tales' to guide and invoke behaviour, they have tapped into children's imaginative reality and reached children in positive, affirming ways. (Perrow, 2008, p. xvi)

However, when using therapeutic storytelling to regulate emotions, the psychological counsellor's level of proficiency should be taken into account because many participants (Participant 1, 2, 3, 7, 12) reported that the unfamiliarity of this therapeutic technique

actually increased their anxiety. In these situations, psychological counsellors may consider to use other therapeutic techniques collaboratively with storytelling. For instance, Earley (2012) and Burrows (2013) both strongly endorse the combination of therapeutic storytelling and mindfulness practice to manage the negative emotions which could impede the process of delivering counselling.

Non-verbal communication has been attached great importance when performing Rogerian core conditions. It is believed that in a conversation, 93% of the information is communicated through non-verbal channels, such as body language, facial expressions, etc. (Argyle, 2013). Some subtle details, such as ‘greeting with a smile’, are valued by the clients and contributes to the establishment of a successful therapeutic alliance (Duff & Bedi, 2010). McKay, Davis and Fanning (1983) suggested that non-verbal communication is not entirely under our conscious control, therefore it is a more genuine reflection of our emotions and feelings than words. In the interviews, the importance of observing children’s body language and facial expressions when telling stories was repeatedly stressed by some participants (Participant 1, 6, 7). However, how the non-verbal messages from psychological counsellors impacted the psychological counselling process was not comprehensively discussed by the participants, although some of them randomly and briefly mentioned how they respond to children non-verbally. This is understandable because such communication was mostly out of the participants’ conscious awareness, and it might be more useful to interview the children they worked with to explore how the psychological counselling was influenced. With the commitment to be empathetic and genuine with the children, the psychological counsellors’ non-verbal communication might naturally have a positive effect upon the therapeutic relationship. For example, when Participant 6 strove to be ‘*enthusiastic and active*’ in storytelling, the endeavour was very likely to be reflected by her intonation, facial expression, and body language. Non-verbal communication does not rely on the ability of understanding sophisticated language, it is therefore especially appreciated by psychological counsellors working with children with limited verbal abilities (Burrows, 2011; Campbell, 2007).

Being flexible was described as an essential requirement by many participants (Participant 1, 2, 4, 6, 7) when delivering therapeutic stories to children in counselling. This viewpoint echoes the literature that maintains there is no fixed procedures of telling therapeutic stories because children should be given sufficient respect and regarded as collaborative partners in the process (Burns, 2012; Combs and Freedman, 1990).

According to Mills and Crowley (2014, p84), '*inherent in a genuine utilisation approach with children is the quality of flexibility*'. Dwivedi (2006) claimed that making the story somewhat co-created by the child and psychological counsellor generates enthusiasm for both parties involved in psychological counselling because the process can be very entertaining and interesting. Mills and Crowley (2014) also stated that the opportunity to show creativity in storytelling increases children's level of enthusiasm and their engagement in psychological counselling. This point is related to how the participants adapted the stories provided before delivering them, which will be discussed in more detail in a subsequent section.

Children's curiosity and creativity can be stimulated through combining storytelling with a wide range of other activities (Oaklander, 1988), such as drawing (Participant 9) and sand playing (Participant 6) used by the participants in the current study. Schoeman and van der Merwe (1996) emphasised the importance of using visual materials to attract and retain children's attention, especially for young children. Although other participants, such as Participant 1 and 10, also discussed the possibilities of blending storytelling with other activities, only Participant 6 and 9 attempted to do so. It is notable that there was a dispute over whether and how to use multimedia materials amongst the participants. Drawbacks of using multimedia materials were mentioned by some participants, such as constraining children's imagination (Participant 7) and distracting (Participant 5). Nowadays, children's habits of interacting with the world around them are influenced by electronic devices and mediated communication in a substantial way, which might weaken their sense of interpersonal connection. Therefore, traditional face to face storytelling was highly appreciated by the participants consulted in the current study. Part of the reason might be that telling a therapeutic story and discussing it with the child, no matter what kind of skills were implemented, is conducive to establishing a dialogic discourse in the counselling room. Moreover, some participants were concerned that children might be distracted by multimedia materials which were not specifically designed for therapeutic purposes. This point is related to the situation that the resources regarding therapeutic story available to the participants are very limited. As mentioned in the literature review chapter, there are some existing studies on multimedia therapeutic stories. For example, in a study carried out by Coyle, Doherty, Matthews, and Sharry (2007) in Ireland, multimedia stories were specifically developed to be used in psychotherapy as a tool to engage adolescents. However, the paper and relevant materials

cannot be easily accessed and used by Chinese primary school psychological counsellors. As a matter of fact, although a few therapeutic story collection books written by western authors has been translated and published in Chinese, there is no book as such developed by Chinese authors, not to mention multimedia materials. Some participants (Participant 1, 9) supported to share the stories and their cases online for other psychological counsellors and children to use. However, if the stories were read online through an electronic screen, then the experience differs significantly from reading a physical book because the presentation of most electronic reading materials makes it difficult to focus and ruminate on the contents (Birkerts, 1994).

Overall, it can be seen from the participants' reports regarding the children's feelings and responses to therapeutic storytelling that utilising this technique is instrumental in terms of establishing a therapeutic relationship. It was reported that some children showed their willingness to take part in psychological counselling after therapeutic storytelling, and this was an indicator that the therapeutic relationship had been facilitated (Sommers-Flannagan & Sommers-Flannagan, 1997). Words used by the participants to describe the children's feelings while listening to or discussing the stories include 'relaxed', 'comfortable', and 'less anxious/nervous', etc. This finding is in line with existing literature that suggests storytelling could contribute to creating an effective therapeutic alliance between children and psychological counsellors (Pernicano, 2015; Mills & Crowley, 2014; Long, 2013; Dwivedi, 2006).

Based on the aforementioned discussion on therapeutic relationship, a triadic relationship established amongst the three constituent parts (the counsellor, the story, and the child) of the therapeutic storytelling process is illustrated by the following figure. Therapeutic story functions as a useful tool to convey therapeutic messages, and the storytelling process enhances the communication between the child and the counsellor.

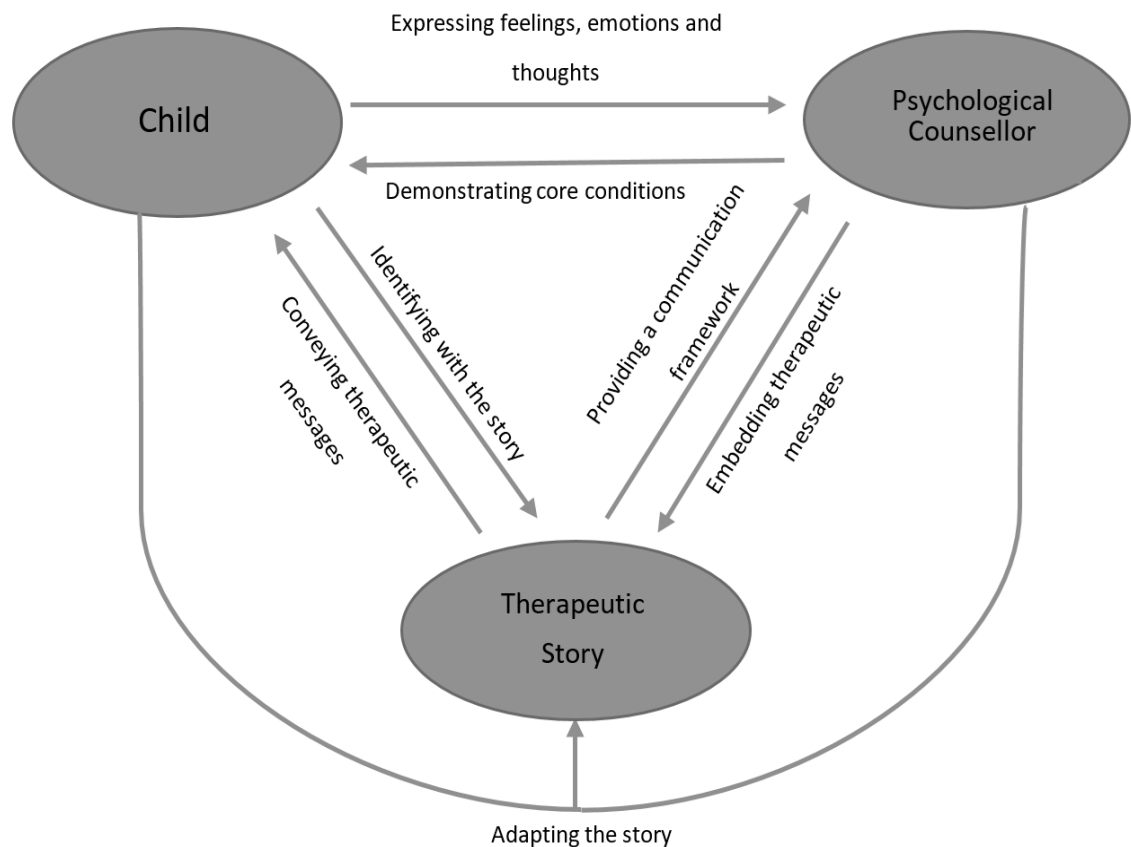


Figure 2. The Triadic Relationship in Therapeutic Storytelling

5.2.2 Realising Therapeutic Value by Facilitating Therapeutic Relationship

Gelso and Carter (1994) argued that the relationship between the psychological counsellor and the child, which is built upon their communication, plays a pivotal role in the process of producing therapeutic changes. According to the common factors theory (Lambert & Barley, 2001, p11), a successful therapeutic relationship is the ‘*main curative component in a psychological intervention.*’ It is noted that the effectiveness of therapeutic relationship is universal regardless of the psychotherapeutic approach adopted (Marziali, E., & Alexander, 1991). According to Rogers (1967), empathy, congruence and unconditional positive regard are the core conditions for a successful psychological counselling. A good therapeutic relationship enables psychological counsellors to engage with children more effectively, and provides opportunities to perform Rogerian core conditions (Orlinsky, Grave & Parks, 1994). A range of empirical studies have found that establishing and maintaining a therapeutic relationship is significantly associated

with a favourable therapeutic outcome, thus verifying the theories (Lambert & Ogles, 2004, Lambert & Barley, 2001; Cooper, 2008; Norcross, 2011). However, studies in this field are contested by some researchers because although the elements constituting a therapeutic relationship had been analysed (Norcross, 2011), *'the lack of a conceptual model knitting these elements into a cohesive framework, suggests that there is a need to make some clarifications and distinctions.'* (Horvath, 2005, p.5).

Through therapeutic storytelling a supportive and collaborative relationship between the counsellor and child would be established, which provides the child with an opportunity to elicit emotions, make sense of mental health problems and explore alternative coping strategies in a relieving manner (McLoughlin, 2010). In order to further explore how storytelling realises its therapeutic value by facilitating therapeutic relationship, the concepts of containment/holding, intersubjectivity, attunement and attachment will be drawn upon in the analysis.

5.1.2.1 Containment and Holding

Containment and holding are two notions used by psychoanalytic theorists to describe how a mother processes an infant's overwhelming feelings and emotions. Containment is a concept developed by Bion (1959; 1962; 1984) when describing the mother-infant relationship in which an infant's projection is received and modified by his/her mother and then returned to the infant in a 'contained' manner. It is believed that a containment relationship can also be created between a counsellor and a client in psychological counselling (Baker, 2000). As Douglas (2007, p.33) put it:

Containment is thought to occur when one person receives and understands the emotional communication of another without being overwhelmed by it, processes it and then communicates understanding and recognition back to the other person. This process can restore the capacity to think in the other person.

During the process, the client is assisted by the counsellor to handle the insufferable feelings and emotions and/or the intrusive thoughts and urges. In light of Bion's viewpoint, the containing function of a mother or a psychological counsellor enables the child or the client to internalise the experience of being contained (Bion, 1984).

Consequently, with the supports provided by the containment process, the child or the client will gradually develop the ability to recognise, scrutinise and self-regulate the feelings, emotions, thoughts and urges, and learn to contain those by him/herself.

When children have strong affects that threaten to overwhelm them, they externalize their distress. The parent takes in the projected feeling and self-object state, contains it, modulates it, gives it meaning, and returns the transformed affect in the form of holding, a meaningful comment, or some other communication. The child can now accept the metabolized affect and self-object state as his own. He eventually takes in the containing process itself along with the transformed projections, identifies with it, and learns to contain his own affects to a large degree (Hamilton, 1992, p. xiii).

Bion's concept of 'containment' is interchangeably used with Winnicott's (1965) concept of the 'holding environment' by some researchers. According to Winnicott (1965, 1971), holding environment is a good environment provided by 'ordinarily devoted' parents to their children. This concept is derived from his observation of how a mother physically and emotionally 'hold' her baby, protecting the baby from overwhelming experiences. Winnicott (1971) extrapolates that replicating such environment in a therapeutic setting could benefit clients by conveying a sense of availability, secure and soothing.

What is needed is a form of holding, such as a mother gives to her distressed child. There are various ways in which one adult can offer to another this holding (or containment). And it can be crucial for a patient to be thus held in order to recover, or to discover maybe for the first time, a capacity for managing life and life's difficulties without continued avoidance or suppression (Casement, 1985, p.133).

It is very common for Chinese primary school psychological counsellors to work with children who experience overwhelming emotions and feelings. When the disorganised emotions and feelings are too much for children to bear, they tend to express them directly or indirectly to seek assurance from others. Metaphorically, psychological counsellors became the 'containers' of the emotions and feelings expressed by children. Being involved in storytelling enables children to explore and process their problems in an

indirect way, avoiding the potential negative impact posed by exposing children to the topic they do not want to talk about (Dwivedi, 2006). According to the descriptions of the participants in this study, once children engaged in counselling and started talking to the psychological counsellor, it was common for them to show the demand of being 'contained'. In therapeutic storytelling, as both a psychological counsellor and a storyteller, the participants created an environment in which containment can occur. Children's were encouraged to express their emotions and feelings during storytelling, and such expression were given great importance by many participants (Participant 2, 4, 5).

It was evident that therapeutic storytelling provided the psychological counsellors with an opportunity to metaphorically 'hold' (Winnicott, 1965) the children with whom they worked, which made the children feel relaxed and secured. In a holding environment, children are more likely to develop trust with others and exploit their cognitive resources to focus on their mental health problems, instead of dealing with stressful feelings. Within containment or a holding environment created by storytelling, sometimes therapeutic progress would be made without being realised by children, and even psychological counsellors (Dwivedi, 2006).

5.1.2.2 Intersubjectivity

Based on a review of how intersubjectivity was historically used in different subjects, Gillespie and Cornish (2010, p.19) provided an inclusive definition of this concept:

We conceptualise intersubjectivity as the variety of relations between perspectives.' Those perspectives can belong to individuals, groups, or traditions and discourses, and they can manifest as both implicit (or taken for granted) and explicit (or reflected upon).

This concept could be used to understand the presence of psychological counsellors when telling stories therapeutically. In psychological counselling, achieving intersubjectivity is not a process of assessing the child, but a reciprocal process whereby the counsellor and child exert mutual influence upon each other (Trevarthen & Aitken, 2001; Stolorow, Brandchaft & Atwood, 2014). From a psychoanalytical perspective, intersubjective space in which personal experience is co-created is a crucial aspect in establishing therapeutic

alliance (Stolorow et al., 2002; Blackstone, 2006). Stern et al (1998, p300) advocated this point of view, and further suggested that:

Of particular importance is the 'moment of meeting' in which the participants interact in a way that creates a new implicit, intersubjective understanding of their relationship and permits a new "way-of-being-with-the-other.'

Stern (2004) emphasised people's demands of intersubjectivity, and pointed out that these 'moment of meeting' will produce therapeutic changes in a more fundamental manner than explicit interpretations.

If an intersubjective meeting occurs (in a 'moment of meeting') this will immediately, or long term, result in a psychological change of their implicit 'knowing' about how life can be lived... He (Stern)believes, that not only in the therapeutic meeting, but also to oneself, it is important and more fruitful for the therapeutic process if the therapist and the patient more inhabit the phenomenal rather than the narrative domain.(Ramberg, 2006, p2)

In the current study, it can be seen from the participants' reports that in some cases a congenial and supportive atmosphere was created through the storytelling. Although the concept intersubjectivity was not explicitly mentioned in the interviews, some participants described the intersubjective encounter between themselves and the children. Within an intersubjective relational space, the 'moments of meeting' are more likely to occur. These experiences are also helpful in terms of improving children's ability of self-reflection.

Rowan and Jacobs (2002) asserted that resonance will be generated within intersubjectivity since it is a process of sharing subjective states. 'Resonance' is a notion frequently mentioned by Participant 9 when talking about how therapeutic stories can be used to attract children's attention and motivate them to listen to what psychological counsellors intend to say. Resonance occurs not only between the characters in the story and the child, but also between the psychological counsellor and the child when they are emotionally attuned and have sharing intentions to produce therapeutic changes.

Intersubjectivity is also attached great importance in the child-centred therapeutic approach. A therapeutic relationship involves both the psychological counsellor and the child; therefore, the counsellor should pay attention to the subjectivities of both his/herself and the child. Rogers (1957) contended that psychological counsellors should regard the child they work with as a unique individual instead of a 'sick' or 'problematic' child. It is believed that children's self-concept would develop in the process of finding themselves as a thinking and feeling person in the counsellor's mind (Wallin, 2007), and such interaction and expectation contribute to achieving self-actualisation. Participant 5 corroborated this point by stating that the therapeutic value of the stories were not only embedded in the story content, but also realised through '*how the story was told by the counsellor*'. Participant 7 paid attention to her subjectivity by reflecting on how to develop storytelling skills that were suitable for both herself and the child in her case. As counsellors and storytellers, the participants' 'way of being' was crucial as to creating intersubjective experiences between themselves and the children with whom they worked. It can be seen that when telling stories, the participants naturally talked to the children as themselves rather than an 'authoritative' psychological counsellor, which showed genuineness and made the empathy more accurate. As participant 3 put it, '*Sometimes my understanding of the student is not from my analysis. I could just feel it.*'

For children showing anxiety, fear and anger in counselling, therapeutic storytelling is helpful to comfort them and achieve intersubjectivity indirectly. For example, in the case of Participant 7, the boy in early adolescence who 'challenged' her was calmed through storytelling. Participant 6 described the signs of anxiety showed by the child at the beginning of psychological counselling, such as '*having no idea what to do with his hands and feet*' and '*avoiding making eye contact.*' She then stated that through sand tray work and storytelling, later on in the counselling the boy became more focused, less anxious and communicated with her more actively. The story told was considered by Participant 6 as a response to the boy's own story about his sand scene. It can be seen that activities that create shared experiences with the psychological counsellor, but without constant focus on themselves would help children to engage in psychological counselling. In storytelling, the core conditions demonstrated by the psychological counsellor along with some therapeutic messages can be received by children vicariously, and their senses of security will gradually increase. Superficially, as the storyteller, the psychological counsellor plays a more active role in the storytelling process; however, simply focusing

on listening to the story allows the child to experience the counselling without any pressure, observe the counsellor, and start to talk whenever he/she is ready.

5.1.2.3 Attachment and Attunement

Attachment theory is a theory concerning people's interpersonal relationships and mainly developed by John Bowlby and Mary Ainsworth in the field of developmental psychology. This theory specifically focuses on human's innate instinct of seeking security (Bowlby, 1958). According to Bowlby (1958), children naturally tend to approach an 'attachment figure', especially when they experience discomfort or unsettling. The 'attachment figure' can be a parent or other caregiver, and the attachment relationship between the child and the attachment figure is deemed to have profound influence throughout the child's life, including their mental development and relationships with others (Fraley & Shaver, 2000). If the child is 'securely' attached to the attachment figure, he/she is more likely to demonstrate confidence when interacting with the environment and others; otherwise, the child will show higher level of anxiety. Attachment theory holds the view that whether a secure relationship can be successfully established between the child and the attachment figure depends more on the quality of their interaction than the quantity of time they spend with each other. Frude and Killick (2011) claimed that parents or other caregivers implementing storytelling in family is conducive to fostering a secure attachment relationship because 'threat and security' is a common topic of children's stories, and this activity can create a secure and comfortable atmosphere in which the attachment figure can be perceived by the child as protective and responsive. Considering the significance to attachment, activities like storytelling have the potential to considerably contribute to the child's social and emotional development. In psychological counselling with children, counsellors are recommended to function as an attachment figure in an attempt to establish a trusting therapeutic relationship and provide children a sense of security (Bender, Farber and Geller, 1997; Connolly, Crits-Christoph, Barber & Luborsky, 2000). This reflects that there is a hierarchical aspect of the relationship between the counsellor and the child. In psychological counselling, children need to be equally treated as individuals; meanwhile, they need to know and feel that the psychological counsellor is someone who cares about and takes responsibility for them. According to the participants' reports, some children did show signs of viewing the psychological counsellor as an attachment figure, and therapeutic storytelling seemed play an important role in the process. Storytelling is an enjoyable shared activity that provides the

psychological counsellor with opportunities to respect and appreciate the child's participation, and the child may feel gratified and gradually develop trust towards the counsellor. Frude and Killick (2011, p.449) recognise the similar qualities demonstrated by both attachment figures and skilled storytellers:

...they are lively and animated in their actions, they engage very well with their listeners, they 'tune in' very accurately to the mood of their audience and they adjust their performance skillfully in response to audience reactions.

This function of storytelling seems especially important when working with the children from families in which a positive and stable attachment relationship was not developed. Participant 5 and 9 both reported that the problems of the children they worked with could be at least partly attributed to their family dynamics. Although the information provided is not enough to describe and discuss the children's attachment, it is reasonable to say that primary school psychological counsellors need to help children with attachment issues sometimes. Because of the insecure attachment relationships children may have experienced with their parents or other caregivers, they perceive talking to another adult, such as a teacher or psychological counsellor, as stressful and threatening. Therefore, it is very difficult for such children to openly express their feelings and emotions to others. Children in this situation may be deemed as 'problematic' by teachers and other students, which intensifies their feelings of insecurity (McLoughlin, 2010; Topel & Lachmann, 2007). In these situations, psychological counsellors may consider to talk to children with storytelling. The communication is mediated and the content of conversation is distanced from children's real life situations, hence their sense of insecurity will be alleviated.

It is noteworthy that 'emotionally attuned' to the child is often described by researchers as an important aspect in the process of establishing a secure attachment relationship. Based upon the attachment theory, Daniel Stern (1985) developed the concept of attunement when describing how the interaction between the infant and the attachment figure promotes the development of the infant's senses of self. In psychological counselling, attunement is a concept used to refer to the process in which the psychological counsellor recognises the client's emotional states accurately and respond properly.

Applied to therapy, attunement is the term used to describe our reactivity to clients and our harmonic fit with them. The well-attuned therapist tunes in and responds to the emotional tone of the client. The process is one of being 'in sync' with the client, tracking subtle shifts and movements in their experience and then focusing selectively on what seems most alive, significant or poignant for them. Attunement involves mediating emotion; it is akin to the way an attuned parent, noticing a child's distress, will take steps to offer comfort. It's about giving appropriate responses, not just crying because the client is crying. (Finlay, 2015, p52)

Erskine, Moursund and Trautmann (2013) argued that attunement plays a pivotal role in the process of establishing therapeutic alliance. Children's experience of being attuned would significantly enhance their trust to psychological counsellors and engagement in counselling.

Attunement resembles the humanistic concept of empathy, but they are not exactly the same. Compared to attunement, empathy generally involves higher level of cognitive activities (Stern, 1985; Pearmain, 2001). Interpretations of the feelings and emotions are seen as necessary in an effort to make the empathetic understanding accurate, but achieving attunement does not rely on verbal communication. In therapeutic storytelling, both verbal and non-verbal communication can be used to achieve attunement, and sometimes non-verbal responses were deemed to be more effective. Yalom (2002) further pointed out that implicit non-verbal communication sometimes have stronger therapeutic effect than talking. This is especially true when working with children who are unwilling, or limited by their language competence or emotional literacy to articulate their emotions and feelings (Topel & Lachmann, 2007). Some participants (Participant 5, 6, 7) explicitly indicated that it was important to pay attention to children's facial expression and body language, and response adequately. It is reasonable to assume that in their cases non-verbal communication contributed to attuning the children.

5.1.2.4 Summary

As discussed above, implementing therapeutic storytelling in psychological counselling can provide children with an experience of containment, intersubjectivity, secure

attachment and attunement. The following figure illustrates a model of how therapeutic storytelling promotes therapeutic changes through facilitating the establishment of an effective therapeutic relationship.

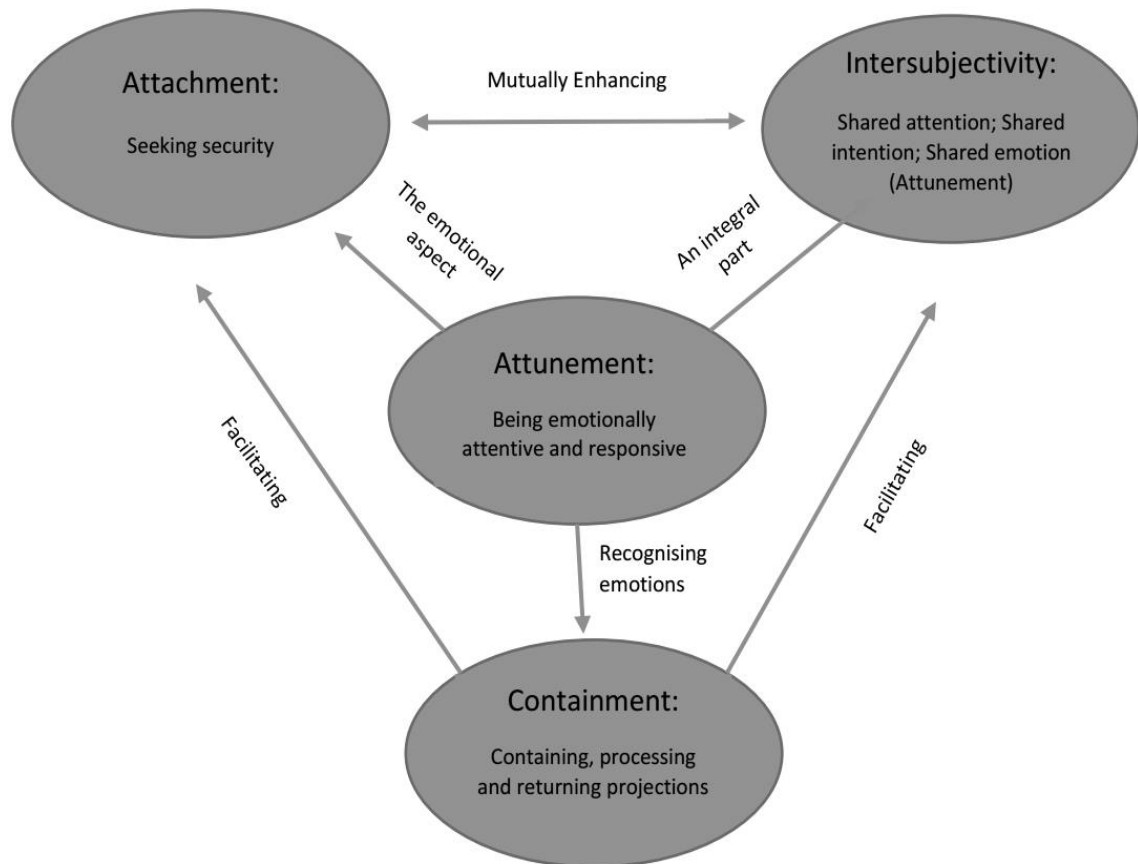


Figure 3. How Storytelling Realises Therapeutic Value through Facilitating Therapeutic Relationships

Attunement, which refers to the experience of being emotionally attuned to, is an essential and common contributing factor to containment, attachment security and intersubjectivity. Through achieving attunement, the child's emotional states are recognised and incorporated by the psychological counsellor, which enables the counsellor to 'contain' and process the child's feelings and emotions, then returning them back in a more manageable form (Douglas, 2007). Attunement is a concept developed based on attachment theory, describing the crucial emotional aspect in the process of fostering children's attachment security. In this study, the psychological counsellors using storytelling provided the children with a safe and secure environment, allowing them to explore their feelings, thoughts and problems. Attunement can also be regarded as an integral part of intersubjectivity. According to Becker-Weidman (2010, p.36),

intersubjectivity ‘*emerges from shared emotions, which is also called attunement, joint attention and awareness, and congruent intentions.*’ By ‘containing’ and processing the child’s projections, the psychological counsellor is presented to the child as a figure who is responsive and attentive to the child’s needs. Hence, when containment occurs, the attachment relationship between the counsellor and the child will be facilitated. The process of containment could also potentiate the development of intersubjectivity in psychological counselling because it establishes a form of connection whereby the counsellor and the child can develop mutual recognition and mutual understanding.

Wallin (2007, p.54) described attachment and intersubjectivity as two ‘*separate and complementary motivational systems*’, and claimed that ‘*attachment exists to foster felt security, intersubjectivity exists to promote the experience of psychic intimacy and belonging*’. The focal point of attachment is gaining a sense of security, while intersubjectivity is mainly concerned with communication, cooperation and social understanding (Stern, 1985). According to Cortina and Liotti (2010), attachment and intersubjectivity can be distinguished by how they make evolutionary sense. Attachment is an evolutionary strategy adopted by human beings for seeking protection, and the occurrence of intersubjectivity makes it possible for human to thoroughly collaborate with each other to accomplish extremely difficult and complex work. Through a process of natural selection, human evolved advanced intersubjective abilities which allows people to accurately understand others (Cortina and Liotti, 2010). Both attachment and intersubjectivity help human beings survive as a species, especially when the environment is harsh and dangerous.

Many researchers have attempted to link attachment and intersubjectivity (Golding, 2017; Fonagy, Gergely & Jurist, 2004; Beebe, 2004; Seligman, 2003). For example, according to Golding (2017, p.62),

Safety and intersubjectivity are interwoven. The attachment relationship is a hierarchical relationship 'I look to you to keep me safe and well; I do not need to keep you safe and well.' This is complemented by the intersubjective relationship which is non-hierarchical: 'I influence you; I'm open to influence from you.' Children need both relationship experiences to thrive.

Fonagy et al. (2004) argued that in psychological counselling it is necessary to create a secure attachment relationship which provides the client with a comforting and reassuring environment, in which the client can develop the abilities to recognise and regulate one's own mental state. Such attachment relationship should be intersubjective because it is difficult to engender a sense of security without making the client experience being attuned, attended and understood. In turn, if the counsellor can function as an attachment figure, the intersubjectivity would be further promoted in the interacting process. The attachment relationship and intersubjective relationship enable the client to achieve personal growth through developing self-understanding and self-regulating capacities.

Although attachment and intersubjectivity do not depend on each other for existence, generally they are closely associated and '*mutually enhancing*' in psychological counselling (Wallin, 2007, p.54). Achieving secure attachment and intersubjectivity both require the psychological counsellor to sensitively attend to and appropriately respond to children's needs. During therapeutic storytelling, psychological counsellors' presence as storytellers allows children to perceive them as someone who is trustworthy and supportive. Psychological counsellors could use this opportunity to draw children's attention, attune to them, and help them achieve therapeutic progress.

5.3. Integrating Therapeutic Storytelling into Existing Therapeutic Approaches and Procedures

5.3.1 Conceptualising Therapeutic Story from Different Theoretical Perspectives

It emerged clearly that the psychological counsellors conceptualised therapeutic story in a variety of ways. Storytelling is a clear and simple concept, which is easily understandable in a general manner. Most participants (Participant 1, 2, 4, 6, 7, 9, 10, 12) provided very general and broad answers when responding to the interview question regarding how to define 'therapeutic story'. Some of them (Participant 3, 5, 10) appeared to believe that any kind stories involved in psychological counselling are therapeutic stories, while others (Participant 2, 7) felt clear as to how to make a distinction between therapeutic stories and other types of stories. A range of different therapeutic perspectives

was drawn upon by the participants to analyse therapeutic story, including psychodynamic, cognitive-behavioural, child-centred, etc. However, although the participants attempted to understand therapeutic story from different theoretical perspectives, none of them had a comprehensive understanding of how therapeutic story is conceptualised in existing research. Limited literature was drawn upon by the participants to illustrate their understanding, and many important academic works on the topic were left out. For instance, there was no reference made to the work of Richard Gardner, or Bruno Bettelheim, although some of their books and articles had been translated into Chinese. It was counterintuitive that some theoretical orientations deemed to be closely associated with storytelling, such as narrative therapy, were just briefly mentioned by a few participants.

There was only one participant (Participant 12) who made attempts to examine what ‘therapeutic story’ means across the spectrum of literature, and she had to do this by *‘asking help from a friend who works in a university’* because she could not access to the full text of the academic articles of her interest. This gave exposure to the fact that the notion of ‘therapeutic story’ was barely mentioned in their previous training, let alone any supervised practice. Meanwhile, the variation of implementing storytelling corroborated that this therapeutic technique could be used with great flexibility according to psychological counsellors’ discretion. The possible useful guidelines of utilising therapeutic storytelling may be summarised from how this technique were actually used by the participants, and whether or not they found it helpful. However, it is difficult to say that all the application of therapeutic storytelling was well justified by the participants. Many participants expressed a feeling of ‘unfamiliar’ with this notion and were aware of the lack of training on relevant skills.

The participants showed different preferences about the use of stories in psychological counselling. Although the participants understood therapeutic story from many different theoretical perspectives, they all seemed to believe that this technique can be integrated into other therapeutic approaches. Some of the Participants (Participant 1, 4, 6, 9, 10) explicitly claimed that a wide range of therapeutic or creative activities can be used in conjunction with therapeutic storytelling to engage children in psychological counselling. In the psychological counselling, the participants who used the stories actually integrated

different therapeutic approaches in order to provide the children with an optimal psychological intervention, which resonated with the suggestions provided by Norcross (2005). The findings of the current study revealed that psychological counsellors would comprehend and use therapeutic storytelling in a variety of ways, and the experience of utilising the therapeutic stories reported by the psychological counsellors was generally positive. However, overall, none of the participants who used therapeutic storytelling as their only or main approach to address the children's problems. It can be seen that although all the participants went through the same training and examinations, their divergent educational and professional backgrounds influenced their understanding of a therapeutic technique to a large extent. Therapeutic storytelling was more likely to be used within the therapeutic approaches in which they were confident. Moreover, despite the differences in their cases, it was evident that the participants put children's individual needs at the centre of their work.

Therapeutic storytelling is a therapeutic technique drawing from various theoretical orientations. Hence, this tool can be especially useful in integrative psychotherapy. Stricker (2001) defined integrative psychotherapy as '*an attempt to combine concepts and counselling interventions from more than one theoretical psychotherapy approach.*' Prochaska and Norcross (2013) argued that the purpose of integrating different psychotherapy approaches is to benefit different clients with a variety of problems by overcoming the inadequacy of any single approach. Moreover, it is especially advantageous to exploit an integrative approach when conducting short-term psychological counselling (Prochaska & Norcross, 2013). Although some beliefs and assumptions from different therapeutic approaches are divergent, there are many practical techniques that are compatible with each other. This might be the reason of why the textbooks of the Chinese psychological counsellor training were designed with a focus on how different therapeutic techniques can be used together to solve mental health problems, instead of based on the classification of psychotherapeutic approaches. Meanwhile, bringing different approaches together also provides psychological counsellors with excellent opportunities to empirically examine the techniques they have learned, and experiment with a variety of techniques in order to determine the optimum ones for a specific case. Hess, Hess and Hess (2008) also indicated that it is important for a psychological counsellor to employ different techniques that could work together in order to provide a particular client with the most suitable counselling service. Therefore,

psychological counsellors are expected to be familiar with the techniques from different therapeutic approaches. The techniques that can be used in different psychotherapy frameworks, such as storytelling, were described by some researchers as trans-theoretical (Sunderland, 2004). The way some participants integrate therapeutic storytelling into existing approaches can be regarded as '*Assimilative Integration*', which refers to '*the incorporation of attitudes, perspectives, or techniques from an auxiliary therapy into a therapist's primary, grounding approach*' (Messer, 2001, p.1). According to Lampropoulos (2001, p.9),

...when techniques from different theoretical approaches are incorporated into one's main theoretical orientation, their meaning interacts with the meaning of the "host" theory, and both the imported technique and the pre-existing theory are mutually transformed and shaped into the final product, namely the new assimilative integrative model.

The case reported by Participant 2 could exemplify this point. He chose to use systematic desensitisation to deal with the child's examination anxiety as this method was recommended in the training, and he creatively used therapeutic story to help the student create an anxiety hierarchy. In the psychological counselling, Participant 2 retained the main approach, while using therapeutic story to improve its effectiveness and efficiency. For some participants, '*Accommodative Integration*' might be the notion that describes their practice more accurately, because they '*prefer to practice eclectically, without worrying too much about the contradictions and incompatibilities among the different approaches*' (Carere-Comes, 2001, p.105). For example, Participant 9 drew upon some psychodynamic techniques to analyse the child, while incorporating the child-centred approach to promote therapeutic changes.

5.3.2 Using Therapeutic Story as a Adjunctive Tool in Psychological Counselling

As aforementioned, storytelling can realise its therapeutic value by facilitating the therapeutic relationship between psychological counsellors and children. It was acknowledged by some participants (Participant 2,4,5) that the therapeutic value of a story not only lies in its storyline and characters, but also is demonstrated through the

communication during storytelling. In addition to using therapeutic storytelling as a communication technique, the participants also utilised this technique for other purposes. In this section, I will mainly discuss how therapeutic storytelling was used as an expressive technique, suggestive technique, cognitive restructuring technique and instructional technique to produce therapeutic changes. The various approaches are integrated in a spectrum of therapist directiveness when implementing therapeutic storytelling. Before proposing the spectrum, I will first discuss some general premises of using therapeutic storytelling.

5.3.2.1 Place, Timing and Identification

No matter how therapeutic storytelling is used, there seem some general premises for this technique to realise its therapeutic value. For example, children are more likely to concentrate on storytelling if the environment is comfortable, which means it would not bring up any unsettling feelings that they may consume cognitive resources to deal with. It is noteworthy that before starting psychological counselling, the psychological counsellors consciously prepared the environment in an effort to make the child comfortable, both physically and interpersonally. Some participants discussed this point by stating that the layout of their counselling rooms was suitable for implementing storytelling. For example, Participant 5 mentioned that there had been some story books in the counselling room for children to borrow and read, and some toys for them to play with. Participant 6 also stated that some features of her designated counselling space contributed to the therapeutic storytelling process, including bright light and colour, delightful decoration, several comfortable seats that the child could choose from, etc.

Kornberger (2006) highlighted the significance of the timing of delivering a therapeutic story. It is argued that a proper timing is essential in terms of engaging children and establishing connection with them (Kornberger, 2006). Harper and Gray (1995, p.47) also pointed out that for psychological counsellors it is important to explore the optimal therapeutic timing.

The use of stories can be preparatory for other therapeutic work, though in many cases working through the metaphor requires an astute sense of therapeutic timing. When the moment at which stories are told is carefully chosen, both in

terms of purpose and timing, and they are told by a trusted and respected person, they have the capacity to be life-changing.

In the interviews, there was not a unified answer regarding when a therapeutic story should be told. A possible explanation is that owing to the complexities of individual cases, the proper timing can only be identified based on psychological counsellors' careful reflection on their own practice and specific analysis of children's situations. It is also related to what effect the psychological counsellor would like to achieve through storytelling. However, it can be summarised that a 'right timing' of telling a therapeutic story was usually a moment that the psychological counsellors attempted to change the dynamics of communication. Some participants said they thought this therapeutic technique can be used when it was difficult to communicate with the child in their cases directly. For example, Participant 3 and 5 both stated that they intended to utilise storytelling to relax the child and initiate communication, so the story was told at an early stage of the psychological counselling. Storytelling is an apt strategy to adopt in this situation because it could create a space for the children to vicariously experience emotions and develop insights about themselves.

In psychological counselling, even just listening to a therapeutic story is regarded as an active process for children. It entails children to relate the storyline and characters, especially the difficulties encountered by the characters and corresponding coping strategies, to their real life situations. In order to use therapeutic stories effectively, it is important to enable children to identify the association between the world depicted in the story and the realistic world (Engel, 1999). In a descriptive case report, Cook, Taylor and Silverman (2004, p243) said:

By making the heroine appealing and successful, the child is helped to identify with the main character of the story, who will eventually model an effective way of coping with or solving the problem situation. The heroine is also portrayed as having approximately the same age, height, and interests as the child client. Finally, the heroine's problem is similar (and in some cases identical) to the child's problem. The identified patient hearing the story is no longer isolated. She is not the only one with this type of problem.

According to Slivinske and Slivinske (2013), children and adolescents are able to recognise the similarities between a story and their real life situations. Gersie and King (1989) also affirmed that the psychological changes children have made and the coping strategies they have learned during the storytelling can be transferred into their real lives to deal with their own situations. With help from psychological counsellors, children may be inspired by therapeutic stories in multiple levels. For children, sympathising and understanding the characters and events in therapeutic stories form the foundation of changing their ways to cope with predicaments. However, it is not necessary for children to express explicitly that they have acknowledged the similarities, or inspired by the characters and events in the story. According to Burns (2012), although some children, especially young children, might be limited by their language competence to articulate what they think and feel about a story, how they respond verbally and non-verbally in the storytelling process still can convey much information for psychological counsellors to analyse. Carlson (2001) argued that when the child actively asks questions about the story, probably a connection has been created. Davis (1999) claimed that children repeatedly referring to the plots and characters, just like what Participant 3 reported, indicates a successful delivery of therapeutic story. If the story is not perceived as helpful and meaningful by children, they generally tend to show little interest in talking about it again (Davis, 1996).

Mills and Crowley (2014) argued that in contrast to some educational stories that are simply allegorical, it is necessary for stories used for therapeutic purposes to depict a fictional world that children would like to enter and explore. Similarly, Dwivedi (2006) maintained that therapeutic storytelling should be interesting, gripping, and related to children's real lives in order to capture children's attention and immerse them into the process of exploring and experimenting different coping strategies. This kind of immersive experience in which the identification can occur has a chance to exert influence on children's unconscious mind.

The therapeutic story can relate to the child either obviously or obscurely at different levels (Heston & Kottman, 1997). For instance, children are able to identify with the life situation of a character who is close in age with them, and also can identify with the

emotional struggles of a personified animal character. Achieving identification does not imply that children will necessarily treat the characters and events in the stories as true reflections of themselves and their real experiences. Schoeman and Van der Merwe (1996) claimed that although the similarities can be easily identified, many children will not regard the main character as their mirror image as they tend to be sensitive to the differences between their situations. There should be a subtle balance between the storyline and the child's real life situation, which means the story should enable the child to recognise the similarities and resonate with the main character, but achieving this in a tactful manner. Otherwise, some children might be reluctant to talk about the story when realising that it is based on themselves. According to Mills and Crowley (2014), a sense of common experience would be established for children through associating their own problems with the situations of others described in therapeutic stories. Such sense of common experience is advantageous to the therapeutic process because by knowing the fact that similar difficulties are encountered by other people, children's feeling of isolation and loneliness will be alleviated.

It is reasonable for some participants (Participant 9, 10) to contest this point because it is impossible to guarantee that the child will relate to the story and the therapeutic change will always be promoted through storytelling. However, at least, the process of helping children to identify with therapeutic stories provides psychological counsellors with many opportunities to discuss some important, and maybe sensitive issues without making the conversation confrontational and engendering children's mental strain. By making connections with the story, children can receive the embedded therapeutic messages and enhance their understanding of the meaning of attending psychological counselling.

5.3.2.2 The Spectrum of Directiveness When Using Therapeutic Storytelling

According to Beutler et al. (2011, p. 135), therapist directiveness refers to '*the degree to which the therapist is the primary agent of therapeutic process or change through the selection of specific techniques and/or the adoption of a specific interpersonal demeanor.*' Different psychotherapeutic approaches vary in levels of directiveness. For example, child-centred therapy is considered as an approach of low directiveness because children are put at the centre of the therapeutic process and entrusted to fulfil personal potentials with their inherent actualising tendency. The main task of the therapist or counsellor is to

provide children with an ideal environment in which their personal growth can be promoted. On the contrary, CBT is a more directive approach whereby the therapist or counsellor leads the therapeutic process by teaching behavioural techniques, guiding cognitive restructuring, etc. Therapeutic storytelling is a technique that can be incorporated in a variety of therapeutic approaches, ranging from directive to non-directive. Consequently, this technique can be used disparately in terms of the level of directiveness. In the following section, I will describe a spectrum of directiveness when using therapeutic storytelling to reflect on how the stories were used by the participants and integrate how this therapeutic technique can possibly be used within different psychotherapy approaches.

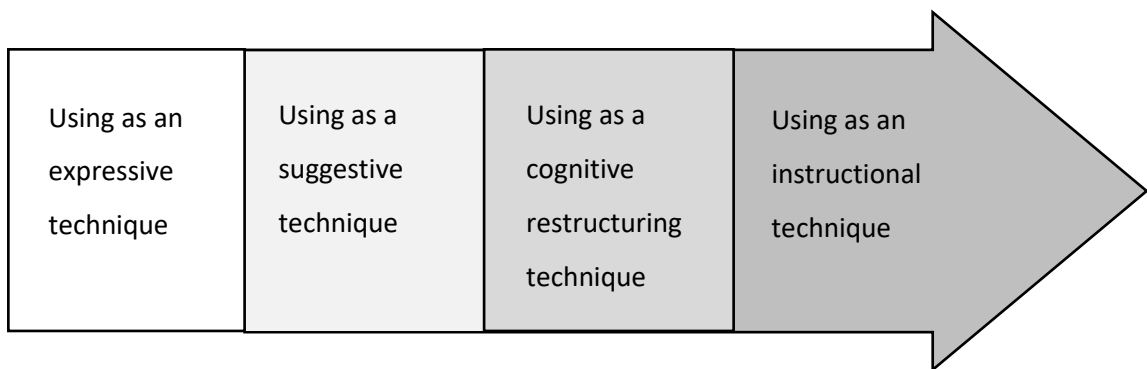


Figure 4. The Spectrum of Directiveness When Using Therapeutic Storytelling

5.3.2.2.1 Using Therapeutic Storytelling as an Expressive Technique

Researchers have recognised that storytelling can be used as an effective expressive technique in psychological counselling (Bradley, Whiting, Hendricks, Parr, & Jones, 2008; Pehrsson, 2005). The client's genuine self-exploration and open self-expression are generally encouraged in psychological counselling no matter what specific therapeutic approach is adopted (Malchiodi, 2013). As highlighted earlier, storytelling helps to establish a relaxing and comfortable atmosphere in psychological counselling and provides children with opportunities to openly and safely express their emotions and thoughts. Schoeman and van der Merwe (1996) indicated that the theory of psychological projection can be used to explain why and how children comment on the characters and plots of therapeutic stories to express their own feelings. In this section, I will mainly discuss using storytelling as an expressive technique from this perspective.

According to Lindzey (1959; 1974), projective techniques can be classified into five general categories: association techniques, construction techniques, completion

techniques, choice or ordering techniques, and expressive techniques. The following table illustrates the main features of the projective techniques.

Table 9. Classification of Projective Techniques

Projective Technique	Introduction	Examples
Association	With association techniques, the individual is presented with a test stimulus and then asked to respond with the first word, thought, or feeling that comes to mind.	Rorschach Inkblot Test (Rorschach, 1921) Hand Test (e.g., Wagner, 1962)
Construction	Constructive projective techniques require the individual to create something, such as a story based on the test stimuli.	Draw-A-Person Test (Machover, 1949) Thematic Apperception Test (Murray & Morgan, 1938)
Completion	Completion techniques require individuals to complete a test stimulus that is presented to them unfinished.	Washington University Sentence Completion Test (Loevinger, 1976) Rosenzweig Picture Frustration Study (Rosenzweig, Fleming, & Clark, 1947)
Choice or Ordering	Choice or ordering projective techniques require the individual to select from or arrange in some preferred order a set of test stimuli.	Szondi Test (Szondi, 1947)
Expression	Expressive projective techniques require individual expression through such activities as taking the role of	Luscher Color Test (Luscher & Scott, 1969)

	another individual or drawing a picture.	Projective puppet play (e.g., Woltmann, 1960) Handwriting analysis (see Beyerstein & Beyerstein, 1992, for a review)
--	--	---

Note: adapted from Carducci (2009, p56-57) and Lilienfeld, Wood & Garb (2000, p30)

When using storytelling for projective purposes, it may fall into the category of Construction techniques or Expression Techniques. However, according to Milner, O'Byrne and Campling (2003), these two subcategories of projective techniques tend to overlap and merge with each other. Gale (2008, p1) distinguished expression techniques from construction techniques as follows:

Expressive methods differ from construction techniques in that they place as much emphasis upon the manner and style in which the product is created as upon the product itself. They are often considered to be therapeutic as well as diagnostic devices, since the subject is presumed to relieve his difficulties in the process of revealing them.

I believe that therapeutic storytelling was used by the participants as an expression technique because they highlighted both the children's responses and their manner of responding during storytelling.

Some participants described the similarities between therapeutic storytelling and other projective techniques that can be used in psychological counselling. For instance, Participant 9 claimed that '*thematic apperception test is all about analysing the client's stories*'. He drew upon the synthetic house-tree-person drawing test to explore the child's unconscious mind, and suggested that therapeutic storytelling can be used in a similar way. Ambiguity is attached great importance in projective test, allowing children to express themselves without unnecessary restrictions.

How storytelling is used as a projective technique is best represented when children are encouraged to tell a spontaneous story. Such techniques are proposed, stressed, and commonly used in the field of play therapy to help psychological counsellors understand children's situation and assist them in achieving therapeutic goals. In this study, Participant 6 employed sand tray therapy to address the child's issue, and Participant 1 and 10 both mentioned the notion of play therapy in the interviews. It was noted by the participants that similar to other techniques in play therapy, spontaneous storytelling empowers children, allowing them to be expressive and creative and explore their problems in an imaginary world. Children's imaginative abilities facilitate their engagement in psychological counselling involving therapeutic stories, and enable them to unconsciously relate the imaginative adventures to their real life situations (Gil, 2013). These similarities form the basis of combining storytelling and other techniques in play therapy together, and in some cases using these techniques collaboratively is more advantageous than using any one of them alone. The psychological counselling case conducted by Participant 6 can be used to illustrate this point. According to Participant 6, after the child placed the miniatures in the sand tray, she expected the child to initiate storytelling with her encouragement. It seems that the Participant was following the procedures suggested by Vinturella and James (1987) of using stories within a sand tray therapy framework. Their approach is divided into three phases. First, the psychological counsellor would introduce the sand tray to the child and encourage the child to create a scene in it; then, the child will be told that he/she can make up a story about the sand scene and tell it to the counsellor. After hearing the story, the counsellor is expected to raise a discussion in order to explore the relationship between the sand scene/story and the child's real life experiences. There is some controversy amongst researchers in terms of whether the counsellor should provide the child with interpretations of the issues reflected by the sand tray work and storytelling. Miller and Boe (1990) stated that psychological counsellor's explanation might undermine the metaphoric nature of using therapeutic storytelling, whereas some Jungian psychologists suggested that providing interpretations helps to bring children's underlying issues to consciousness to resolve (Dale & Lyddon, 2000). The latter approach resonates with the mutual storytelling technique in play therapy, in which the psychological counsellor is expected to interpret and adapt the child's original story and provide more positive resolutions when telling the modified story back. Ideally, the child will gain some useful insights as to how to identify and work through their problems. In the case, Participant 6 used one of the stories provided after the second stage as a response to the child's original story. In the interview,

she justified this choice by stating that the story provided is similar to the child's in many ways, and she felt that the child's original story was too brief. Participant 6 also reported that she observed and analysed the child's responses during the process of storytelling. It is reasonable to infer that Participant 6 intended to draw upon existing stories to make the psychological counselling advance when the child was not able or willing to compose a story with enough details. Although the story told by the counsellor may contain some 'advices' or 'suggestions', it still can be considered as a projective tool that helps to explore the child's feelings and motivations. In other words, no matter the storytelling is initiated by the counsellor or the child, storytelling can be used as a projective technique whereby the psychological counsellor can actively and attentively observe and listen to the child's non-verbal and verbal expressions and responses in an effort to obtain some insights into the underlying causes of the child's problems.

Overall, it can be seen from the case of Participant 6 that both sand tray work and storytelling can be used as projective techniques to explore children's unconscious mind. Both techniques are conducive to deepening the counsellor's understanding of the child, and the combination of them might be especially useful when communicating with children who were somewhat reluctant to talk (Russo, Vernam & Wolbert, 2006). When creating a sand tray scene, there are a range of miniatures for children to use which elicit their creativity and help them to express themselves without influenced by their language competence. Sand tray work can strengthen the effects of therapeutic storytelling because a visually presented sand tray scene helps to retain children's attention and engage them while listening to a relevant story. Such playing activity could also buttress the spontaneous storytelling process of children, thus increasing their capacity of expression (Carey, 1990). In turn, sand tray play could become a more meaningful and therapeutic experience for children through (mutual) storytelling and corresponding discussion whereby they are given opportunities to try out and examine different coping strategies. In addition to sand tray work, other expressive techniques, such as drawing pictures, can also be used in combination with storytelling in a similar way to encourage children to explore and express their thoughts and feelings (Pomerantz, 2007).

5.3.2.2.2 Using Therapeutic Storytelling as a Suggestive Technique

In the interviews, Participant 3 and 8 both mentioned Milton Erickson's theory of using metaphors and stories in psychological counselling. Interestingly, in some Chinese academic articles, Erickson's approach is also frequently referenced as a theoretical foundation that underlies using stories therapeutically (Wang, 2014). Erickson was an eminent psychologist and psychotherapist who was famous for his work on hypnosis and family therapy. Stories and metaphors are attached great importance in his therapeutic approach, and can be used with both children and adults (Carlson, 2001).

Ericksonian psychologists advocate that therapeutic outcomes are produced by the implicit suggestions involved in the process of psychological counselling, instead of the explicit advice provided by the counsellor (Erickson & Rossi, 2012; Haley, 1993). Therefore, stories and metaphors are regarded as mediums to convey therapeutic suggestions (Lankton, 2008). Implicit suggestions are believed to be as more effective because therapeutic messages are transferred on an unconscious level. Children might resist the information received consciously for various reasons. For example, if the child perceives the direct advice as judgmental and intrusive, a range of negative emotions that impede the therapeutic process can be evoked (Lankton, 2008). It was also emphasised by Erickson (1991) that adapting stories according to children's individual characteristics can enhance the effect of the indirect suggestions and thus promote therapeutic changes. Erickson (1991) appreciated the value of suggestive communication in terms of bringing about therapeutic changes, although he indicated that changes induced by implicit suggestions might not always be positive. Storytelling can deliver therapeutic messages in an indirect and suggestive manner. Therefore, therapeutic story has the potential to be used by psychological counsellors as a medium of suggestion to help children make therapeutic changes. Jennings (2004, p.29) explains how storytelling helps children to realise it is possible to make positive changes.

We need to remember that, for most of the children we work with, there is no choice of road: their life's journey has already been mapped out, and the outcome will be inevitable unless we can intervene in some way. Stories can help children find that second road, and to understand that, somewhere along the line, there can be a change of direction. It is possible to find a new signpost."

From an Ericksonian perspective, the purpose of psychological counselling is not to offer a resolution to a specific mental health problem, but to assist children to increase and improve their psychological resources that allow them to respond to challenges and stresses in a positive and constructive way (Lankton & Lankton, 1998). These theories can be drawn upon to justify how the stories were used by Participant 3 and 9, who emphasised exerting influence on children on an unconscious level. Participant 3 specifically referenced the concept ‘therapeutic suggestion’ in the interview when analysing the rationale of therapeutic storytelling, and Participant 9 exploited several different techniques to explore the child’s unconscious mind, including storytelling. According to Erickson (1991), therapeutic changes are most likely to be induced by children’s own exploration of their problems. Storytelling can be used to motivate children to actively take part in the counselling process, and psychological counsellors should leave children enough space to interpret the story in their own way (Haley, 1993).

A narrative approach helps the child to pay attention, to be motivated, and to remember the therapeutic themes being initiated. The child is often challenged about whether or not he will be able to find a similar positive outcome for his problem. In addition, the story content is usually fun and playful. It operates at the level of the child’s imagination and utilizes humor whenever possible. In this process, motivation for therapy is typically increased. Finally, the child is not passive, but actively participates in the story by asking or answering questions, telling parts of the story, providing the ending, or retelling the story to parents. (Cook, Taylor & Silverman, 2004, p243).

Some participants (Participants 4, 6, 10) argued that sometimes providing suggestions in terms of how to deal with mental health problems can be more useful than proposing a solution for a certain problem. For instance, the personal qualities demonstrated by the main characters, such as endurance and courage, may encourage children to surmount difficulties in a similar way. Characters like a ‘wise elder’ was also appreciated by the participants because the children would be reminded that they could always seek help from a reliable and trusted adult, such as a psychological counsellor, a teacher, or a parent/guardian.

Stories and metaphors used in psychological counselling empower children with great autonomy to understand the information conveyed, thus deepening their understanding of their own problems. In contrast to Freud, Erickson (1991) argued that the unconscious mind shaped by experiences and relationships is not a place filled with unacceptable drives and conflicts, but a positive force that can be utilised to promote psychological wellbeing. Erickson (1991) postulated that children's unconscious mind can be influenced by therapeutic suggestions embedded in stories, and then plays an active and crucial role in terms of bringing about therapeutic changes (Erickson, 1991; Haley, 1993). Although generally children will not be conscious of the impact of suggestions (Erickson, 1989), they are likely to increasingly feel confident in changing to a positive direction (Sommers-Flannagan & Sommers-Flannagan, 1997).

5.3.2.2.3 Using Therapeutic Storytelling as a Cognitive Restructuring Technique

Cognitive behavioural therapy (CBT) is an evidence based psychotherapy approach that can be used in treating a wide range of mental health problems for both children and adults (Butler, Chapman, Forman, & Beck, 2006; Cristea, Montgomery, Szamoskozi, & David, 2013). CBT derives from a combination of behavioural and cognitive theories, seeking to help people recognise and alter distorted and maladaptive thinking and behaviour patterns (Beck, 2011). The effectiveness of CBT is supported by a large amount of empirical studies, therefore its popularity in the field of psychological counselling has been increasing since the last few decades (Field, Beeson & Jones, 2015). In China, CBT is strongly recommended in the official training course of psychological counsellors, and this might be one reason that CBT was adopted as the main approach to address children's mental health issues by many participants in the current study (Participant 1, 3, 4, 5, 7).

When storytelling is used in psychodynamic or Ericksonian approach, the notion of unconscious mind was emphasised. Considering this rationale, storytelling seems not compatible with CBT that focuses on regulating emotions and developing cognitive and behavioural skills (Ronen, 2011). Nevertheless, influencing unconscious mind is not the only rationale underpinning the use of therapeutic storytelling. Storytelling can be used within the framework of CBT as a communication strategy to help children identify and replace their maladaptive thinking patterns (Ronen, 2011; Stott et al, 2010; Blenkiron, 2010). Observing and evaluating the ways the child reacts during storytelling could help

the psychological counsellor to understand the child's thoughts and attitudes (Blenkiron, 2010)). In the current study, Participant 7 who adopted REBT to help the child explicitly indicated that the story was used in the process of addressing the child's irrational thinking. In the case, the thinking pattern of the character in the story was discussed first, before talking about the child's own situation. Storytelling was drawn upon to contest the child's irrational thoughts while avoiding to do this in an oversimplified and crude way. It is noted by researchers that implementing storytelling in this process will reduce children's resistance and provide them with a space to examine the irrational thinking pattern (Schnall, Eichenbaum & Abramovitz, 2016). When functioning as a cognitive restructuring technique, therapeutic storytelling delineates unhelpful thinking and behaviour patterns and offers alternative options and coping strategies. After being aware of how a maladaptive thinking pattern leads to negative cognitive and emotional states, children would be guided to replace it with a more healthy and rational one (Beck, 1979). The problems illustrated through storytelling can be perceived as less challenging and confronting, children therefore can demonstrate more confidence in understanding and dealing with them. The cognitive restructuring relies on the counsellor's explanation, and storytelling has the potential to be used whenever an explanation is needed in the process.

In addition to the story content, a relaxing and non-threatening atmosphere developed through storytelling can also help children reflect on their life situations. According to the interviews, it seemed that some children were self-motivated to do so when they identified with the story and felt at ease to talk to the psychological counsellor. Furthermore, by telling and discussing a story, the psychological counsellors created opportunities for children to develop psychologically, emotionally and socially. These developments enabled children to reinterpret their experiences in a healthier way.

It is a core belief in CBT that peoples' emotions are induced not by the life events, but by how they interpret their experiences. Aron Beck (1979), who is regarded as the founder of cognitive therapy, utilised a story to expound this belief in his seminal book '*Cognitive Therapy and the Emotional Disorders*'. Imagining one person is at home alone late at night. Suddenly, there is a crashing sound from another room. Different interpretation of the sound will engender different feelings and emotions: If the person believes that someone breaks in the house, then probably he/she will feel nervous and scared; however,

if the person thinks that it is merely something falling on the floor due to a gust of wind, then he/she might only feel a little annoyed. It can be seen that utilising stories to illustrate a therapeutic point is closely associated with CBT since its establishment (Schnall, Eichenbaum & Abramovitz, 2016; Blenkiron, 2010; Stott et al., 2010).

5.3.2.2.4 Using Therapeutic Storytelling as an Instructional Technique

In psychological counselling with children, sometimes some form of teaching is involved. For example, it is very common for psychological counsellors using CBT to teach children some cognitive and behavioural skills. Compared to direct teaching strategies, storytelling provides instructions in a more appealing and engaging manner. It attracts children's attention more easily and affords children an opportunity of imaginative learning. In this study, some participants (Participant 3, 4) chose to adopt storytelling to explain the principles of a therapeutic approach or introduce therapeutic techniques. For them, storytelling served as a teaching technique by setting an example for the children to follow. For example, Participant 4 used a story to help the child learn and practice relaxation exercises, which are common CBT interventions frequently incorporated to help children with anxiety and stress management problems (Feldman, Eisenberg, Gambini-Suárez, & Nassau, 2007; Pretzer & Beck, 2007). The child was encouraged to follow and imitate the characters' demonstration. Pardeck and Pardeck (1993) endorsed this application of story by drawing upon learning theories, stating that imitation is a fundamental way of learning for human being. The fictional characters are presented as models that children can identify with, allowing them to learn from the characters' thoughts and actions. According to Bauer and Balius, (1995), children are able to apply what they have learned from stories in dealing with their own problems.

Usually, psychological counsellors who work in Chinese schools on a full time basis are also responsible for teaching mental health education classes. In this study, Participant 12 used one of the stories in a mental health education class and stated in the interview that the students and she both found this activity '*enjoyable*'. It can be seen that although therapeutic stories are not designed for educational purposes, they have the potential to be used in mental health education. Many participants said in the interviews that they were familiar with using storytelling in teaching. Their relevant experience can be used to support using storytelling as an instructional technique in psychological counselling and mental health education classes.

5.3.2.2.5 Summary of the Spectrum

In summary, the spectrum discussed above summarises the different approaches to therapeutic storytelling according to their levels of therapist directiveness. The spectrum is developed based on a review of relevant literature and an analysis of the data collected in this study, and can help psychological counsellors to comprehensively understand and apply the various approaches to therapeutic storytelling. Using storytelling as an expressive technique is the most non-directive approach in the spectrum because children are encouraged to freely express themselves and psychological counsellors should focus on observing and analysing the information elicited through storytelling. When storytelling is used in this manner, children are often expected to play a very active role in the storytelling process, such as making up a story first. Using storytelling as a suggestive technique is also very non-directive because the primary aim is to help children develop their psychological resources instead of providing them with specific advice. It is believed that stories and metaphors can be used to communicate with children on an implicit, unconscious level. Compared to using storytelling as an expressive technique, this approach is slightly more directive because the counsellor seeks to positively impact on the child's unconscious mind. Using therapeutic storytelling as a cognitive restructuring technique is very directive because the counsellor delivers stories to guide the child to counteract maladaptive cognitions and behaviours. Usually, the counsellor would direct the process and have a specific point that can be articulated through storytelling. The most directive approach in the spectrum is using therapeutic storytelling as an instructional technique because there would be specific learning goals that the child is expected to achieve through storytelling. Within this approach, children are often encouraged to observe and imitate the actions of the characters in the stories. It should be noted that using therapeutic storytelling does not always map to a single approach in the spectrum. For example, in Gardner's MST, storytelling can be considered as an expressive technique when the child is asked to make up a story, and regarded as a suggestive technique when the counsellor tells the modified version of the story back to the child. In addition, storytelling can facilitate the establishment of an effective therapeutic relationship no matter how it is used.

5.3.2.3 Contemplation on the Therapeutic Value of Storytelling

Therapeutic change is a broad concept which can be assessed from many different perspectives, including symptomatic improvement, better cognitive functioning, positive behavioural change, increased emotional literacy, etc. Meanwhile, whether children accomplish their customised therapeutic goals based on their discussion with psychological counsellors is also an important indicator. The problems of the children whom the participants worked with were deemed as ‘general mental health problem’, which means the problems are not very serious. Hence, the participants believed that the self-reports of the children were especially useful as to determining the successfulness of the psychological counselling and whether therapeutic storytelling was helpful. For example, Participant 4 reported that the child found the story ‘fascinating’, and she used this point as an evidence to support that therapeutic storytelling was useful. One problem of this assessment strategy is that it is difficult to determine any specific therapeutic outcomes achieved are explicitly attributed to the implement of therapeutic storytelling. However, this challenge seems inevitable because psychological counselling is a process with great complexity (West, 2010). Normally children are unable to discern whether the story itself or the psychological counsellor who delivered the story is the effective element in the psychological counselling, although sometimes the therapeutic changes can be recognised by themselves. Likewise, for the psychological counsellors, it is also difficult to elucidate the factors that influence the change process because of its complexity. It seems that some participants’ implicit intention of using this technique was to provide children with an experience in which they could feel being heard, accepted and respected. As Bohart (2000, p.140) put it, an ‘*empathic workspace*’ was created through this activity, in which children could feel comfortable to explore their problems. In these cases, the process of storytelling with children may be a process of sharing an intersubjective experience. Therefore, children’s therapeutic changes on a behavioural or cognitive level cannot entirely reflect the complexity of how storytelling impact on the psychological counselling.

5.3.3 Adapting Therapeutic Story to Cater to the Child

Children’s perception of the same story could be very different, so it is essential to design the storylines, characters and metaphors specifically and individually. All the participants who used the stories in their practice somehow adapted them to cater to the children’s

various demands. It was evident that customising the stories for the child with something she or he was already familiar with or interested in was conducive to the communication effectiveness and the establishment of rapport between the child and the psychological counsellor. This point was supported by Dwivedi (2006), who argued that topics familiar to children could attract their attention more easily. Mills and Crowley (2014, p.107) also reiterated that the '*child is more likely to relate and respond to something familiar than unfamiliar*'. In other words, children tend to relate to and respond more actively to the therapeutic stories that involve familiar elements or remind them of similar events in their real lives. This process of identifying the similarities helps children develop their understanding of their experience (Combs & Freedman, 1990). Moreover, the language used when telling stories should also be familiar to children, and it is necessary to tailor the metaphors in therapeutic stories based on children's responses and comments. The relatedness to the story can be affirmed or denied by the child, whether verbally or not, and the later situation requires psychological counsellors to be more sensitive to children's body language and expression.

Participants demonstrated their creativity in the process of adapting and using the therapeutic stories. Malchiodi (2012) claimed that an innovative and creative psychological counsellor can tailor the therapeutic techniques on an individual base, and children should be encouraged to 'co-create' the counselling to address their issues. According to the interviews, a significant reason for the participants to adapt the stories and combine this technique with other therapeutic techniques is to accommodate the needs of children. It was evident that the participants who used the stories all attempted to engage with children with consideration of their needs and interests.

Slivinske and Slivinske (2013) argued that it would be very helpful for children to re-write, or continue to write the ending of the story according to their own situations. Creating therapeutic stories collaboratively was explicitly suggested by some participants. Teachers, parents, and children themselves were all mentioned to be involved in order to guarantee that the story was related to children's lives and interests. Therapeutic storytelling may achieve the desired effect when the stories are of interest to the child. Lawley and Tompkins (2001) contended that the children's interest level toward a story could indicate how much they would like to be involved. Dwivedi (2006) emphatically

claimed that it is extremely important to attract and retain children's attention by examining and utilising their interest points. Therefore, relevant information regarding the personal likes and dislikes of children should be obtained before and during psychological counselling. Lawley and Tompkins (2001) claimed that a story may include components that children favour or dislike, and children will develop their attitudes toward the components automatically if they are engaged in the storytelling. Another implication of creating the stories with children is that a sense of collaboration and engagement would be built through the communication, which is crucial in a successful psychological counselling.

Allowing children to adapt the story according to their wills could provide psychological counsellors with more information, and this process is deemed to be therapeutic (Lawley & Tompkins, 2001). In therapeutic storytelling, the child should be encouraged by the psychological counsellor to take ownership of the story because the ownership contributes to the collaborative relationship between the child and the counsellor, and makes the story more relevant to the child. According to Lawley and Tompkins (2001), ownership is really about projecting aspects of the child's life into that of the story. Burns (2012) asserted that it is psychological counsellors' responsibility to inform the children that the therapeutic story belongs to them, and they are entitled to change the elements. As long as children are aware of that they can be 'authors' of the story, they may unconsciously start to contribute to adapting the story according to their own life experience. As such, children's genuine feelings, attitudes and concerns will be revealed in a reliable way, enabling psychological counsellors to explore the underlying reasons of their problems that the children would not like to discuss directly. Meanwhile, if children's contribution of adapting the story is appreciated by psychological counsellors, they would tend to better accept this therapeutic tool (Hayes and Casey, 2002). Since becoming active contributors to the story, children increase their self-esteem and self-confidence, and are more likely to immerse themselves in the context of the story to understand it intensively. Mills and Crowley (2014) also claimed that ownership of aspects of the story is attained through encouraging collaboration and involvement. If the child's contributions are accepted seriously and included in the story, then the child would feel that his/her contribution is valid. Children can be granted a sense of achievement that boosts their self-esteem (Dwivedi, 2006). Stories have been shown to develop and

improve children's self-concept, such as increasing self-esteem and self-acceptance (Helm Meade, 2001; Bheamadu, 2003; Carlson and Arthur, 1999).

The age range of the students in Chinese primary school is from six to twelve years old, which means it is common for school psychological counsellors to work with children at different developmental levels. Generally, all therapeutic techniques adopted in psychological counselling should be developmentally appropriate especially for children and adolescents (Geldard, Geldard & Foo, 2015), and therapeutic storytelling is no exception. Counsellors are obliged to sensitively attend to children's different ages and developmental levels and tailor therapeutic techniques accordingly. The developmental stages of the children was recognised by the participants as a very important aspect when adapting and delivering therapeutic stories.

When using an existing therapeutic story, although sometimes the suitable age range is indicated by the author, the counsellor still needs to be cautious because children's chronological age do not always match their developmental stage. As aforementioned, it is recommended by some researchers to involve children in the process of creating stories, and such measures can help to make the story suitable for their developmental level. In addition to making the story content appropriate, it is also significant to deliver stories in a manner that is congruent with children's development. For example, Participant 1 and 9 both mentioned that telling stories along with activities such as drawing pictures and playing with toys could be more suitable for young children. A possible reason is that children in grade 1 and 2 (six to seven years old) are generally in a state of transition from the preoperational stage to the concrete operational stage according to the development theory of Piaget (Inhelder & Piaget, 2013). Their thinking still tends to be symbolical rather than logical, therefore drawing and playing would assist them to understand the story. Primary school students from seven years old onwards then gradually develop more sophisticated logical thinking ability which enables them to take different perspectives into consideration and reason out alternative solutions to a problem for the characters in the story (Schoeman & van der Merwel, 1996). Burns (2012) believed that although such reasoning and thinking experience happens in an imaginative world, it can be applied to children's real life situations.

5.3.4 Analysing Cultural Elements in Therapeutic Storytelling Process

The stories provided to the participants were adapted from traditional Chinese myths or historical stories in order to investigate how they understood the cultural elements in the storytelling process. Generally, the participants confirmed that traditional Chinese stories have the potential to be adapted for therapeutic purposes. Nevertheless, some participants (Participant 1, 2, 5) reported that the cultural elements did not influence their psychological counselling in a substantial way, although they recognised that telling stories from different cultural backgrounds might have different impact upon children. Some participants (Participant 1, 4, 8) clearly stated that they believed that stories from different cultures can be used universally. They took cognizance of the fact that many stories were popular worldwide, and used this fact as evidence to support their argument. It was noted by some participants (Participant 3, 4, 11) that stories from different cultural backgrounds may convey various ‘views of values’, and similar symbols in those stories can allude to different things. Psychological counsellors should be concerned whether the images and metaphors are universal or culturally bounded.

China has a rich and time honoured tradition of storytelling, and Chinese people value stories greatly. This can be demonstrated by the appearance of stories in ancient Chinese philosopher’s classical works. Countless stories have been developed and used by Chinese people to educate, persuade and entertain throughout history. In this study, how to define a ‘Chinese story’ was not extensively discussed by the participants, but it can be seen that they highlighted the notion ‘view of values’. Broadly speaking, stories created by Chinese authors, based in the Chinese context or involving Chinese characters can all be regarded as stories with Chinese cultural elements. However, it is more important to see whether the story expresses a message that consistent with Chinese cultural values. Jim and Pistrang (2007, p.3) stated that:

Chinese cultural values include an emphasis on collectivism, the centrality of the family, filial piety, hierarchical relationships, academic achievement, humility, and emotional self-control (Kim, Atkinson, & Yang, 1999; D.W. Sue & Sue, 2003). Such values are likely to play a role in Chinese clients’ experience of self and identity, how they make sense of their problems, and what they expect from therapy.

Chinese cultural values and beliefs might influence the psychological counselling with Chinese primary school students in many ways. Psychological counsellors are recommended to be sensitive to issues of culture when working with children (Canino & Spurlock, 2000; Ho, 1992; Koss-Chioino & Vargas, 1992). Koss-Chioino and Vargas (1992, p.1) used the term ‘*culturally responsive*’ to describe the psychological counselling in which the counsellor pays close attention to the child’s cultural background and experience. Smith and Celano (2000) reported a clinical case in which the mutual storytelling technique was used in a culturally responsive manner to help an African American boy. They explained the necessity of being culturally responsive as follows:

A culturally responsive application of the mutual storytelling technique conceptualises intrapsychic and interpersonal dynamics within a sociocultural context. That is, issues that might previously have been assumed to be intrapsychic might, on further examination and exploration, be seen as reflecting cultural beliefs, values, or reality-based concerns within a particular sociocultural context (Smith & Celano, 2000, p.222).

There are various ways to make psychological counselling more culturally responsive, and psychological counsellors should take an active stance toward incorporating cultural elements into their practice. For example, psychological counsellors should take sociocultural factors into consideration when applying therapeutic techniques. The participants in this study recognised that some Chinese cultural values might influence psychological counselling negatively. For example, traditionally open expression of feelings is not endorsed in Chinese culture. Participant 4 and 10 both indicated that generally speaking, many children they worked with tended to be introverted, and they attributed this to the influence of traditional Chinese cultural beliefs to a certain extent. Therapeutic storytelling, as a non-threatening therapeutic technique, is especially helpful when working with these children. Stories that contain a series of images and metaphors provide children with symbolic resources to work with in their imaginary worlds (Ho, 1992). In China, since the stigma of having mental health problems and seeking psychological help is not yet eradicated, people may perceive attending psychological counselling as an undesirable way to deal with their mental health problems (Jim & Pistrang, 2007; Li & Logan, 2000; Li, Logan, Yee, & Ng, 1999). Some researchers indicated that such stigma is related to Chinese people’s concepts of shame, namely ‘losing face’ (Jim & Pistrang, 2007; Li et al., 1999; Lin, Tseng, & Yeh, 1995). Some

participants acknowledged that this might be one of the reasons underlying student's resistance to attending psychological counselling, and attempted to use storytelling to solve the problem.

Overall, telling a culturally adapted story allows psychological concepts to be presented in a child-friendly language and within a value system to which many Chinese children can relate. Nevertheless, because of the heterogeneity within Chinese children, it is crucial to be attentive to the extent to which the child is influenced by traditional Chinese cultural values and conventions. Furthermore, it is also important to evaluate children's individual characteristics as objective as possible without labelling or stereotyping. How cultural elements influence the psychological counselling should be analysed on an individual basis.

5.4. Promoting Psychological Counsellors' Professional Development

5.4.1 The Psychological Counsellor Training Course

The psychological counsellor training course was frequently mentioned by the participants in the interviews, which made it evident that they had been influenced by the training course significantly. In the training, various therapeutic techniques and procedures from different theoretical orientations were introduced to target mental health problems. Many of my participants, such as Participant 2, 5 and 6, chose to comply with the recommendations. As described in the foregoing discussion, some general working principles introduced in the training course, such as 'no asking, no helping', Rogerian core conditions, and 'helping the client to help himself/herself' were referenced by some participants.

Although the training was not specifically designed for psychological counsellors working with children, it seemed that a solid foundation for working as a psychological counsellor in primary school settings was provided. There was a consensus amongst the participants that obtaining the certificate (even the higher level one) of psychological counsellor is just the starting point of the learning journey of becoming a competent psychological counsellor. There was evidence that some participants had attended some

short training courses and workshops after being certificated, and all of them expressed a willingness to do so.

5.4.2 Continuous Professional Development

The sample size of the current study was small, yet this therapeutic technique was still used very differently by the participants. It is reasonable to infer that the diverse understanding might also be owing to the fact that the participants had different levels of experience and undertook various trainings. What kind of professional training the psychological counsellors had conducted shaped their expectations of how to learn and use a therapeutic technique and their understanding of the potential difficulties they may encounter. Whilst justifying their utilisation of therapeutic storytelling, many participants (Participant 1, 2, 3, 7, 12) also expressed a feeling of uncertainty and were aware of their lack of proficiency in this therapeutic technique. ‘Wishing to study more about therapeutic story’ is a recurring topic frequently mentioned by the participants in the current study. It seemed that although the participants had different domains of interest in the field of psychotherapy, they all expressed a willingness to learn new therapeutic techniques. This willingness may reflect the fact that they were facing some difficulties when doing the job, and their existing knowledge and skills might be insufficient to solve the problems. Zhao (2009) surveyed 1000 psychological counsellors in China on their professional self-efficacy, of which 76.2% expressed a feeling of ‘incapacity’. It is imperative to establish a more reliable supporting system for psychological counsellors to promote their professional development which includes learning and practicing new therapeutic techniques (Leuwerke & Shi, 2010). In this study, some participants were really interested in this therapeutic technique, but the resources they could access were very limited. The language barrier could be one of the reasons, as only a few books and articles with regard to therapeutic storytelling were translated into Chinese, and most articles written by Chinese authors were based on those.

Participant 4 mentioned that he had read a book introducing how to use stories therapeutically, and that is how I found out two books written by Susan Perrow had been translated into Chinese; Participant 7 said she once read an article on a Chinese question-and-answer website regarding the neuroscience of storytelling, which is also translated and adapted based on a few English articles; Participant 12 said she asked a friend to search the key

word 'therapeutic story' in CNKI and found some case reports, but very few of those were about primary school students. (Memo)

One of the professional responsibilities of being a psychological counsellor is to constantly renew relevant knowledge and improve psychological intervention skills. Kloosterman (2014, p.36) indicated the necessity to undertake continuous professional development.

Continuous professional development is important because it ensures personal continuation to be competent in the profession. It is an ongoing process and continues throughout a professional's career. The ultimate outcome of well-planned continuing professional development is that it safeguards the public, the employer, the professional and the professional's career.

Continuous professional development is deemed to be more useful when it could cater to the demand of the practitioners (Webster-Wright, 2009; Kitchen, 2010). Many participants (2, 3, 6, 7, 8, 11) explicitly or implicitly pointed out that further study was imperative in order to obtain a deep understanding of therapeutic storytelling. Participant 9 suggested that it is definitely necessary to make accessible supervision as an integral part in their continuous professional learning. Although supervised practice is not involved in the official training course for psychological counsellors, such training is highly valued by some participants. Indeed, working as psychological counsellors in education settings can be challenging and overwhelming, which makes supportive supervision especially important for them (Andersen & Williams-Rice, 1996). Hess, Hess & Hess (2008) also highlighted the value of supervised practice in the training process of psychological counsellors. Based on Participant 9's description, the supervisor was expected to be knowledgeable and experienced in the approach being taught. However, according to the interviews, there are certain realistic difficulties for Chinese primary school psychological counsellors to regularly receive professional supervision, such as lacking financial support and qualified supervisors. Hence, it is sensible for psychological counsellors to find more accessible support to promote their professional development. For example, Participant 2 mentioned in the interview that he consulted his colleague who was a more experienced psychological counsellor when he was choosing a case to tell the story. In the current study, the participants were assisted by me as a researcher who shared their concerns about how to make storytelling useful. In the interviews, some participants

(Participant 2, 3, 6, 10) appreciated the regular contact maintained during the data collection phase. They stated that although I did not provide them with specific advice, maintaining contact with me was a form of support. When talking about the difficulties they encountered, I strove to provide them with empathetic understanding and acknowledge the efforts they made to incorporate therapeutic storytelling in their practice. Although eventually some participants (Participant 8, 10, 11) did not find an opportunity to use the stories, they still felt that the experience of taking part in this study was beneficial to their professional development.

I concede that psychological counsellors would perform better with close supervision from a supervisor or senior counsellor, but as qualified psychological counsellors, the participants' independent learning ability should not be overlooked. Although the informal discussion provided by me was not comparable to that of professional supervision, it was still experienced as helpful and supportive by some participants. For the participants in this study, my support afforded them an opportunity to reflect on the storytelling process and their feelings during and after it not only in the interviews, but also in our informal discussions that were deemed as more timely and relaxing. This kind of support could help psychological counsellors with their own emotion regulation, making it easier for them to attune to the children in their cases. In addition, the regular contacts enabled me to clarify some points mentioned in the online presentations, and were conducive to comprehending the participants' words precisely in the interviews. By enhancing mutual understanding, the participants and I were more likely to develop valuable insights on this topic collaboratively.

5.5 Summary

This chapter has discussed the key findings generated from this research study with reference to relevant literature. Greenson's (1967) theoretical model of therapeutic relationship is used to analyse how storytelling contributes to the establishment of an effective therapeutic relationship, and a range of psychological concepts are drawn upon to interpret how storytelling realises its therapeutic value in this process, including containment/holding, intersubjectivity, attachment and attunement. A spectrum of therapist directiveness when implementing therapeutic storytelling has been developed in

this chapter in an attempt to integrate the diverse approaches to using therapeutic storytelling. This chapter also discusses the factors that need to be considered when implementing therapeutic storytelling, such as how to adapt the stories and the cultural factors that may impact the delivery of stories. In addition, this chapter presents some discussion as to how learning and practicing therapeutic storytelling contributes to Chinese primary school psychological counsellors CPD.

Chapter 6 Conclusion

6.1 Introduction

This study adopts constructivist grounded theory as a research approach to analyse and conceptualise Chinese primary school psychological counsellor's understanding and experience of using therapeutic stories. This final chapter provides a summary of the key findings, and discusses how the findings contribute to the existing body of knowledge of therapeutic storytelling and school psychological counselling in China. The implications of the study are highlighted and discussed, the limitations are elucidated, and the recommendations for future research are provided. This chapter then concludes with a final note, which is my personal reflection on the research process.

6.2 Summary of Findings

In this section, the findings of the current study are summarised in response to the three research questions:

1. What are Chinese primary school psychological counsellor' viewpoints on the therapeutic use of stories and storytelling?
2. What are the implications of these viewpoints for the future practice of Chinese primary school psychological counsellors?
3. What possibly useful guidelines for the use of therapeutic stories in Chinese schools can be developed based on the experiences and views of the primary school psychological counsellors in this study?

6.2.1 In Response to the First Research Question

1. What are Chinese primary school psychological counsellor' viewpoints on the therapeutic use of stories and storytelling?

The participants' viewpoints on therapeutic storytelling and the stories devised by me are summarised in this section. First, the participants endorsed that using therapeutic storytelling facilitated the establishment of an effective therapeutic relationship in psychological counselling. They believed that this therapeutic technique is especially useful for psychological counsellors working in primary schools because they are responsible for providing psychological services to students who do not seek help on their own initiative. The participants indicated that it was common for them to work with students who showed resistance, and the students' developmental stages needed to be considered when analysing the reasons for their resistance. They agreed that therapeutic storytelling is highly flexible and can be adapted and used as a developmentally appropriate therapeutic technique to engage primary school children in psychological counselling. As a non-threatening and interesting activity, storytelling encourages students to talk actively, and has the potential to help them understand the nature of psychological counselling and realise that the psychological teacher is different from the other teachers in the school. Storytelling was described by the participants as a useful method to comfort and relax children, contributing to creating a positive counselling atmosphere.

Many participants regarded storytelling as a technique that could be used to facilitate the communication between the psychological counsellor and the child. The stories were used by some participants to introduce and interpret therapeutic ideas and approaches. They believed that storytelling can enhance the effectiveness and efficacy of the communication. Telling a story allows the counsellor and the child to communicate vicariously, which makes it easier to discuss some sensitive topics. Therapeutic storytelling is a mutual exchange of information, therefore the participants noted that it was important to be sensitive to children's responses. The participants also highlighted the importance of paying attention to children's non-verbal communication in the storytelling process. Generally, the children they worked with were interested in taking part in storytelling, and expressed their emotions and thoughts more openly with the

assistance provided by the counsellor during the storytelling. Some participants expressed their concerns regarding the reliability of communicating with children through storytelling. For example, there is a possibility that the child misunderstands the story and the counsellor is not aware of the situation. A participant also indicated that some students might tend to respond to the therapeutic story not in a genuine way, but in a way that they think would meet the expectations of their parents and teachers.

It was suggested by some participants that in psychological counselling storytelling can be used in combination with a range of other activities, such as playing, drawing, paper folding, etc. They indicated that this is especially helpful when working with young children because their language capacity and the ability of maintaining attention are limited. However, other participants stated that sometimes using multimedia materials, such as animation, may be distracting for children and constrain their imagination.

Second, the participants advocated integrating therapeutic storytelling into existing therapeutic approaches and procedures. All the participants were able to provide a definition of the concept of therapeutic story whether they had any practical experience of using this tool or not. The participants tended to define therapeutic story based on its design purpose instead of its features, which means they did not have definite ideas about what a therapeutic story should be like. Although the definitions provided by the participants were quite broad and general, their more specific understanding of therapeutic storytelling was reflected in the discussion of how this tool should be used in practice. A few participants indicated that a broad definition might cause confusion for researchers and practitioners, but they are not sure how to define it specifically.

The participants were generally familiar with storytelling. Their knowledge and experience of stories and storytelling were the starting point of understanding therapeutic storytelling. Some participants believed that storytelling is a broad term and can take various forms, even including movies and video games. It was very common for the participants to compare and contrast the therapeutic stories with other types of stories. A few participants claimed that therapeutic stories should be specifically designed and thus distinguished from other types of stories, whereas others held the view that a wide range

existing stories have the potential to be used for therapeutic purposes. Some participants said they had some experience of using storytelling in psychological counselling, however storytelling was not regarded as a formal and important therapeutic technique. There was a consensus amongst the participants that there are many possible ways of using therapeutic storytelling because various stories can be used and the process of psychological counselling is complex.

The participants understood therapeutic storytelling through different theoretical perspectives. Some participants understood storytelling from a psychodynamic perspective, arguing it can be used as a projective technique. Two of the participants explicitly referred to the theories of M. H. Erickson. Many participants believed that therapeutic stories can impact children at a cognitive level. Some notions developed in the client-centred approach were utilised by some participants to explain how storytelling could contribute to psychological counselling with children, such as the core conditions for therapeutic change. It is noteworthy that several participants employed multiple theoretical orientations to understand therapeutic storytelling. There was a tendency to integrate different therapeutic approaches when discussing the rationale of this technique.

The participants paid attention to the content and structure of the therapeutic stories and identified some features. For example, some participants indicated that metaphor, analogy and personification were commonly used in the stories. Creating storylines and shaping characters were both highlighted by the participants as important aspects to consider when developing therapeutic stories. They appreciated the characters that children can identify with, and the storylines that can metaphorically reflect children's situation. Some participants believed that including a character who provides the protagonist with support and guidance is especially helpful in terms of encouraging children to seek and accept help when they encounter difficulties that cannot be overcome by themselves. Therapeutic stories can be used not only to target a specific mental health problem of children, but also to support their psychological development.

The limitations and potential negative impact of using therapeutic storytelling were not neglected by the participants. For example, they pointed out that some information

conveyed through storytelling might be irrelevant or unwanted. Some participants were concerned that the positive changes generated by therapeutic storytelling were only temporary. Therapeutic storytelling provides the counsellor and the child with a space to discuss mental health problems and challenging life events vicariously, but there is a risk that the child cannot apply the insights in real life.

According to some participants, therapeutic storytelling may be especially helpful when working with children who are difficult to communicate with, such as bashful children and children who resist attending psychological counselling. They delivered therapeutic stories to comfort children and helped them get used to the counselling atmosphere. Imaginative children were also identified as a group that would especially appreciate storytelling. The participants acknowledged the importance of matching the therapeutic story with the child's needs, which can be determined based on a comprehensive analysis of the child's situation and listening to their voices. Developmental appropriate language needs to be used when telling a therapeutic story in order to ensure that the child can fully understand what is being said by the counsellor.

The participants were unanimous that existing therapeutic stories often need to be adapted to achieve optimal effects because of the rich diversity of children and the complexity of their problems. They articulated the view that it is necessary to be flexible and adaptive when using this therapeutic technique. Two of the participants adapted and combined two of the stories provided, which reflected their flexible ways of using therapeutic stories. The participants highlighted several factors that need to be taken into consideration when adapting therapeutic stories. These factors can be divided into children factors and counsellor factors. Children factors include their life situation, developmental stage, personality characteristics, gender, personal interests, etc. Counsellor factors refer to the counsellor's storytelling skill and style, the purpose of using therapeutic storytelling, other therapeutic approaches being used in psychological counselling, etc. Some possible ways of adapting therapeutic stories were proposed by the participants. They were concerned that adapting a story might affect its therapeutic value, therefore they thought it would be very helpful if the stories provided had some 'adaptable elements'. One participant further suggested developing a 'toolkit' with guidelines and resources for creating and adapting therapeutic stories. Some participants suggested that involving

children and their parents/teachers in the process of developing and adapting stories might be a good option.

The participants who utilised therapeutic stories in their practice all embedded the stories in other therapeutic approaches. It can be seen that therapeutic storytelling was regarded by them as an auxiliary therapeutic technique to support existing therapeutic approaches and procedures. There was a wide consensus amongst the participants that therapeutic storytelling has the potential to influence children at multiple levels, and their interpretation of the rationale of this technique was closely associated with the other therapeutic approaches used in the psychological counselling. For example, the participants who adopted CBT tend to emphasise that storytelling has a function of influencing cognition. They suggested using storytelling as a method of explaining maladaptive cognitions and behaviours and introducing CBT techniques. The participants who drew upon psychodynamic techniques to help children claimed that storytelling can be used for projective purposes. Some participants argued that storytelling has a similar rationale with other expressive and creative therapeutic approaches, such play therapy, art therapy and music therapy.

It was argued by some participants that storytelling is a universal activity across all cultures, and many stories are widely accepted and popular worldwide. Some participants claimed that children, especially young children, are more open-minded and only have very limited understanding of 'culture'. However, there were differing opinions on this topic. Some participants acknowledged that the cultural elements within therapeutic stories might influence the effects of using this tool. They argued that traditional stories developed in different cultures might convey culturally bounded values and suggest different coping strategies to deal with stressful life events. It was also indicated that the same metaphor might refer to different things in different cultural backgrounds. Nevertheless, although some participants admitted that the cultural features of stories need to be considered when using therapeutic storytelling, all the participants who used the stories reported that they did not feel the cultural elements of the stories actually influenced their storytelling processes to a large extent. The participants generally agreed that a range of Chinese traditional stories have the potential to be adapted and used for therapeutic purposes.

The cultural considerations when using therapeutic storytelling are not only about the cultural elements in stories, but also related to the cultural context in which the psychological counselling is delivered. The participants pointed out that some traditional and contemporary Chinese cultural values negatively influenced their work as psychological counsellors. For example, traditionally Chinese people do not endorse open expression of feelings. It was also highlighted by the participants that the prejudice towards seeking professional psychological help has still not been eliminated in current Chinese society.

The difficulties encountered in the process of therapeutic storytelling were discussed by the participants in the interviews. A prominent problem mentioned by the participants was that currently there were deficient resources regarding using therapeutic storytelling with Chinese primary school students. There was not any specific training available, and there were no therapeutic story collection books developed by Chinese authors. Existing Chinese studies on this topic were mostly case reports, and much of the literature was not easily accessible for primary school psychological teachers. The participants stated that a detailed guideline would be very helpful because they felt uncertain about the procedures of using this therapeutic technique. Some participants reported that they felt slightly anxious and unconfident when implementing therapeutic storytelling and they attributed this to the lack of relevant experience. The participants put forward some solutions for the difficulties. For example, some participants suggested sharing their psychological counselling cases of using therapeutic storytelling online to support other psychological counsellors who would like to adopt this technique. It was also suggested to translate and introduce more knowledge on this topic generated in other countries in order to develop the knowledge on using therapeutic storytelling with Chinese children.

Third, the various educational and professional backgrounds of the participants significantly influenced how they comprehended therapeutic storytelling. For example, one participant who held a degree in music education suggested using background music during therapeutic storytelling. Many of the participants started their careers as a psychological counsellor by passing the national examination. Therefore, they were inclined to conduct psychological counselling in accordance with the approaches and

procedures introduced and recommended in the training. Nevertheless, the participants also recognised the shortcomings of the training and accreditation system. For example, some participants pointed out that there was no supervised practice involved in the training, and supervised practice was considered by them as important. Moreover, the training was not specifically designed for psychological counsellors working with children and young people. Therefore, the importance and necessity of CPD were highlighted by the participants. Many participants of this study had teaching experience in primary schools, and had experience of using storytelling for educational purposes. Generally, they believed that these experiences helped to develop their storytelling skills and contributed to their understanding of therapeutic storytelling. Storytelling was described by several participants as a ‘transferable skill’, therefore all the personal and professional experiences pertinent to storytelling could be drawn upon to support the implementation of therapeutic storytelling.

The participants expressed their opinions of how to learn and practice to use therapeutic storytelling. The opinions were rooted in their previous experience of learning therapeutic techniques. For example, in the interviews some participants mentioned their experience of attending training courses or workshops, and contended that it would be very helpful to hold one on using therapeutic storytelling. Many participants suggested this therapeutic technique could be learned through case studies, and they would appreciate comprehensive and detailed guidelines that they can follow. The importance of support from other psychological counsellors were also highlighted by the participants. Some of them explicitly maintained that supervised practice is necessary when learning a new therapeutic technique. The online presentations were commonly referenced by the participants, and the regular contacts I kept with the participants during the data collection phase were regarded by them as some kind of professional support. Overall, the participants thought that taking part in this study promoted their professional development.

6.2.2 In Response to the Second Research Question

2. What are the implications of these viewpoints for the future practice of Chinese primary school psychological counsellors?

The insights about using therapeutic storytelling with primary school children provided by the participants may impact the future practice of primary school psychological counsellors in many ways.

First, according to the participants, storytelling can effectively facilitate therapeutic relationship. This viewpoint is in line with the findings of many previous studies (Pernicano, 2015; Mills & Crowley, 2014; Long, 2013; Dwivedi, 2006). According to the theoretical model proposed by Greenson (1967), there are three key elements in a therapeutic relationship, including the real relationship, the working alliance, and the transference/countertransference relationship. Storytelling has the potential to contribute to all the three elements. Psychological counsellors working in Chinese primary school settings are very likely to work with students who resist to attend counselling and reluctant to talk (Wang & Cui, 2006), and storytelling seems like a useful technique that can be utilised to establish effective therapeutic relationships with those students. Students might show resistance for various reasons, and this is often associated with their developmental stages. Storytelling, as a highly flexible technique, can be used to help students at different developmental stages understand the nature of psychological counselling and recognise that the psychological counsellor is different from others teachers in the school, thus establishing a positive working alliance. Storytelling might induce transference and/or countertransference, but whether the transference/countertransference relationship between the counsellor and the child is conducive to psychological counselling is controversial. It is a powerful way to learn about the child and gain insights about the mental health problems through transference and countertransference (Schore, 2013; Jacobs, 2010; Sandler & Sandler, 1997), however the transference/countertransference relationship also has some potential negative effects, such as becoming an obstacle to cooperation (Dreikurs, 1967). The real relationship in psychological counselling is emphasised in the child-centred psychotherapeutic approach (McLaughlin & Holliday, 2013). Therapeutic storytelling provides psychological counsellors with opportunities to demonstrate the core conditions for psychological counselling, including empathy, congruence and unconditional positive regard. In other words, this therapeutic technique can be adopted by psychosocial counsellors in their future practice to facilitate empathetic understanding, show genuineness, demonstrate unconditional positive regard and build trust with children. Storytelling can function as a

medium for emotional communication between the counsellor and the child, and help to nurture a positive counselling atmosphere. It has a calming effect on both the counsellor and the child, therefore can be used to repair therapeutic relationship rupture when the psychological counselling does not go smoothly. This non-threatening therapeutic technique may be especially helpful when working with children with attachment issues and low self-esteem (Burrows, 2008, 2011; Perrow, 2008; Campbell, 2007). When using storytelling to facilitate therapeutic relationship, it is particularly recommended to be attentive and responsive to how the child reacts during the process, both verbally and non-verbally. Children should be encouraged to show creativity during the storytelling process, which enhances their engagement in psychological counselling. Since therapeutic storytelling is a highly flexible technique, it can be used in combination with a range of other therapeutic activities, such as reading, drawing, and playing, etc. Nevertheless, psychological counsellors should pay extra attention when using multimedia materials because of the possible shortcomings, such as being distracting and restricting children's imagination.

It is indicated by researchers (Lambert & Barley, 2001; Gelso & Carter, 1994; Marziali, & Alexander, 1991) that a successful therapeutic relationship leads to favourable therapeutic outcomes no matter what psychotherapeutic approaches are adopted in psychological counselling, and this is supported by much empirical evidence (Lambert & Ogles, 2004, Cooper, 2008; Norcross, 2011). Therapeutic storytelling can realise its therapeutic value by contributing to the establishment of a supportive and collaborative therapeutic relationship. Some psychological concepts can be drawn upon by psychological counsellors to evaluate and interpret how therapeutic storytelling helps to achieve therapeutic outcomes by facilitating therapeutic relationships with children, including containment/holding, intersubjectivity, attachment, and attunement. Attunement, which refers to being emotionally attentive and responsive to the child, can be achieved through therapeutic storytelling. Achieving attunement generally contributes to the development of a secure attachment between the child and the counsellor and the occurrence of containment and intersubjectivity in psychological counselling (Finlay, 2015; Erskine, et al., 2013). During the storytelling and discussion, the counsellor has opportunities to contain, process and return the child's overwhelming emotions and thoughts, and this process is conceptualised as psychological containment. The occurrence of psychological containment facilitates the attachment relationship between

the counsellor and the child and the development of intersubjectivity in psychological counselling. According to Wallin (2007, p.54), '*attachment exists to foster felt security, intersubjectivity exists to promote the experience of psychic intimacy and belonging*'. In psychological counselling, attachment and intersubjectivity usually are closely associated and mutually enhance each other. Therapeutic storytelling helps to establish a relaxed and safe atmosphere in psychological counselling, allowing children to perceive psychological counsellors as trustworthy and supportive storytellers. The occurrence of intersubjectivity requires shared attention, intention and emotion between the counsellor and the child, and all these requirements can be achieved through storytelling.

Second, the opinions expressed by the participants confirmed that therapeutic storytelling is a trans-theoretical technique that draws from various theoretical orientations. It is evident that this technique is compatible with a wide range of therapeutic approaches. For psychological counsellors, this means using therapeutic storytelling is not exclusive to any specific therapeutic approach. It can be used for various purposes and its value can be interpreted from different theoretical perspectives. Hence, this technique is especially useful in integrative psychological counselling. Therapeutic storytelling can contribute to both assimilative and accommodative integration of therapeutic approaches. Before implementing therapeutic storytelling, it is recommended that the psychological counsellor should firstly determine the appropriateness of the environment and timing. The physical and interpersonal environments in which the therapeutic storytelling happens should be prepared to make the child feel relaxed and comfortable. The timing of utilising therapeutic storytelling should be decided based on an analysis of the child's situation and the progress of psychological counselling (Kornberger, 2006). During storytelling, the psychological counsellor should help the child to relate to the situation described in the story and identify with the main character in order to achieve the optimal effect. The identification should be achieved inadvertently to avoid undermining the non-threatening and indirect nature of storytelling.

In this study, how therapeutic storytelling is possibly incorporated in psychological counselling is conceptualised according to the level of therapist directiveness when using this technique. The spectrum of therapist directiveness can be used by psychological counsellors as a theoretical framework to support their implementation of therapeutic

storytelling in the future. The spectrum covers a range of approaches, from non-directive to directive. How therapeutic storytelling can be used to facilitate therapeutic relationship is discussed above, and this applies to all the approaches in the spectrum. The most non-directive manner of using therapeutic storytelling is utilising it to help children express their emotions and thoughts in psychological counselling (Bradley, Whiting, Hendricks, Parr, & Jones, 2008; Pehrsson, 2005). This function of therapeutic storytelling is supported by the theory of psychological projection. As a matter of fact, storytelling plays a central role in some projective tests, such as TAT. From a psychodynamic perspective, therapeutic storytelling can be treated as a projective technique because it elicits children's emotions and thoughts, which can be observed by psychological counsellors based on children's verbal and non-verbal responses during the process. Encouraging children to tell a spontaneous story can be regarded as another way of using storytelling for projective purposes, such as in Gardner's (1971, 1993) MST. In addition to using it alone, therapeutic storytelling can also be used in combination with other activities and techniques to support children's expression. Visual materials and related activities can be adopted during storytelling (Pomerantz, 2007), but it is necessary to be aware of their possible disadvantages, such as being distracting. It should be noted that therapeutic storytelling can be used as an expressive technique not only in psychodynamic approaches since genuine self-exploration and open self-expression are generally appreciated in psychological counselling (Malchiodi, 2013). Using therapeutic storytelling as a suggestive technique is a slightly more directive approach. This is because although the psychological counsellors following this approach still do not intend to provide children with specific advice and detailed interpretation of stories, they aim to exert positive impact on children's unconscious mind through telling therapeutic stories. This way of using storytelling is underpinned by Milton Erickson's theory regarding unconscious mind. He asserted that the psychological resources in clients' unconscious minds could support them in achieving therapeutic changes (Erickson & Rossi, 2012). In psychological counselling for children, the primary focus is to help them develop the psychological resources in their unconscious minds instead of providing specific solutions to mental health problems. Therefore, implicit suggestion is highly stressed and metaphors and stories are deemed as effective tools to communicate with children at both conscious and unconscious levels (Erickson & Rossi, 2012; Lankton & Lankton, 1998; Haley, 1993; Mills and Crowley, 2014). Embedding therapeutic messages in stories is also less likely to cause anxiety and resistance in children (Lankton & Lankton, 1998). According to Erickson, children should be encouraged to actively explore their own

problems in psychological counselling, and storytelling is an activity that motivates their self-exploration. When therapeutic storytelling is used as a cognitive restructuring technique in CBT, the psychological counsellor plays a directive role. CBT is among the most popular therapeutic approaches in China, and is highly recommended in the national certification training (Guo & Hanley, 2015). The primary aim of CBT is to help children identify and modify dysfunctional cognitions and behaviours, and storytelling can be incorporated to assist the process. When an explanation is needed, the psychological counsellor can choose to provide it in the form of storytelling. Storytelling provides the counsellor and the child with a safe and comfortable space to examine and challenge maladaptive thinking and behaviour patterns together. This therapeutic technique can be used to help children recognise and understand the distorted cognitions, and to suggest alternative, more adaptive coping strategies (Cook et al., 2004; Friedberg & Wilt, 2010). The most directive way of using therapeutic storytelling is to use it as an instructional technique. At times, psychological counselling involves some form of teaching and learning. For example, in CBT, it is very common for psychological counsellors to help children learn and practice relaxation techniques to deal with anxiety related problems (Feldman, Eisenberg, Gambini-Suárez, & Nassau, 2007; Pretzer & Beck, 2007). When being used as an instructional technique, storytelling provides children with an imaginative learning experience. Children may be inspired by a story, and imitate the main character (Pardeck & Pardeck, 1993). Chinese primary school psychological teachers can also use storytelling as an instructional technique to convey knowledge in their mental health education classes.

According to the viewpoints of the participants, it is often necessary to adapt existing therapeutic stories based on the specific situation of the child. It is recommended to include some elements that the child is familiar with and interested in (Dwivedi, 2006). Since one of the purposes of the adaptation is to cater to children's demands, psychological counsellors can encourage them to contribute to the process of adapting or re-creating stories (Slivinske & Slivinske, 2013). Involving children has some therapeutic value because it creates a sense of collaboration and promotes their engagement in psychological counselling, and helps to guarantee the suitability of therapeutic stories (Mills & Crowley, 2014; Hayes & Casey, 2002; Lawley & Tompkins, 2001). If the efforts made by the children are appreciated by the counsellor, which can be regarded as a form of validation, then their self-esteem and self-acceptance will be boosted (Carlson &

Arthur, 1999; Helm Meade, 2001). In some cases, the child's parents/guardians and teachers can also be consulted in the process of adapting or developing stories. Psychological counsellors should always be sensitive to children's verbal and non-verbal responses during storytelling, and adapt therapeutic stories accordingly. Generally, Chinese primary school students are children from six to twelve years old. The developmental stage of the child is a significant aspect to be considered when adapting therapeutic stories. Adapting therapeutic stories not only is about changing the characters and storylines, but also includes making the language used developmentally appropriate. Psychological counsellors are encouraged to be innovative and creative when adapting therapeutic stories.

The participants agreed that many traditional Chinese stories have the potential to be adapted and used for therapeutic purposes when working with Chinese primary school students. However, it is difficult for the traditional stories to reflect the contemporary sociocultural context of China. Psychological counsellors should be aware that some Chinese cultural values may negatively influence their work. For example, traditionally Chinese people do not endorse open expression of emotions, and there is still a stigma of seeking professional psychological help (Li & Logan, 2000; Li et al., 1999). It is imperative for psychological counsellors to be attuned to the sociocultural context when using therapeutic storytelling because some mental health problems of children can be seen as reflecting cultural beliefs and values.

Third, according to the participants' views, learning and practicing new therapeutic techniques, such as therapeutic storytelling, is an important component of psychological counsellor's professional development. The psychological counsellors of this study are all certified by the Ministry of Human Resources and Social Security of China. However, there was a consensus amongst the participants that passing the national examination and obtaining the certificate does not guarantee that the person is fully competent to work as a psychological counsellor. Hence, psychological counsellors should commit themselves to continuous professional development. Therapeutic storytelling is a flexible and adaptable technique that can be used to complement the therapeutic approaches in which psychological counsellors are proficient. The participants were aware that the psychological counsellor training course for national examination is not specifically

designed for practitioners working in school settings. Therefore, psychological counsellors working in primary school settings should pay more attention to learn and practice therapeutic techniques that are especially useful when working with children, such as therapeutic storytelling. Since storytelling is deemed as a transferable skill, psychological counsellors' knowledge and experience of telling stories for other purposes can be drawn upon to support their utilisation of therapeutic storytelling. It is highly recommended for psychological counsellors to seek support from others (such as senior colleagues or supervisors) whenever necessary.

6.2.3 In Response to the Third Research Question

3. What possibly useful guidelines for the use of therapeutic stories in Chinese schools can be developed based on the experiences and views of the primary school psychological counsellors in this study?

Based on the answers to the first two research questions, this section delineates some recommendations that are intended as a guide for using therapeutic storytelling for Chinese psychological counsellors who work with children in primary school settings. The guidelines concentrate on the general procedures of implementing therapeutic storytelling, and are designed to be applied to various approaches to using this technique. They reflect the key findings of this study, and are presented in a concise manner. There is a tension between the guidelines' precision and generality. According to Bion (1984, p.80),

The more successfully the word and its use can be 'established' the more its precision becomes an obstructive rigidity; the more imprecise it is, the more a stumbling block to comprehension. The new idea 'explodes' the formulation designed to express it.

Hence, the guidelines cannot be too specific nor too general. It is hoped that the guidelines can provide practitioners who would like to use therapeutic storytelling with practical assistance. The guidelines are summarised as follows:

1. There is value in determining the purpose of implementing therapeutic storytelling and how it is incorporated in other therapeutic approaches employed in psychological

counselling. The spectrum of therapist directiveness developed in this study may be used as a theoretical framework.

2. There is value in creating new therapeutic stories/adapting existing therapeutic stories based on an analysis of the child's individual circumstances. Aspects that need to be taken into account include: the mental health problems that need to be addressed, the child's developmental stage, personality, personal interests, family structure and dynamics, interpersonal relationships with peers and teachers, etc. It is recommended to use imagery, such as metaphors and personification, in therapeutic stories. The purpose of using therapeutic storytelling and the progress of psychological counselling also influence the creation or adaptation of stories. Some traditional stories have the potential to be adapted and used for therapeutic purposes. This step may be conducted in collaboration with the child (and maybe the child's parents/guardians/teachers).

3. There is value in making the physical and interpersonal environment suitable for delivering therapeutic stories, and identifying the appropriate timing for using this technique. It is recommended to use storytelling to facilitate the establishment of an effective therapeutic relationship.

4. There is value in making storytelling interactive. The language used to tell stories should be developmentally appropriate. It is imperative to use developmentally appropriate language to tell stories, and encourage the child to express his/her feelings and thoughts during storytelling. Psychological counsellors should always be sensitive to the child's verbal and non-verbal responses.

5. There is value in soliciting support from other psychological counsellors and the child's parents/guardians/teachers whenever necessary.

6. There is value in evaluating the effects of therapeutic storytelling on the child (symptomatic improvement, better cognitive functioning, positive behavioural change, increased emotional literacy, etc).

However, it should be noted that since the participants of this study were drawn from a small purposive sample that only consisted of twelve psychological counsellors, the set of guidelines summarised here is just tentative and in need of further examination and expansion. For example, since no participants of this study used therapeutic storytelling

as the main approach in psychological counselling, this situation is not covered in the guidelines.

6.3 Contributions

According to Johnson and Christensen (2012), the main strength of qualitative research is that it allows researchers to investigate participants' personal experience and subjective viewpoints in great depth. In this study, how the participants understood therapeutic storytelling and culturally adapted therapeutic stories is described and discussed in detail. Tracy (2010) indicated that a qualitative study needs to make timely and significant conceptual and theoretical contribution. Overall, this study has contributed to the field of psychological counselling in Chinese context. The findings necessitate the importance of using therapeutic storytelling when working therapeutically with Chinese primary school students. The study also contributes to the knowledge of therapeutic storytelling by further discussing the rationale of this technique and developing new theoretical models to integrate different approaches to using it.

6.3.1 A Contribution to School Psychological Counselling in China

Psychological counselling, especially school psychological counselling, is a young profession in China. The rapid social-economic development of China gives rise to many problems, including the increasing mental health problems of children and young people. However, currently the school psychological service system in China is still in need of improvement (Leuwerke & Shi, 2010), and the CPD of school psychological counsellors plays a pivotal role in this process. For psychological counsellors working in school settings, learning therapeutic techniques that are especially useful when working with children and young people, such as therapeutic storytelling, is a vital component of the CPD. Within a constructivist grounded theory framework, the participants and I co-constructed some theories regarding using therapeutic storytelling with Chinese primary school students. The findings of this study can be drawn upon by psychological counsellors who are interested in using therapeutic storytelling to support their practice in the future.

The participants realised the necessity of constantly developing their professional skills. Nevertheless, it was indicated by the participants that there were not enough easily accessible CPD activities, and they appreciated the opportunity to discuss this useful and interesting technique with me. It can be seen that they regarded taking part in this study as a form of CPD, and were inclined to learn and practice new therapeutic techniques. Therefore, this study can be regarded as a form of mutual support between practitioner and researcher in the field of school psychological counselling. Engaging practitioners in such research activities not only enables researchers to generate valuable research findings, but also helps practitioners in terms of their CPD.

6.3.2 A Contribution to the Knowledge of Therapeutic Storytelling

In China, although there is a recent wave of studies on the topic of using storytelling in psychological counselling, relevant research on using this therapeutic technique with primary school students is still sparse. There are no existing studies that explore using therapeutic storytelling from the perspective of the practitioners' subjective viewpoints. This study makes timely and significant contribution to the field by investigating Chinese primary school psychological counsellors' understanding and experience of the therapeutic use of stories and storytelling.

According to the literature search and review completed as part of this research, how to integrate different approaches of using therapeutic storytelling have tended to be overlooked by existing studies. This study provides an in-depth discussion of how therapeutic storytelling facilitates the establishment of an effective therapeutic relationship, and proposes a spectrum of therapist directiveness when using therapeutic storytelling in an attempt to integrate the various approaches of using this technique. The spectrum can be used as a theoretical framework to support researchers' future studies and practitioners' future utilisation of therapeutic storytelling. The spectrum is developed based not only on an analysis of the data collected in this study, but also on a comprehensive review and evaluation of relevant literature. Therefore, potentially the spectrum can also be utilised by therapists and counsellors in countries other than China.

6.4 Limitations

This study is a grounded theory study, therefore the findings are limited by the qualitative research design. This study provides a thick description of Chinese primary school psychological counsellors' understanding and experience of the utilisation of therapeutic storytelling, however there are no predictions can be deduced. Because of the limitations of time and other resources, the participants of this study were drawn from a small purposive sample that consists of only twelve psychological counsellors, and the participants are all from a city located on the east coast of China. Apparently, this sample cannot represent all Chinese primary school psychological counsellors. As a result of these constraints, it is inappropriate to generalise the findings of this study.

The timeframe of the study made it impossible for me to engage the children with whom the participants worked. Therefore, this study only explores the psychological counsellors' viewpoints and how the children responded to therapeutic storytelling can only be investigated based on the participants' description. This fact has potential impact on the quality of the findings. A further possible limitation of the study is that it used online video interviews. Some information, especially non-verbal information, might have been lost in the interview processes.

6.5 Implications of the Study Findings

This section discusses the ways in which the findings from this study can impact on the work of school psychological counsellors, school authorities and researchers in the field of psychological counselling in China. This study focuses on investigating Chinese primary school psychological counsellors' understanding and experience of using therapeutic stories, and reflects the process of learning and practicing a new therapeutic technique of the participants. As mentioned earlier, it is my hope that my analysis and interpretation of the data could inform the future work of psychological counsellors who would like to incorporate therapeutic storytelling in psychological counselling. The findings may inspire psychological counsellors to reflect upon and improve their practice.

This study highlights the importance and the need for school psychological counsellors to engage in CPD activities. This is one of the key ways to develop the school-based

mental health service system in China. However, it requires support from many stakeholders, including schools, local education authorities, professional bodies, academic institutions, etc. Some difficulties encountered in work were indicated by the participants, including inadequate staffing, excessive workload, lack of professional supervision, lack of funding and resources, etc. Apparently, it is impossible for psychological counsellor to overcome all these difficulties on their own. On the basis of these findings, relevant stakeholders can take appropriate measures to support the psychological counsellors' professional development, thus improving the accessibility and quality of school psychological counselling. For example, relevant training programmes and workshops that specifically designed for psychological counsellors working with children and young people should be developed, and therapeutic storytelling can be incorporated.

6.6 Future Research Directions

School psychological counsellors working in different areas of China might tend to use therapeutic storytelling differently and hold disparate viewpoints. Since this study is limited by the size of its sample, future research may consider to obtain a larger sample that includes participants from different regions of China. The stories used in this study were adapted from traditional Chinese myths and historical stories, and future studies may develop therapeutic stories that reflect the current sociocultural context of China.

This study explores the utilisation of therapeutic storytelling from the perspective of Chinese primary school psychological counsellors' subjective understanding and experience. The findings provide insights into using this therapeutic technique in school settings in China, however they are limited by the self-report nature of data. Therefore, future research in this area can explore the experience of the children who are involved in therapeutic storytelling. It is difficult to determine the effectiveness of therapeutic storytelling on the basis of qualitative research, therefore future studies can adopt quantitative research methods, such as randomised controlled trials, to further examine this therapeutic technique and allow for generalisation of findings.

6.7 Final Note

In this final section of my thesis, I will reflect on my PhD research process. The epistemological stance taken by me underpins the entire research process. It determines the methodology adopted and how the study is evaluated (Crotty, 1998). The aim of the current study is to explore Chinese primary school psychological counsellors' subjective understanding and experience of using therapeutic storytelling. In line with the nature of the research, I adopted a social constructionist epistemology because this epistemological stance allows me to elicit the subjective accounts of the participants. In social constructivist research, researchers play an active role by co-constructing interpretations of data through interacting with participants (Mackenzie & Knipe, 2006; Charmaz, 2014). Hence, constructivist researchers are required to adopt a reflexive approach, beware of the effect of their own constructions, and make their position clear to their readers (Ahern, 1999). My personal, academic and professional background was briefly stated in the introduction section of this thesis, allowing the reader to judge how the researcher's background might have influenced the research process.

The epistemological stance taken informed the choice of methodology. I felt that a qualitative methodology was suitable for answering the research questions because it allows an in-depth exploration of the participants' subjective understanding and experience. As previously highlighted, my review of literature indicated that relevant studies on using therapeutic storytelling with Chinese primary school students were insufficient. According to Willig (2013), grounded theory is especially useful when conducting research in an understudied area because a hypothesis is not required and initial theories grounded in the data can be developed. Considering the epistemological stance, the constructivist grounded theory developed by Charmaz (2014) was adopted. Although the constructivist grounded theory has many strengths in terms of investigating an understudied topic, there are some limitations that cannot be overlooked. For example, undertaking a constructivist grounded theory requires the researcher to work contemporaneously on multiple tasks, including recruiting, interviewing, coding, comparing, and memoing. As a relatively inexperienced researcher, I found the process challenging and difficult. I regularly sought advice from my supervisor, which was extremely helpful for the research process.

The appropriate timing for a literature review is debatable in the field of grounded theory research. Some grounded theorists suggested that it is a constraining exercise if the literature review is conducted prior to the data collection and analysis (Glaser & Strauss, 1967; Ramalho, Adams, Huggard, & Hoare, 2015). However, it was impossible for me to review the existing research literature after the data collection and analysis because I needed to identify the research gap and develop the research design at an early stage of my PhD. As a matter of fact, I have reviewed some literature in the field of therapeutic storytelling in my Masters dissertation. In this study, I used Charmaz's constructivist grounded theory approach which is recommended when doing research in an understudied area. Charmaz (2014) argued that it is reasonable to carry out a literature review early in the research process, but the researcher should be aware of the possibility that the literature review becomes irrelevant or incomplete once the research findings are generated. Therefore, I produced an initial literature review in early stages of the research process for my ethical application and confirmation review, and conducted a second review in the writing up stage in an endeavour to make the literature review more comprehensive. For example, section 2.6 was significantly expanded based on the analysis of how storytelling was actually used by the participant in this study.

I used purposive sampling in this study. According to Marshall (1996, p. 523), purposive sampling refers to the process in which *'the researcher actively selects the most productive sample to answer the research question.'* Before I came to the UK to pursue my master degree, I was a certificated psychological counsellor in China and had some experience of working with primary school students. I used my personal resources to support the process of recruiting participants. I was aware that purposive sampling might lead to researcher bias (Marshall, 1996), however I still felt it was suitable for the current study because it allowed my study to glean insights from individuals that have particular expertise. In line with the constructivist belief that knowledge is constructed through people's interaction with others, in-depth individual interviewing was adopted as the method of data collection. This method allows for an in-depth exploration of the participants' understanding and experience of using therapeutic storytelling. As Charmaz (2014) suggested, I constantly adapted the questions used in the semi-structured interviews to incorporate the codes and categories constructed through data analysis.

Before organising the interviews, I delivered an online presentation to each participant to introduce the basic concept of therapeutic story and provide them with the stories devised by me. The participants were encouraged to use this therapeutic technique in their practice before attending the interviews. This research design had some potential shortcomings. For example, it complicated the research process and extended the period of data collection. Moreover, the therapeutic stories provided were very limited therefore it was likely that a participant could not find a suitable one to use. However, I adopted this research design because I intended to investigate the participants' understanding of therapeutic storytelling based on their practical experience. Generally, therapeutic storytelling was a new technique for the participants involved in this study. Although some participants previously had experience of telling stories in psychological counselling in one way or another, storytelling was not been systematically used by them as a formal therapeutic technique. Therefore, I had to support the participants in learning and practicing therapeutic storytelling before they could possibly provide me with insights of using this technique in Chinese school settings based on their experience. The viewpoints of the participants who did not find chances to use the stories were also analysed, and I found that although they did not provide many insights in terms of how to use this technique, they offered many valuable critical evaluations. In spite of the shortcomings, this research design enabled me explored how Chinese primary school psychological counsellors understood and used therapeutic storytelling, which was a research area with insufficient empirical evidence and high level of uncertainty. I felt privileged that the participants shared their thoughts and experience with me.

The simultaneous data collection and analysis processes were complex, especially for a researcher like me who did not have previous experience of using grounded theory. I felt that I have improved my time management skills through arranging various activities within the scheduled timeframe. As justified in the methodology chapter, I first transcribed the interviews in the original language used by the participants, which was Mandarin, and started to generate codes in English. I invited the participants to comment on the codes to make sure that their viewpoints were accurately reflected. I utilised diagramming in the data analysis process and it was a very useful virtual strategy in terms of identifying the relationships amongst the codes and categories (Charmaz, 2014).

As highlighted earlier, in this study the point of theoretical saturation is relative because of the sample and time constraints. Consequently, the theories constructed in this study are in need of further examination and development. In this thesis, sometimes the language used to present the findings seem a little definitive, but that does not mean that I believe this study generates definite findings. My intention of using such language is to demonstrate that as the researcher, I actively contribute to constructing the theories and the theories are grounded in data. The theories are collaboratively constructed by the research participants and me (as the researcher); however, according to constructivism, an only standard interpretation of any particular phenomenon does not exist. Hence, it is inappropriate to claim that the findings of this study are conclusive. New data can be added to complement the findings, and there are many valid ways to interpret the data. I will continue to carry out studies on this topic in the future.

As noted earlier in the thesis, there are some realistic difficulties for psychological counsellors working in Chinese primary schools to regularly access training and supervision, such as lack of funds and qualified supervisors. Meanwhile, researchers in the field of psychological counselling in China are especially concerned about how to use research to inform psychological counsellors' practice. In this study, I explored Chinese primary school psychological counsellors' understanding and experience of using therapeutic storytelling, and the participants regarded taking part in my research as a CPD activity. It can be seen that engaging practitioners in research exploring how to use a specific therapeutic technique in the Chinese context contributes to fostering connections between academia and professional practice. In this kind of study, a form of partnership can be established between researchers who possessed theoretical knowledge of a therapeutic technique and practitioners who acquired some practical experience of using the technique. This partnership provides mutual benefits for both the researcher and the practitioner, allowing them to develop both a theoretical and practical understanding of the therapeutic technique studied. Combining my research and practical experience in working therapeutically with children and young people, I will continue to work on bridging the gap between theoretical knowledge and its application in practice.

References

- Adler, J. M. (2008). Two modes of thought: the narrative/paradigmatic disconnect in the bailey book controversy. *Archives of sexual behavior, 37*(3), 422-425.
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative health research, 9*(3), 407-411.
- Allione, T. (2008). *Feeding your demons, ancient wisdom for resolving conflict*. London: Little, Brown & Co.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington: American Psychiatric Publishing.
- Andersen, M. B., & Williams-Rice, B. T. (1996). Supervision in the education and training of sport psychology service providers. *Sport Psychologist, 10*, 278-290.
- Andrews, D., Hull, D. (2009). Storytelling as an Instructional Method: Descriptions and Research Question. *The Interdisciplinary Journal of Problem-Based Learning, 3*(2), 6–23.
- Anna, T. G. (2011) Children's Books for Use in Bibliotherapy. *Journal of Pediatric Health Care, 25*(1), 57-61.
- Anthony, M. J. (1991). Humanism in American Christian education. *Christian Education Journal, 12*(1), 79-88.
- Arad, D.(2004)If your mother were an animal, what animal would she be?Creating play-stories in family therapy: The Animal Attribution Storytelling Technique (AASTT). *Family Process, 43*(2), 249-263
- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in psychology, 2*, 270.
- Argyle, M. (2013). *Bodily communication*. London, England: Routledge.
- Assagioli, R. (1961). *Self-realization and psychological disturbances*. New York: Psychosynthesis Research Foundation.
- Atta-Alla, M.N. (2012). Integrating language skills through storytelling. *English Language Teaching Journal, 5*(12), 1-13.

- Aydin, G., & Yerin, O. (1994). The effect of a story-based cognitive behavior modification procedure on reducing children's test anxiety before and after cancellation of an important examination. *International Journal for the Advancement of Counselling, 17*(2), 149-161.
- Baker, E. L. (2000). Reflections on the hypnotic relationship: Projective identification, containment, and attunement. *International Journal of Clinical and Experimental Hypnosis, 48*(1), 56-69.
- Barker, P. (1985). *Using Metaphors in Psychotherapy*. New York, NY: Brunner/Mazel.
- Barker, P. (2013). *Using metaphors in psychotherapy*. London, England: Routledge.
- Barton B., Booth D. (1990). *Stories in the Classroom*. Portsmouth, NH: Heinemann Education Books.
- Bateson, M. (1994). *Peripheral visions: Learning along the way*. New York, NY: HarperCollins.
- Battiste, M. (2002) *Indigenous Knowledge and Pedagogy in First Nations Education: A Literature Review with Recommendations*. Ottawa, Ont.: Indian and Northern Affairs.
- Bauer, M. S., & Balias, F. A. (1995). Storytelling: Integrating therapy and curriculum for students with serious emotional disturbances. *Teaching Exceptional Children, 27*(2), 24.
- Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. London, England: Penguin.
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond (2nd ed.)*. New York, NY: Guilford.
- Becker-Weidman, A. (2010). *Dyadic developmental psychotherapy: Essential practices and methods*. New York, NY: Jason Aronson.
- Beebe, B. (2004). Faces in relation: A case study. *Psychoanalytic dialogues, 14*(1), 1-51.
- Bender, D. S., Farber, B. A., & Geller, J. D. (1997). Patients' representations of therapists, parents, and self in the early phase of psychotherapy. *Journal of the American Academy of Psychoanalysis, 25*(4), 571.

- Berg, B. L., & Lune, H. (2004). *Qualitative research methods for the social sciences* (Vol. 5). Boston, MA: Pearson.
- Bergner, R. (1979). The use of systems-oriented illustrative stories in marital psychotherapy. *Family Therapy*, 6, 109-118.
- Bergner, R. (2007). Therapeutic storytelling revisited. *American Journal of Psychotherapy*, 61, 149-162.
- Berger, D.M. (1989). 'Developing the story in psychotherapy', *American Journal of Psychotherapy*, 43(2), 248.
- Bettelheim, B. (1983). *Freud and Man's Soul*. London, England: Chatto and Windus.
- Bettelheim, B. (2010). *The uses of enchantment: The meaning and importance of fairy tales*. Vintage.
- Beutler, L.E., Harwood, T.M., Michelson, A., Song, X., & Holman, J. (2011). Resistance/Reactance Level. *Journal of clinical psychology*, 67 (2), 133-142.
- Beyerstein, B.L., & Beyerstein, D.F. (1992). *The Write Stuff Evaluations of graphology- the study of handwriting analysis*. Buffalo, NY: Prometheus Books.
- Bheamadu, C. (2003) *The exploration of metaphoric stories as a therapeutic technique for a young boy with an anxiety disorder*. Unpublished Masters Thesis. Rand Afrikaans University. South Africa.
- Bifulco, A., Bernazzani, O., Moran, P. M., & Ball, C. (2000). Lifetime stressors and recurrent depression: preliminary findings of the Adult Life Phase Interview (ALPHI). *Social psychiatry and psychiatric epidemiology*, 35(6), 264-275.
- Bion, W. R. (1984). *Attention and Interpretation*. London, England: Karnac Books.
- Bion, W. R. (1962). *Learning from Experience*. London, England: Heinemann.
- Bion, W. R. (1959). *Experiences in Groups*. London, England: Tavistock ,
- Birkerts, S. (1994). *The Gutenberg elegies: The fate of reading in an electronic age*. New York, NY: Ballantine.
- Blackstone, J. (2006). Intersubjectivity and nonduality in the psychotherapeutic relationship. *Journal of Transpersonal Psychology*, 38(1), 25.

- Blaikie, N. (2007). *Approaches to social enquiry: Advancing knowledge*. Cambridge, England: Polity.
- Blenkiron, P. (2010). *Stories and Analogies in Cognitive Behaviour Therapy*. Chichester, England: Wiley-Blackwell.
- Bochner, A. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6, 266-272.
- Bohart, A. C. (2000). The client is the most important common factor: Clients' self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration*, 10(2), 127.
- Bordahl, V. (1996). The Oral Tradition of Yangzhou Storytelling, *Nordic Institute of Asian Studies Monograph Series*, 73.
- Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. *The working alliance: Theory, research, and practice*, 13-37.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *The International journal of psycho-analysis*, 39, 350.
- Bradt, K. M. (1997). *Story as a way of knowing*. Kansas City, MO: Sheed & Ward.
- Brandell, Jerrold.R. (1984)Stories and storytelling in child psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*. 1984, 21(1), 54-62.
- Brandell, J. R. (2016). *Of mice and metaphors: Therapeutic storytelling with children*. Thousand Oaks, CA: Sage Publications.
- Bradley, L. J., Whiting, P., Hendricks, B., Parr, G., & Jones Jr, E. G. (2008). The use of expressive techniques in counseling. *Journal of Creativity in Mental Health*, 3(1), 44-59.
- Bruner, J. (1986). *Actual Mind, Possible Worlds*. Cambridge, MA: Harvard University Press.
- Bruner, J. (2002). *Making stories: law, literature, life*. Cambridge, MA: Harvard university press.
- Bruya, B. (1992). *Zhuangzi Speaks: The Music of Nature*. Princeton: Princeton University Press.

- Brooks, R. (1993). Creative characters. In C. E. Schaefer & D. M. Cangelosi (Eds.), *Play therapy techniques* (pp. 211). Northvale, NJ: Jason Aronson.
- Brosnan, E., Fitzpatrick, C., Sharry, J., & Boyle, R. (2006). An evaluation of the integrated use of a multimedia storytelling system within a psychotherapy intervention for adolescents. *Human Factors in Computing Systems: CHI '06 Extended Abstracts*, (CHI EA '06), 598-603
- Bryant, A. & Charmaz, K. (2007) Grounded Theory in historical perspective: an epistemological account. In *The Sage Handbook of Grounded Theory* (pp.31-57). Los Angeles, CA: Sage Publications.
- Burns, G. W. (2012). *101 healing stories for kids and teens: Using metaphors in therapy*. Hoboken, NJ: John Wiley & Sons.
- Burns, G. W. (2007). *Healing with stories: Your casebook collection for using therapeutic metaphors*. Hoboken, NJ: John Wiley & Sons.
- Burrows, L. (2011). *Feeling real: It's like putting your hand through a wall into another world*. Brisbane, Australia: Post Pressed.
- Burrows, L. (2013). Transforming 'The Red Beast' Within Through Mindfulness and Therapeutic Storytelling: A Case Study. *Australian Journal of Guidance and Counselling*, 23(02), 172-184.
- Burrows, L. (2008). Max and the knight: How a therapeutic story provided a connection point for child, family, school, human service agencies and community. In D. Bottrell & G. Meagher, *Communities and change: Selected papers* (pp. 137–149). Sydney, Australia: Sydney University Press.
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26, 17–31.
- Campbell, J. (1982) *The Masks of God: Primitive Mythology*. London, England: Arkana.
- Campbell, J., and Moyes, W. (1988) *The Power of Myth*. London, England: Doubleday
- Cajete, G., Donna E., and Regina H. (2010) *Life Lessons through Storytelling: Children's Exploration of Ethics*. Bloomington, CA: Indiana UP

- Campbell, M. (2007). Innovative counselling with anxious children. *Counselling, Psychotherapy, and Health*, 3(1), 59–70.
- Canino, I. A., & Spurlock, J. (2000). *Culturally diverse children and adolescents: Assessment, diagnosis, and treatment*. New York, NY: Guilford Press.
- Cardellichio T., & Field W. (1997). Seven strategies that encourage neural branching. *Educational Leadership*, 54(6) 33.
- Carducci, B. J. (2009). *The psychology of personality: Viewpoints, research, and applications*. Hoboken, NJ: John Wiley & Sons.
- Carey, L. (1990). Sandplay therapy with a troubled child. *The Arts in Psychotherapy*, 17(3), 197-209.
- Carlisle, R. P. (Ed.). (2009). *Encyclopaedia of play in today's society* (Vol. 1). London, England: Sage.
- Carlson, R., & Arthur, N. (1999). Play Therapy and the Therapeutic Use of Story. *Canadian Journal of Counselling*, 33(3), 212-26.
- Carlson, R. (2001). Therapeutic use of story in therapy with children. *Guidance & Counseling*, 16, 92–99.
- Carere-Comes, T. (2001). Assimilative and accommodative integration: The basic dialectics. *Journal of Psychotherapy Integration*, 11(1), 105-115.
- Carol, B., Heckler M. (1996). *Who Says? : Essays on Pivotal Issues in Contemporary Storytelling*. Atlanta, GA: August House
- Casement, P. (1985). *On learning from the patient*. London, England: Tavistock.
- Catlin, C. C. (2008). *Therapist Directiveness and Homework Compliance in Cognitive Behavior Therapy*. Bachelor's dissertation. Tucson, AR: The University of Arizona,
- Cattanach, Ann(1997) *Children's Stories in Play Therapy*. London, England: Jessica Kingsley.
- Chan, W.O. David(1992) Stories and Storytelling in Teaching and Child Psychotherapy. *Primary Education*, 3, 27-31.
- Chan, J.M., O'Reilly, M.F., Lang, R.B., Boutot, E. A., White, P.J., Pierce, N., Baker, S.(2011) Evaluation of a Social Stories™ intervention implemented by pre-service

- teachers for students with autism in general education settings. *Research in Autism Spectrum Disorders*, 5(2), 715-721.
- Charmaz, K. (2014) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis (2nd ed.)*. London, England: Sage Publications Ltd.
- Chapell, B. (2001). *Using illustrations to preach with power*. Wheaton, IL: Crossway Books.
- Chavis, Geri G. (2011) *Poetry and Story Therapy: The Healing Power of Creative Expression*. London, England: Jessica Kingsley Publishers.
- Chen , J.Q.(2012). *Influencing Factors of Anxiety Symptom in Children and the Intervention Study*. 儿童焦虑情绪症状的影响因素及干预研究. Taipei, Taiwan: Soochow University.
- Chen. Y. M., Zhang, K., and Li, Y, et al. (2001) Ten Big Events that Influenced the Development of Psychology in China. *Psychological Science*, 24(6): 718-720. 陈永明, 张侃, 李扬, 等.(2001). 二十世纪影响中国心理学发展的十件大事[J]. *心理科学*, 24(6): 718-720.
- Chen, Z. Y., Liu, Z. K., Zhu, Z. H., & Shi, Z. B. (2016) Counseling and Psychotherapy in China: Current Status and Future Strategies, *Bulletin of Chinese Academy of Sciences*, 31(11), 1198-1207. 陈祉妍, 刘正奎, 祝卓宏, & 史占彪. (2016). 我国心理咨询与心理治疗发展现状, 问题与对策. *中国科学院院刊*, 31(11), 1198-1207.
- Cheng, J. (2012). Growing up in Stories-the Utilisation of Narrative Therapy in Middle School. *Psychological Counselling*. 21, 116. 成军. (2012). 在故事中成长——叙事疗法在中学心理治疗中的作用和运用. *中学教学参考*, 21, 116.
- China Women's Federation. (2013). A research report about the situation of left-behind children in our country. Retrieved from: <http://acwf.people.com.cn/n/2013/0510/c99013-21437965.html>
- Chinese Psychological Society.(2007). *Ethic Standard*, *Acta Psychologica Sinica*,39(05): 947-950. 中国心理学会. 中国心理学会临床与咨询心理学工作伦理守则. 39(05): 947-950.
- Chow, G. C. (2015). *China's economic transformation*. Hoboken, NJ: John Wiley & Sons.

- Clarkson, P. (2003). *The Therapeutic Relationship (2nd Edition)*. London, England: Whurr
- Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child-centered play therapy: A practical guide to developing therapeutic relationships with children*. Hoboken, NJ: John Wiley & Sons.
- Colman, A.M. 2001. *Dictionary of Psychology*. Oxford, England: Oxford University Press.
- Combs, G., & Freedman, J. (1990). *Symbol, story, and ceremony: Using metaphor in individual and family therapy*. New York, NY: WW Norton & Co.
- Combs M., & Beach J. D. (1994). Stories and storytelling: personalizing the social studies, *The Reading Teacher*, 47, 6. 464.
- Coleman, M., & Ganong, L.H. (1990). The uses of juvenile fiction and self-help books with stepfamilies. *Journal of Counseling & Development*, 68, 327-331.
- Collis, J. and Hussey, R. (2003), *Business Research: A Practical Guide for Undergraduate and Postgraduate Students*. Hampshire, England: Palgrave Macmillan
- Collins, P. (1998). Negotiating selves: Reflections on 'unstructured' interviewing. *Sociological Research Online*, 3 (3).
- Connolly, M. B., Crits-Christoph, P., Barber, J. P., & Luborsky, L. (2000). Transference patterns in the therapeutic relationship in supportive-expressive psychotherapy for depression. *Psychotherapy Research*, 10(3), 356-372.
- Cook, J.W. (1994). The handbook of therapeutic storytelling. Unpublished manual script.
- Cook, J. W., Taylor, L. A., & Silverman, P. (2004). The application of therapeutic storytelling techniques with preadolescent children: A clinical description with illustrative case study. *Cognitive and Behavioral Practice*, 11(2), 243-248.
- Cooper, M. (2008). *Essential research findings in counselling and psychotherapy*. London, England: Sage.
- Corbin, J. and Strauss, A. (2008) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (3rd ed.)*. London, England: Sage Publications.

- Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons and evaluative criteria. *Zeitschrift für Soziologie*, 19(6), 418-427.
- More, C. (2008). Digital stories targeting social skills for children with disabilities: Multidimensional learning. *Intervention in School and Clinic*, 43(3), 168-177.
- Cortina, M., & Liotti, G. (2010). Attachment is about safety and protection, intersubjectivity is about sharing and social understanding: The relationships between attachment and intersubjectivity. *Psychoanalytic Psychology*, 27(4), 410.
- Coull, G., & Morris, P. G. (2011). The clinical effectiveness of CBT-based guided self-help interventions for anxiety and depressive disorders: a systematic review. *Psychological Medicine*, 41(11), 2239-2252.
- Coyle, D., Doherty, G., Matthews, M., & Sharry, J. (2007). Computers in talk-based mental health interventions. *Interacting with computers*, 19(4), 545-562.
- Cozolino, L., & Sprokay, S. (2006). Neuroscience and adult learning. *New Directions for Adult and Continuing Education*, 110, 11-19.
- Crawford, R., Brown, B., & Crawford, P. (2004). *Storytelling in therapy*. Cheltenham, England: Nelson Thornes.
- Crenshaw, D. A. (2007). *Evocative strategies in child and adolescent psychotherapy*. Northvale, NJ: Jason Aronson.
- Creswell, J. (2007) *Qualitative Inquiry and Research Design*. London, England: SAGE Publications Ltd.
- Crothers, S. M. (1917). *A literary clinic*. Boston, MA: Houghton Mifflin.
- Cristea, I. A., Montgomery, G. H., Szamoskozi, Ş., & David, D. (2013). Key constructs in ‘classical’ and ‘new wave’ cognitive behavioral psychotherapies: Relationships among each other and with emotional distress. *Journal of Clinical Psychology*, 69, 584–599.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London, England: Sage.
- Cuijpers, P., Donker, T., van Straten, A., Li, J., & Andersson, G. (2010). Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders?

- A systematic review and meta-analysis of comparative outcome studies. *Psychological medicine*, 40(12), 1943-1957.
- Curtis, Ron (1994) 'Narrative form and normative force: Baconian story-telling in popular science', *Social Studies of Science*, 24, 419–461.
- Dabos, R. & Vetere, A. (2005). *Researching Psychotherapy and Counselling*. Maidenhead. London, England: Open University Press.
- Dale, M. A., & Lyddon, W. J. (2000). Sandplay: A constructivist strategy for assessment and change. *Journal of Constructivist Psychology*, 13, 135–154.
- Dallos, R., & Vetere, A. (2005). *Researching psychotherapy and counselling*. Maidenhead, England: McGraw-Hill Education (UK).
- D'Amato, R. C., van Schalkwyk, G. J., Zhao, B. Y., & Hu, J. (2013). Understanding the development of school psychology in Mainland China. *School Psychology International*, 34(2), 131-144.
- Davis, N. (1999) *Once upon a Time: Therapeutic Stories to Heal Abused Children*. Psychological Associates.
- Davidson, M (2004). A phenomenological evaluation: using storytelling as a primary teaching method. *Nurse Education and Practice*, 4 (3): 184–189.
- Dawson, C (2009). *Introduction to research methods*. Oxford, England: Oxford University Press.
- Deblinger, E., Thakkar-Kolar, R., & Ryan, E. (2006). Trauma in childhood. In Follette, V. M., & Ruzek, J. I. (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 405-432). New York, NY, US: Guilford Press.
- Deng, L. Y., Ma, B. H., Wu, M. M., & Wang, G. B. (2014). The Comparison of Mental Health Teachers' Professionalization between Teachers from Different Major Backgrounds. *Teacher Education Research*, 26(3), 49-54. 邓林园, 马博辉, 伍明明, & 王工斌. (2014). 不同专业背景的中小学心理健康教师工作现状对比研究. *教师教育研究*, 26(3), 49-54.
- Denning, S. (2000). *The Springboard: How Storytelling Ignites Action in Knowledge-Era Organizations*. Oxford, England: Butterworth-Heinemann.

- Denny, T. (2010). Story Telling and Educational Understanding. *Journal of MultiDisciplinary Evaluation*, 7(15), 258-271.
- Denzin, N. & Lincoln, Y. (2005). The discipline and practice of qualitative research. In *The Sage Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry (Vol. 282)*. San Diego, CA: Academic Press.
- Ding, Y., Kuo, Y. L., & Van Dyke, D. C. (2008). School psychology in China (PRC), Hong Kong and Taiwan: A cross-regional perspective. *School Psychology International*, 29(5), 529-548.
- Dorota, B.(2013). A New Horizon in Logopaedics: Speech Therapeutic Story – Innovative Use of a Story in the Therapy of Children Speech Impediments. *Procedia - Social and Behavioral Sciences*, 106, 149-163
- Douglas, H. (2007). *Containment and reciprocity: Integrating psychoanalytic theory and child development research for work with children*. Oxford, England: Routledge.
- Duff, C.T., and Bedi, R.P. (2010). Counsellors behaviours that predict therapeutic alliance: From the client's perspective. *Counselling Psychology Quarterly*, 23(1), 91-110.
- Dunkle, J. H., & Friedlander, M. L. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology*, 43(4), 456.
- Duquette, M. D. (2011). What Place does the Real-Relationship have in the Process of Therapeutic Character Change?. *Jefferson journal of Psychiatry*, 11(2), 11.
- Dreikurs, R. (1967). The individual psychological approach. In B. B. Wolman (Ed.), *Handbook of child psychoanalysis: Research, theory and practice* (p. 15). New York, NY: Van Nostrand Reinhold.
- Dwivedi, K. N. (Ed.). (2006). *The therapeutic use of stories*. Oxford, England: Routledge.
- Earley, J. (2012). *Working with anger in internal systems therapy*. Larkspur, CA: Pattern System Books.

- Eillis, N., Brown G.T. (2011) *Invoking the Scribes of Ancient Egypt: The Initiatory Path of Spiritual Journaling*. Rochester, England: Bear & Company.
- Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional Development: Training for Professionalism as a Foundation for Competent Practice in Psychology. *Professional Psychology: Research and Practice*, 36(4), 367.
- Eng,W., Heimberg,R.G., Hart, T.A., Schreier, F.R., Liebowitz, M.R.(2001) Attachment in individuals with social anxiety disorder: the relationship among adult attachment styles, social anxiety, and depression. *Emotion*, 1 (4), 365-380.
- Engel, S. (1999).*The Stories Children Tell. Making Sense of the Narratives of Childhood*. New York, NY: New Directions Publishing Corp.
- Erickson, M. H., & Rossi, E. L. (2012). *The February man: Evolving consciousness and identity in hypnotherapy*. Oxford, England: Routledge.
- Erickson, M. H. (1991). *My voice will go with you: The teaching tales of Milton H. Erickson*. New York, NY: WW Norton & Company.
- Erskine, R., Moursund, J., & Trautmann, R. (2013). *Beyond Empathy: A Therapy of Contact-in Relationships*. Oxford, England: Routledge.
- Estes, C.P. (1996) *Women who run with the Wolves*. New York, NY: Ballantine Books.
- Etchison, M., & Kleist, D.M. (2000). Review of Narrative Therapy: Research and Review. *Family Journal*, 8(1) 61-67.
- Evans, J. (2007). The Science of Storytelling. *Astrobiology*, 7(4), 710-711.
- Fan, F. L., Wang, N. Y., & Wang, G. B. (2013). The Investigation of the Status Quo of Professional Development of Psychological Teachers in Elementary and Secondary Schools and the Exploration of Their Future. *Development. Journal of Educational Studies*, 6, 91-101. 范福林, 王乃弋, & 王工斌. (2013). 中小学心理教师专业化现状调查及发展探究. *教育学报*, 6, 91-101.
- Fan, F. (2006). *Psychopathology of Anxiety and Depression of Left-behind Children and Empirical Study of Resilience Development Program* (PhD thesis). Changsha, China: Central South University. 留守儿童焦虑/ 抑郁情绪的心理社会因素及心理弹性发展方案初步研究. 博士论文, 长沙, 中国: 中南大学.

- Fang, F. (2015) Narrating, Externalising, Reconstructing-A Case Study Based on Narrative Therapy. *Moral Education in Primary, Secondary and High Schools*, 6, 51-52. 方芳. (2015). 叙说·外化·重构——基于叙事疗法的个案研究. *中小学德育*, 6, 51-52.
- Fedoruk, M. 1999. *An exploration of the Director of Nursing role in South Australia at the close of the twentieth century* (PhD Thesis). Adelaide, Australia: University of South Australia.
- Feldman, J. M., Eisenberg, E. J., Gambini-Suarez, E., & Nassau, J. H. (2007). Differential effects of stress management therapies on emotional and behavioral disorders. *Principles and practice of stress management*, 638-681.
- Field, T. A., Beeson, E. T., & Jones, L. K. (2015). The New ABCs: a practitioner's guide to neuroscience-informed cognitive-behavior therapy. *Journal of Mental Health Counseling*, 37(3), 206-220.
- Fisher, W. R. (1985). The narrative paradigm: In the beginning. *Journal of Communication*, 35(4), 74-89.
- Fisher, W. R. (1987). *Human Communication as Narration: Toward a Philosophy of Reason, Value and Action*. Columbia, SC: University of South Carolina Press.
- Finlay, L. (2015). *Relational integrative psychotherapy: Engaging process and theory in practice*. Hoboken, NJ: John Wiley & Sons.
- Floyd, M. (2003). Bibliotherapy as an adjunct to psychotherapy for depression in older adults. *Journal of Clinical Psychology*, 59(2), 187-195.
- Fowler, (2004)R. *The Cambridge Companion to Homer* (Cambridge Companions to Literature). Cambridge, England: Cambridge University Press
- Fonagy, P., Gergely, G., & Jurist, E. L. (Eds.). (2004). *Affect regulation, mentalization and the development of the self*. London, England: Karnac books.
- Fox, C. (1993). *At The Very Edge Of The Forest: the Influence of Literature on Story-telling by Children*. London, England: Burns & Oates.
- Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of general psychology*, 4(2), 132.

- Freud, S. (1900) 'The interpretation of dreams', in J. Strachey (ed.) *Complete Psychological Works*, Standard Edition vol. 5, London, England: Hogarth Press and the Institute of Psycho-analysis (reprinted 1964), 608.
- Freud, S. (2005). *The essentials of psycho-analysis* (No. 116). New York, NY: Random House.
- Freud, S. (1913). On the beginning of treatment: Further recommendations on the technique of psychoanalysis. In J Strachey (Ed.), *Standard edition of the complete works of Sigmund Freud* (Original work published 1913, Vol.12, pp122-144). London: Hogarth Press.
- Friedberg, R. D., & Wilt, L. H. (2010). Metaphors and stories in cognitive behavioral therapy with children. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 28(2), 100-113.
- Friedberg, R. D., Crosby, L. E., Friedberg, B. A., Rutter, J. G., & Knight, K. R. (1999). Making cognitive behavior therapy user-friendly for children. *Cognitive and Behavioral Practice*, 6, 189–200.
- Friedberg, R. D. (1994). Storytelling and cognitive therapy with children. *Journal of Cognitive Psychotherapy*, 8(3), 209-217.
- Frude, N., & Killick, S. (2011). Family storytelling and the attachment relationship. *Psychodynamic Practice*, 17(4), 441-455.
- Gabbard, G. O. (2009). *Textbook of psychotherapeutic treatments*. Washington, D.C.: American Psychiatric Pub.
- Gabel, S. (1984). The draw a story game: An aid in understanding and working with children. *The Arts in Psychotherapy*, 11(3), 187-196.
- Gale, T. (2008). Projective Methods. *International Encyclopedia of the Social Sciences*. Retrieved July 12, 2017 from Encyclopedia.com: <http://www.encyclopedia.com/social-sciences/applied-and-social-sciences-magazines/projective-methods>
- Galliers, R.D. (1991). Choosing Appropriate Information Systems Research Approaches: A Revised Taxonomy. In: Nissen, H., Klein, H. & Hirschheim R., (Eds), *Information Systems Research: Contemporary Approaches and Emergent Traditions* (pp. 327–345). North Holland, Netherlands: Elsevier Science Publishers.

- Gao, C. (2010) *A Study on English Learning Anxiety of Elementary School Students in Grade Six* (Master dissertation). Yangzhou, China: Yangzhou University. 小学六年级学生英语学习焦虑研究. 扬州, 中国: 扬州大学.
- Gardner, R. A. (1971). *Therapeutic communication with children: The mutual storytelling technique*. Northvale, NJ: Jason Aronson.
- Gardner, R. A. (1986) *Therapeutic Communication with Children: The Mutual Storytelling Technique* (Revised edition). Northvale, NJ: Jason Aronson Inc.
- Gardner, R. A. (1993) *Storytelling in psychotherapy with children*. Northvale, N.J.: J. Aronson.
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. New York, NY: Basic Books.
- Geldard, K., Geldard, D., & Foo, R. Y. (2015). *Counselling adolescents: The proactive approach for young people*. Oxford, England: Sage.
- Gelso, C.J., & Carter, J.A. (1994). Components of the psychotherapy relationship: their interaction and unfolding during treatment. *Journal of Counseling Psychology*, 41, 296–306.
- Gene, H. (1999) *Borges and His Fiction: A Guide to His Mind and Art*. Austin, TE: University of Texas Press.
- George, A. (2003) *The Epic of Gilgamesh*, London, England: Penguin Classics.
- Gericke, J. (2012) *The Hebrew Bible and Philosophy of Religion*. Atlanta, GA: Society of Biblical Literature.
- Gersie, A. and King, N. (1989) *Storymaking in Education and Therapy*. 1st edition. London, England: Jessica Kingsley Pub.
- Gil, E. (2013). Family play therapy: Assessment and treatment ideas. *CTAMFT Annual Conference and Meeting*. Groton, CT.
- Gillespie, A., & Cornish, F. (2010). Intersubjectivity: Towards a dialogical analysis. *Journal for the Theory of Social Behaviour*, 40(1), 19-46.
- Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory*. Chicago, IL: Adline.

- Glaser, B.G. (1978) *Theoretical Sensitivity*. San Francisco, CA: The Sociology Press
- Glaser, B. (2002) Constructivist Grounded Theory? In Forum: *Qualitative Social Research*, Vol. 3
- Glaser, B. G. (1992). *Basics of grounded theory analysis: Emergence vs forcing*. San Francisco, CA: Sociology Press.
- Golding, K. (2017). *Foundations for Attachment Training Resource: The Six-Session Programme for Parents of Traumatized Children*. London, England: Jessica Kingsley Publishers.
- Gondor, L.H. (1957) Use of fantasy communications in child psychotherapy, *American journal of psychotherapy*, 11 (2), 323-35
- Gottschall, J. (2012). *The storytelling animal: How stories make us human*. Boston, MA: Houghton Mifflin Harcourt.
- Greenson, R.R. (1967). *The technique and practice of psychoanalysis*. (Vol.1). New York, NY: International Universities Press.
- Gray, C. (1994). *Comic strip conversations: Illustrated interactions that teach conversation skills to students with autism and related disorders*. Arlington, TX :Future Horizons.
- Gray, C. (2000). *The new social stories book* (Illustrated ed.) Arlington, TX: Future Horizons.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Oxford, England: Sage.
- Gubrium, Jaber F. and Holstein, James A. (1997). *The New Language of Qualitative Research*. New York, NY: Oxford University Press.
- Guo, L. (2011). *Explore the relationships between children's social anxiety and their parenting styles/ temperament types* (Masters Dissertation). Qufu, China: Qufu Normal University. 儿童社交焦虑与父母教养方式, 气质类型的关系之探讨
- Guo, F., & Hanley, T. (2015). Adapting cognitive behavioral therapy to meet the needs of Chinese clients: Opportunities and challenges. *PsyCh journal*, 4(2), 55-65.
- Haley, J. (1993). *Jay Haley on Milton H. Erickson*. Bristol, PA: Brunner Mazel.

- Hamilton, N. G. (1992). *From inner sources: New directions in object relations psychotherapy*. Northvale, NJ: Jason Aronson.
- Hand, H. (2003). The mentor's tale: a reflexive account of semi-structured interviews. *Nurse Researcher, 10*(3), 15-27.
- Hannen, E. and Woods, K. (2012) Narrative Therapy with an Adolescent Who Self-Cuts: A Case Example. *Educational Psychology in Practice, 28*(2), p.187-214
- Hanney, L., & Kozlowska, K. (2002). Healing traumatized children: Creating illustrated storybooks in family therapy. *Family process, 41*(1), 37-65.
- Harper, P., & Gray, M. (1995). Maps and meanings in life and healing. In K.N. Dwivedi, *The therapeutic use of stories* (pp. 42–64). London, England: Routledge.
- Harre, R. (2008) Staking our claim for qualitative psychology as science, *Qualitative Research in Psychology, 1*(1), 3-14
- Hasson, U., Ghazanfar, A. A., Galantucci, B., Garrod, S., & Keysers, C. (2012). Brain-to-brain coupling: a mechanism for creating and sharing a social world. *Trends in cognitive sciences, 16*(2), 114-121.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*. New York, NY: SUNY Press.
- Hayes, D. S., & Casey, D. M. (2002). Dyadic versus individual storytelling by preschool children. *The Journal of genetic psychology, 163*(4), 445-458.
- Helm Meade, E. (2001). *The Moon in the Well*. Chicago, IL: Open Court Publishing Company.
- Hess, A. K., Hess, K. D., & Hess, T. H. (2008). *Psychotherapy supervision: Theory, research, and practice*. Hoboken, NJ: John Wiley & Sons.
- Heston, M. L., & Kottman, T. (1997). Movies as metaphors: A counseling intervention. *The Journal of Humanistic Counseling, 36*(2), 92-99.
- Ho, M. K. (1992). *Minority children and adolescents in therapy*. London, England: Sage.
- Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. Hoboken, NJ: John Wiley & Sons.

- Honderich, T. (1995) *The Oxford Companion to Philosophy*. Oxford, England: Oxford University Press.
- Horvath, A.O. (2005). The therapeutic relationship: Research and theory: An introduction to the special issue. *Psychotherapy Research*, 15(1-2), pp3-7.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of consulting and clinical psychology*, 61(4), 561.
- Hill, C. E., & Knox, S. (2009). Processing the therapeutic relationship. *Psychotherapy Research*, 19(1), 13-29.
- Huang, S., He, Y., & He, X. (2008). *Development of Psychological Counselling Professionalization in China*. 中国心理咨询的职业化发展
- Hunter, R. (2012) *Plato and the Traditions of Ancient Literature: The Silent Stream*. Cambridge, England: Cambridge University Press
- Hynes, A. M., & Hynes-Berry, M. (2011). *Biblio/Poetry Therapy: The Interactive Process: A Handbook*. Clearwater, MN: North Star Press.
- Ingemark, C. A. (Ed.). (2013). *Therapeutic uses of storytelling: An interdisciplinary approach to narration as therapy*. Lund, Sweden: Nordic Academic Press.
- Jackson, S. A. (2001). Using bibliotherapy with clients. *The Journal of Individual Psychotherapy*, 57(4), 289-297.
- Jacobs, M. (2010). *Psychodynamic Counselling in Action*. (4th Ed.) London, England: Sage.
- James, K. and Vinnicombe, S. (2002), "Acknowledging the Individual in the Researcher", in Partington, D. (ed.) *Essential Skills for Management Research* (pp. 84-98), London, England: SAGE Publications Ltd.
- Jäger, J. (2013). Facilitating children's views of therapy: An analysis of the use of play-based techniques to evaluate clinical practice *Clinical Child Psychology and Psychiatry*, 18(3), 411-428
- Jennings, S. (2004). *Creative storytelling with children at risk*. London, England: Speechmark Publishing.
- Jim, J., & Pistrang, N. (2007). Culture and the therapeutic relationship: Perspectives from Chinese clients. *Psychotherapy Research*, 17(4), 461-473.

- Johnson, B., & Christensen, L. (2008). *Educational research: Quantitative, qualitative, and mixed approaches*. London, England: Sage.
- Jung, C.G. (1978) *Man and His Symbols*. London, England: Aldus Books (Picador edition).
- Kadzin, A. E. (2002).Psychotherapy with children and adolescents. *Journal of Child Psychology and Psychiatry*,43(4), 551-552.
- Kim, B. S., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology*, 46(3), 342.
- Kitchen, J. (2010). Fostering professional learning through relational teacher development: reconceptualizing the delivery of professional development. *Journal of Teaching and Learning*, 7(1), 1–16.
- Kloosterman, V. (2014). *The importance of continuing professional development Continuing Professional Development*. Retrieved from: <http://continuingprofessionaldevelopment.org/why-is-cpd-important/> Accessed on 10 August 2016.
- Kornberger, H. (2006). *Story medicine*. WA: Integral Arts Centre Press.
- Kohler, H. (2003). *Difficult children — There's no such thing*. Fair Oaks, CA: AWSNA Publications.
- Koss-Chioino, J. D., & Vargas, L. A. (1992). Through the cultural looking glass: A model for understanding culturally responsive psychotherapies. In Vargas, L. A., & Koss-Chioino, J. D. (Eds.), *Working with culture: Psychotherapeutic interventions with ethnic minority children and adolescents*. San Francisco, CA: Jossey-Bass.
- Kramer, K. (2009). *Using self-help bibliotherapy in counselling* (Doctoral dissertation). Lethbridge, Alta.: University of Lethbridge, Faculty of Education.
- Kress, V.E., Adamson, N.A., Yensel, J. (2010) The Use of Therapeutic Stories in Counseling Child and Adolescent Sexual Abuse Survivors. *Journal of Creativity in Mental Health*, 5(3), 243-259.
- Kroeber, K.(2004)*Native American Storytelling: A Reader of Myths and Legends*. Hoboken, NJ: Wiley-Blackwell.

- Kritzberg, N. I. (1975). *The structured therapeutic game method of child analytic psychotherapy: dynamic game-play therapy with children*. New York, NY: Exposition Press.
- Kvale, S. (1996). *InterViews. An introduction to qualitative research writing*. Thousand Oaks, CA: Sage.
- Lacher, Denise.B. , Nichols, Todd and Nichols, Melissa (2012) *Connecting with kids through stories: Using Narratives to Facilitate Attachment in Adopted Children*. 2nd edition. London, England: Jessica Kingsley Publishers.
- Lambert, M.J., and Ogles, B.M. (2004). The efficacy and effectiveness of psychotherapy. In Lambert, M. J., & Bergin, A. E. (Eds.), *Handbook of psychotherapy and behaviour change (5th ed.)* (pp139-194). New York, NY: John Wiley & Sons.
- Lambert, M.J., and Barley, D.E. (2001) Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 357-361.
- Lampropoulos, G. K. (2001). Bridging technical eclecticism and theoretical integration: Assimilative integration. *Journal of Psychotherapy Integration*, 11, 5–19.
- Lang, A. (2012). *The Arabian Nights*. CreateSpace Independent Publishing Platform.
- Lankton, S. (2008). An Ericksonian approach to clinical hypnosis. In M. R. Nash & A. J. Barnier (Eds.), *The Oxford handbook of hypnosis: Theory, research, and practice* (pp. 476–485). New York, NY: Oxford.
- Lankton, S., & Lankton, C. (1998). Ericksonian emergent epistemologies: Embracing a new paradigm. In M. F. Hoyt (Ed.), *The handbook of constructive therapies* (pp. 116–136). San Francisco, CA: Jossey-Bass.
- Lankton, S. R., & Lankton, C. H. (2014). *Enchantment and intervention in family therapy: Training in Ericksonian approaches*. London, England: Routledge.
- Larkin, P. J., de Casterlé, B. D., & Schotsmans, P. (2007). Multilingual translation issues in qualitative research: Reflections on a metaphorical process. *Qualitative Health Research*, 17, 468-476
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy with/in the postmodern*. London, England: Psychology Press.

- Lawley, J., & Tompkins, P. (2001). Metaphors in mind: A case study. *Anchor Point, 15*(5).
- Lazaridis, N. (2013) Storytelling in Ancient Egypt and Ancient Greece: A Progress Report. *Journal of Ancient Egyptian Interconnections, 5*(4), 22-23.
- Lemma, A. (2003). *Introduction to the Practice of Psychoanalytic Psychotherapy*. West Sussex, England: Wiley.
- Leuwerke, W., & Shi, Q. (2010). The practice and perceptions of school counsellors: A view from urban China. *International Journal for the Advancement of Counselling, 32*(1), 75-89.
- Levitt, H., Korman, Y. & Angus, L. (2000) A metaphor analysis in treatments of depression: metaphor as a marker of change. *Counselling Psychology Quarterly, 13*(1), 23-25
- Lévi-Strauss, C. (1978) *Myth and Meaning*, Harmondsworth, England: Penguin.
- LaVoie, J. (1989) 'School Psychology Research in The People's Republic of China', *Professional School Psychology, 4*, 137-45.
- Legowski, T., & Brownlee, K. (2001). Working with metaphor in narrative therapy. *Journal of Family Psychotherapy, 12*(1), 19-28.
- Leuwerke, W., & Shi, Q. (2010). The practice and perceptions of school counsellors: A view from urban China. *International Journal for the Advancement of Counselling, 32*(1), 75-89.
- Li, P.-L., & Logan, S. (2000). *The mental health needs of Chinese people in England: A report of a national survey*. London, England: Chinese National Healthy Living Centre.
- Li, P.-L., Logan, S., Yee, L., & Ng, S. (1999). Barriers to meeting the mental health needs of the Chinese community. *Journal of Public Health Medicine, 21*, 74-80.
- Li, X.B.(2009). *Research of Influence Factor to Urban High Grade Pupil's Social Anxiety* (Masters Dissertation). 河北, 中国: Hebei Normal University. 城市小学高年级学生社交焦虑的影响因素研究.
- Li, Y. Y. (2015) *An intervention to Left-behind Middle School students with Narrative Therapy: The Story of Xiaojuan* (Masters Dissertation). Shanghai, China: East

- China University of Science and Technology. 李莹莹 (2015). 留守中学生厌学的叙事治疗：小娟的故事. 华东科技大学.
- Liebowitz, J. (1972). Storytelling in search of a plot. *Reiss-Davis Clinical Bulletin*, 9, 112-115.
- Lilienfeld, S. O., Wood, J. M., & Garb, H. N. (2000). The scientific status of projective techniques. *Psychological science in the public interest*, 1(2), 27-66.
- Lillard, A. S. (2013). Playful learning and Montessori education. *American journal of play*, 5(2)
- Lin, T.-Y., Tseng, W.-S., & Yeh, E.-K. (Eds.) (1995). *Chinese societies and mental health*. Hong Kong: Oxford University Press.
- Lin, C. D., & Wei, Y. H. (2001). Discussion about the future trend of school psychology in China. *Education Research*, 7, 30–34.
- Lincoln, Y. & Guba, E. 2000. Paradigmatic Controversies, Contradictions, and Emerging Confluences. In Denzin, N.K. and Lincoln, Y. (Eds.), *Handbook of Qualitative Research*. (2nd ed). Thousand Oaks, CA: Sage.
- Lindzey, G. (1959). On the classification of projective techniques. *Psychological Bulletin*, 56(2), 158–168.
- Lindzey, G. (1974). *Projective Techniques and Cross-Cultural Research*. London, England: Ardent Media.
- Liu, C. C., Liu, K. P., Wang, P. H., Chen, G. D., & Su, M. C. (2012). Applying tangible story avatars to enhance children's collaborative storytelling. *British Journal of Educational Technology*, 43(1), 39-51.
- Liu, C.X. (2011) *An analysis of relation of the primary school children's teacher-student relationship and their anxiety level* (Masters Dissertation). Shanghai, China: Shandong Normal University. 小学儿童师生关系与其焦虑状况的关系研究.
- Liu, X. (2013). *National epidemiological survey and analysis on counsellors and psychotherapists in China* (Masters Dissertation). Changsha, China: Central South University. 我国心理咨询和心理治疗从业者的流行病学调查与分析
- Liu, X. P. (2009). *School psychology*. Peking: China Light Industry Press.

- Liu, Z. (2005). On definition of left-home children and quantity estimation. *Journal of Guangxi University for Nationalities*, 30(3), 49-55. 留守儿童的定义检讨与规模估算
- Locke, L. F., Silverman, S.J., & Spirduso, W.W. (2010) *Reading and Understanding Research. (3rd ed.)*. London, England: SAGE Publications Ltd.
- Loevinger, J. (1976). *Ego development: Conceptions and theories*. San Francisco, CA: Jossey-Bass.
- Long, N. H. (2013). Therapeutic Storytelling in a Pupil Referral Unit: The story of intersubjectivity (Doctoral Thesis). Manchester, England: The University of Manchester.
- Lu, D. (2010). *China's Path to the World's Largest Economy: Limits of Extrapolations*. Singapore: National University of Singapore.
- Luo, J., Wang, W., & Gao, W. (2009). Review of the Studies on Rural Left-behind Children in China. *Advances in Psychological Science*, 17(5), 990-995. 中国留守儿童研究述评
- Luscher, M., & Scott, I. (1969). *The Luscher Color Test*. New York, NY: Washington Square Press.
- Lyons M.(2009) *A History of Reading and Writing: In the Western World*. London, England: Palgrave Macmillan.
- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York, NY: Guilford Press.
- Mackenzie, N., & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues in educational research*, 16(2), 193-205.
- Magnus, B., Higgins, K. (1996) *The Cambridge Companion to Nietzsche*. Cambridge, England: Cambridge University Press.
- Malchiodi, C. (2012). Introduction to art therapy in health care settings. In Malchiodi, C. A. (Ed.), *Art therapy and health care* (pp.1-12). New York, NY: The Guilford press.
- Malchiodi, C. A. (Ed.). (2013). *Expressive therapies*. New York, NY: The Guilford press.

- Marshall, M. N. (1996). Sampling for qualitative research. *Family practice*, 13(6), 522-526.
- Marziali, E., & Alexander, L. (1991). The power of the therapeutic relationship. *American Journal of Orthopsychiatry*, 61(3), 383.
- Matthews, M. & Doherty, G. (2011). My mobile story: therapeutic storytelling for children. *Human Factors in Computing Systems: CHI '11 Extended Abstracts*, (CHI EA '11), 2059-2064.
- Mayvis, A. (2006). *The Legendary Life and Fables of Aesop*. Cambridge, England: Mayant Press.
- Machover, K. (1949). *Personality projection in the drawing of the human figure*. Springfield, IL: Charles C. Thomas.
- McLeod, B.D., Wood, J.J., Weisz, J.R. (2007). Examining the association between parenting and childhood anxiety: a meta-analysis. *Clinical psychology review*. 27(2):155-172.
- Mcloskey, D.N. (1990) 'Storytelling in economics', in Christopher Nash (ed.) *Narrative in Culture: The Uses of Storytelling in the Sciences, Philosophy and Literature* (pp.5–22). London, England: Routledge.
- McKay, M., Davis, M., and Fanning, P. (1983). *Messages: The communication book*. California: New Harbinger Publications
- McKeough, A., et al (2008). Storytelling as a Foundation to Literacy Development for Aboriginal Children: Culturally and Developmentally Appropriate Practices. *Canadian Psychology*. 49 (2). doi: 10.1037/0708-5591.49.2.148
- McLaughlin, C., & Holliday, C. (2013). *Therapy with children and young people: Integrative counselling in schools and other settings*. London, England: Sage.
- McLoughlin, C. (2010) Concentric circles of containment: a psychodynamic contribution to working in pupil referral units. *Journal of Child Psychotherapy*, 36 (3), 225-239.
- Messer, S. B. (2001). Introduction to the special issue on assimilative integration. *Journal of Psychotherapy Integration*, 11(1), 1-4.
- Miller, C., & Boe, J. (1990). Tears into diamonds: Transformation of child psychic trauma through sandplay and storytelling. *The Arts in Psychotherapy*, 17, 247–257

- Miller, M. (2003). *Experiential Storytelling*. Grand Rapids, MI: Zondervan.
- Mills, J. C., & Crowley, R. J. (2014). *Therapeutic metaphors for children and the child within*. Oxford, England: Routledge.
- Mills, J., Bonner, A., & Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *International journal of nursing practice*, 12(1), 8-13.
- Milner, J., O'Byrne, P., & Campling, J. (2003). *Assessment in Counselling: Theory, process and decision making*. London, England: Palgrave Macmillan.
- Minichiello, V., & Kottler, J. A. (Eds.). (2009). *Qualitative journeys: Student and mentor experiences with research*. London, England: Sage Publications.
- Morgan, C. D., & Murray, H. A. (1938). *Exploration in Personality*. New York, NY: Oxford University Press.
- Morgan, A. (2000). *What is narrative therapy?* Adelaide, Australia: Dulwich Centre Publications.
- Morgan, A. (2002). Beginning to use a narrative approach in therapy. *International Journal of Narrative Therapy & Community Work*, 1, 85.
- Morse, J. (2001). Situating grounded theory within qualitative inquiry. In R. Schreiber & P. N. Stern (Eds.), *Using grounded theory in nursing* (pp. 1-16). New York, NY: Springer.
- Moshe, Z.(1998). *Test Anxiety: the state of the art*. New York and London: Plenum Press.
- Mutchnick, M. G., & Handler, L. (2002). *Once upon a time. Therapeutic interactive stories*. *The Humanistic Psychologist*, 30, 75– 84
- Nastasi, B. K., & Varjas, K. (2011). International development of school psychology. In M. Bray, & T. Kehle (Eds.), *Oxford handbook of school psychology* (pp. 810–828). New York, NY: Oxford.
- Ni, H., Jones, C., & Bruning, R. (2012). *Chinese teachers' evaluation criteria as reflected in narrative student evaluations: Implications for psychological services in schools*. *School Psychology International*, 34(2), 223–238.
- Ni, L. (2013). *A Study on Using Narrative Oriented Group Counselling to Promote the Dormitory Interpersonal Relationship of College Students—Using Yunnan Normal*

University as an Example (Masters Dissertations). Yunnan, China: Yunnan Normal University. 倪磊 (2013) 叙事取向团体辅导对改善大学生宿舍人际关系的研究--以云南师范大学为例. 云南师范大学

Niu, S. (2008). Exploring teenagers' mental health. *Modern Business Trade Industry*, 12, 270-271

Norcross, J.C. (Ed) (2011). *Psychotherapy relationships that work. (2nd Edition)*. New York, NY: Oxford University Press.

Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration*. New York, NY: Oxford University Press.

Noctor, C. (2006). Putting Harry Potter on the couch. *Clinical child psychology and psychiatry*, 11(4), 579-589.

Nurjannah, I., Mills, J., Park, T., & Usher, K. (2014). Conducting a grounded theory study in a language other than English: procedures for ensuring the integrity of translation. *Sage Open*, 4(1), 2158244014528920.

Oaklander, V. (1988). *Windows to our children: A gestalt therapy approach to children and adolescents*. Gouldsboro, ME: Gestalt Journal Press.

Orlinsky, D.E., Grave, K. and Parks, B.K. (1994). Process and outcome in psychotherapy. In A.E.Bergin and S.L.Garfield (Eds.), *Handbook of Psychotherapy* (pp.257-310). New York, NY: Wiley.

Ossorio, P. G. (1976). *Clinical topics: A seminar in Descriptive Psychology*. Whittier, CA and Boulder, CO: Linguistic Research Institute.

Özdemir, S. (2008). Using multimedia social stories to increase appropriate social engagement in young children with autism. *TOJET: The Turkish Online Journal of Educational Technology*, 7(3).

Painter, L. T., Cook, J. W., & Silverman, P. S. (1999). The effects of therapeutic storytelling and behavioral parent training on noncompliant behavior in young boys. *Child & family behavior therapy*, 21(2), 47-66.

Pan, L. L. (2014) The Healing Power of Stories-Using Narrative Therapy in Psychological Intervention with High School Students. *Mental Health Education in*

- Primary, Secondary and High Schools*, 6, 27-29. 潘莉莉. (2014). 故事的治愈力量--论叙事疗法在高中生心理辅导中的运用. *中小学心理健康教育*, (6), 27-29.
- Pardeck, J. T. (1995) *Bibliotherapy: An Innovative Approach for Helping Children*. *Early Child Development and Care*, 110 (1), 83-88
- Pardeck, J. T., & Pardeck, J. A. (1993). *Bibliotherapy: A clinical approach for helping children*. Langhorne, PA: Gordon and Breach.
- Pardeck, J. T. & Markward, M. (1995) *Bibliotherapy: Using Books to Help Children Deal with Problems*. *Early Child Development and Care*, 106, 75-90.
- Pardeck, J. T. (1990). *Bibliotherapy with abused children*. Families in Society. *The Journal of Contemporary Human Services*, 71(4), 22
- Parker, T. S., and Wampler, K.S. (2006), *Changing Emotion: The Use Of Therapeutic Storytelling*. *Journal of Marital and Family Therapy*, 32, 155–166.
- Patton, Q.M. (1990). *Qualitative Evaluation and research methods*. (2nd Edition). London, England: Sage.
- Pearmain, R. (2001). *The heart of listening*. London, England: Sage.
- Pehrsson, D. E. (2005). *Fictive bibliotherapy and therapeutic storytelling with children who hurt*. In Duffey, T. (Ed.), *Creative interventions in grief and loss therapy: When the music stops, a dream dies* (pp.273-286). Oxford, England: Routledge.
- Pehrsson, D. E., & McMillen, P. (2005). *A bibliotherapy evaluation tool: Grounding counselors in the therapeutic use of literature*. *The Arts in Psychotherapy*, 32, 47–59.
- Pellowski, A. (1990). *The world of storytelling*. Hw Wilson Company.
- Pennington, B. F. (2009). *How neuropsychology informs our understanding of developmental disorders*. *Journal of Child Psychology and Psychiatry*, 50(1-2), 72-78.
- Pernicano, P. (2015). *Metaphors and Stories in Play Therapy*. In Schaefer, C. E., & O'Connor, K. J. (Eds.). *Handbook of Play Therapy, Advances and Innovations* (p.259). Hoboken, NJ: John Wiley & Sons.

- Pernicano, P. (2014). *Using Trauma-focused Therapy Stories: Interventions for Therapists, Children, and Their Caregivers*. Oxford, England: Routledge.
- Perrow, S. (2008) *Healing Stories for Challenging Behaviour*. Lanark, Scotland: Hawthorn Press
- Phillips, D. C., & Burbules, N. C. (2000). *Postpositivism and educational research*. Lanham, MD: Rowman & Littlefield.
- Piaget, J., Inhelder, B. (2013). *The growth of logical thinking from childhood to adolescence: An essay on the construction of formal operational structures* (Vol. 84). Oxford, England: Routledge.
- Ping, L., Minghua, Z., Bin, L., & Hongjuan, Z. (2004). Deyu as moral education in modern China: Ideological functions and transformations. *Journal of Moral Education*, 33(4), 449-464.
- Pollak, Richard (1997). *The creation of Dr. B: A biography of Bruno Bettelheim*. New York, NY: Simon & Schuster.
- Polkinghorne, Donald E. (1987) *Narrative Knowing and the Human Sciences*. New York, NY: SUNY Press.
- Pomerantz, K. (2007). Helping children explore their emotional and social worlds through therapeutic stories. *Educational and Child Psychology*, 24(1), 46–55.
- Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept thick description. *The Qualitative Report*, 11(3), 538-549.
- Popper, K. (1963). *Conjectures and Refutations: The Growth of Scientific Knowledge*, Oxford, England: Routledge.
- Powell, E. (1995). *Catharsis in Psychology and Beyond*.
- Power, J. T. (2002). Preparing school psychologists as interventionists and preventionists. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II: Preventive and remedial approaches* (pp. 1047–1065). Bethesda, MD: National Association of School Psychologists.

- Prater, M. A., Johnstun, M. L., Dyches, T. T., & Johnstun, M. R. (2006). Using children's books as bibliotherapy for at-risk students: A guide for teachers. *Preventing School Failure: Alternative Education for Children and Youth*, 50(4), 5-10.
- Pretzer, J. L., & Beck, A. T. (2007). Cognitive approaches to stress and stress management. In P. M. Lehrer, R. L. Woolfolk, & W. E. Sime (Eds.), *Principles and practice of stress management* (3rd ed., pp. 465–496). New York, NY: Guilford.
- Prochaska, J. O., & Norcross, J. C. (2013). *Systems of psychotherapy: A transtheoretical analysis*. Ontario, Canada: Nelson Education.
- Qin F.M., Gao X. H., & Sun, H.W., (2015) Relationship among Effectiveness Professional Help, Etiology and Stigma in Middle School Students, *China journal of health psychology*, 23(7), 1007-1011. 秦峰鸣, 高晓寒, & 孙宏伟. (2015). 中学生专业心理帮助有效性, 归因方式与心理污名关系. *中国健康心理学杂志*, 23(7), 1007-1011.
- Raglan, L. (2011). *The Hero: A Study in Tradition, Myth and Drama*. New York, NY: Dover Publications.
- Rahmani,P.(2011) The efficacy of narrative therapy and storytelling in reducing reading errors of dyslexic children. *Procedia - Social and Behavioral Sciences*, 29, 780-785
- Ralph, N., Birks, M., & Chapman, Y. (2015). The methodological dynamism of grounded theory. *International Journal of Qualitative Methods*, 14(4),
- Ramalho, R., Adams, P., Huggard, P., & Hoare, K. (2015, September). Literature review and constructivist grounded theory methodology. In Forum: *Qualitative Social Research* (Vol. 16, No. 3). Freie Universität Berlin.
- Ramberg, L. (2006, March). In dialogue with Daniel Stern: A review and discussion of the Present Moment in Psychotherapy and Everyday Life. In *International Forum of Psychoanalysis* (Vol. 15, No. 1, pp. 19-33). Taylor & Francis Group.
- Rank, O. (1959) *The Myth of the Birth of the Hero*. New York, NY: Vintage.
- Reitz, J. M. (2004). *Dictionary for library and information science*. Holsworthy, England: Libraries Unlimited.
- Rennie, D. L. (1994). Storytelling in psychotherapy: The client's subjective experience. *Psychotherapy: Theory, Research, Practice, Training*, 31(2), 234.

- Richardson, Laurel (1990). Narrative and sociology. *Journal of Contemporary Ethnography*, 19 (1), 116–35.
- Robson, C., & McCartan, K. (2016). Real world research. Hoboken, NJ: John Wiley & Sons.
- Rogers, C.R. (1957) Carl Rogers dialogue with Martin Buber. In H. Kirschenbaum and V.L. Henderson (Eds.) *Carl Rogers Dialogues*. Boston, MA: Houghton Mifflin Harcourt Publishing Company.
- Rogers, C. R. (1995). *A way of being*. Boston, MA: Houghton Mifflin Harcourt.
- Rogers, C.R. (1966) Michael Polyani and Carl Rogers: A dialogue. In Coulson, W.R. and Rogers C.R., (Eds) (1968) *Man and the Science of Man*. Columbus, (pp.193-201). Ohio: Charles E. Merrill Publishing Co.
- Rogers, C. R. (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. Oxford, England: U. Wisconsin Press
- Ronen, T. (2011). *The positive power of imagery: Harnessing client imagination in CBT and related therapies*. West Sussex, UK: Wiley-Blackwell.
- Rorschach, H. (1921). *Psychodiagnostics: A diagnostic test based on perception*. New York, NY: Grune & Stratton.
- Rosen, G. M. (1981). Guidelines for review of do-it-yourself treatment books. *Contemporary Psychology*, 26, 189-190
- Rosen, S. (1982). The values and philosophy of Milton H. Erickson. *Ericksonian approaches to hypnosis and psychotherapy*, 462-476.
- Rosenzweig, S., Fleming, E.E., & Clark, H.J. (1947). *Revised Scoring Manual for the Rosenzweig Picture-Frustration Study*. St. Louis: Saul Rosenzweig.
- Rossiter, M.(2002). Narrative and Stories in Adult Teaching and Learning. Educational Resources Information Center. *ERIC Digest* (241).
- Roth A., & Fonagy P. (2005). *What Works for Whom: A critical review of psychotherapy research*. Second Edition. The Guildford Press Sandelowski M. (1991) Telling stories: narrative approaches in qualitative research. *Image – the Journal of Nursing Scholarship*, 23, 161–166.

- Rowan, J., & Jacobs, M (2002) *The Therapist's Use of Self*. London, England: Open University Press.
- Russo, M. F., Vernam, J., & Wolbert, A. (2006). Sandplay and storytelling: Social constructivism and cognitive development in child counseling. *The Arts in Psychotherapy*, 33(3), 229-237.
- Saleebey, D. (1997). *The Strengths Perspective in social work practice*. New York, NY: Longman.
- Sandler, J., & Sandler, A.M. (1997). A psychoanalytic theory of repression and the unconscious. In J. Sandler and P. Fonagy (eds) *Recovered Memories of Abuse: True or False?*. London, England: Karnac Books, 163–181.
- Sawyer, C. B., & Willis, J. M. (2011). Introducing digital storytelling to influence the behavior of children and adolescents. *Journal of Creativity in Mental Health*, 6(4), 274-283.
- Sayers, D. (1969). *The whimsical Christian*. New York, NY: Macmillan.
- Schank, R. C., Robert P. A.(1995). *Knowledge and Memory: The Real Story*. Hillsdale, NJ: Lawrence Erlbaum Associates. pp. 1–85.
- Schank, R. C. (1990). *Tell me a story: A new look at real and artificial memory*. New York, NY: Charles Scribner
- Scheff, T. (2001). *Catharsis in Healing, Ritual, and Drama*. iUniverse.
- Schnall, E., Eichenbaum, B., & Abramovitz, Y. (2016). Jewish Stories in Mental Health Counseling. *Journal of Creativity in Mental Health*, 11(1), 12-26.
- Schoeman, J. P., & Van der Merwe, M. (1996). *Entering the child's world: A Play therapy approach*. South Africa: Kagiso Tertiary.
- Schore, J.R. and Schore, A.N. (2008) Modern Attachment Theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36 pp.9- 20
- Schore, A.N. (2013). *Affect Regulation and the Repair of the Self*. New York, NY: Norton.
- Segal, R.A. (1990). *In Quest of the Hero*. New Jersey: Princeton University Press.

- Segers, E., & Verhoeven, L. (2005). Long-term effects of computer training of phonological awareness in kindergarten. *Journal of Computer Assisted Learning, 21*, 17-27
- Seidman, I (1998). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College Press.
- Selda, O. (2008). Using Multimedia Social Stories to Increase Appropriate Social Engagement in Young Children with Autism. *Online Submission, 7* (3)
- Seligman, S. (2003). Attachment, intersubjectivity and self-reflectiveness: Implications of the convergence of emerging attachment research with psychoanalysis. Unpublished manuscript.
- Seymour, B. D. (2007). *Creating stories that connect*. Grand Rapids, MI: Kregel Publications.
- Shapiro, J., & Ross, V. (2002). Applications of narrative theory and therapy to the practice of family medicine. *Family Medicine, 34*(2), 96-100.
- Shaw, S. (2006) *The Jatakas — Birth Stories of the Bodhisatta*. Penguin Classics, Penguin Books India.
- Shaw, S. M. (1999). *Storytelling in religious education*. Birmingham, AL: Religious Education Press.
- Shechtman, Z. (2009). *Treating Child and Adolescent Aggression Through Bibliotherapy*. The Springer Series on Human Exceptionality.
- Sherwood, P. (2008). *Emotional literacy. The heart of classroom management*. Melbourne, Australia: ACER Press.
- Shirk, S. R., & Russell, R. L. (1996). *Change processes in child psychotherapy: Revitalizing treatment and research*. New York, NY: Guilford Press.
- Shrodes, C (1949). *Bibliotherapy: A theoretical and clinical experimental study* (Doctoral dissertation). University of California, Berkeley.
- Sikes, P. (2004). Methodology, procedures and ethical considerations. In C., Opie (Ed.), *Doing educational research: A guide to first-time researchers*. London, England: Sage Publication.

- Silverman, D. (2001) *Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction* (2nd ed). London, England: Sage.
- Silverman, D. (2007). *A very short, fairly interesting and reasonably cheap book about qualitative research*. Los Angeles: SAGE.
- Slivinske, J, and Slivinske, L (2011) *Storytelling and Other Activities for Children in Therapy*. 1st edition. West Sussex, England: Wiley.
- Slivinske, J., & Slivinske, L. (2013). *Therapeutic storytelling for adolescents and young adults*. New York, NY: Oxford University Press.
- Smith, C. (2003) *Writing and Developing Social Stories: Practical Interventions In Autism*. London, England: Speechmark Publishing Ltd.
- Smith, G. G., & Celano, M. (2000). Revenge of the mutant cockroach: Culturally adapted storytelling in the treatment of a low-income African American boy. *Cultural Diversity and Ethnic Minority Psychology*, 6, 220-227.
- Sommers-Flannagan, J and Sommers-Flannagan, R. (1997) *Tough Kids, Cool Counselling: User-friendly Approaches with Challenging Youth*. American Counseling Association.
- Song, X. X. (2015). Using Stories to Promote Children's Mental Health. Central China Normal University (Masters Dissertation). Wuhan, China: Central China Normal University. 宋星星. (2015).利用故事促进幼儿心理健康, 华中师范大学
- Stern, D. N. (1985). Affect attunement: Mechanisms and clinical implications. *Frontiers of infant psychiatry*, 2.
- Stern, D. N. (2000). *The interpersonal world of the infant a view from psychoanalysis and developmental psychology: A view from psychoanalysis and developmental psychology*. New York, NY: Basic books.
- Stern, D. N. (2004) *The Present Moment in Psychotherapy and Everyday life*. New York, NY: Norton.
- Stern, D. N., Bruschiweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., ... & Tronick, E. Z. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant mental health journal*, 19(3), 300-308.

- Stiles, W.B. (1993). Quality Control in Qualitative Research. *Clinical Psychology Review*, 13, 593-618.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (2014). *Psychoanalytic treatment: An intersubjective approach*. Oxford, England: Routledge.
- Stolorow, R. D. (2002). Impasse, affectivity, and intersubjective systems. *The Psychoanalytic Review*, 89(3), 329-337.
- Stott, R., Mansell, W., Salkovskis, P., Lavender, A., & Cartwright-Hatton, S. (2010). *Oxford guide to metaphors in CBT: Building cognitive bridges*. New York, NY: Oxford University Press.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, England: Cambridge University Press.
- Stricker, G. (2001). An Introduction to Psychotherapy Integration. *Psychiatric Times*. Retrieved from: <http://www.psychiatrictimes.com/articles/introduction-psychotherapy-integration>. Accessed on 15 September 2016.
- Su, Y. L. (2009). Overview of school psychology. *Moral Education Psychology*, 6, 88.
- Sue, D. W. and Sue, D. (2003). *Counseling the culturally different: Theory and practice*, 4th ed., New York, NY: Wiley.
- Suh, E. E., Kagan, S., & Strumpf, N. (2009). Cultural competence in qualitative interview methods with Asian immigrants. *Journal of Transcultural Nursing*, 20, 194-201.
- Sun, Z. (2010). *Maths Anxiety of High-grade Primary School Students and the Study of Educational Strategy* (Masters Dissertation). Wenzhou, China: Wenzhou University. 小学高段学生的数学焦虑及其教育对策研究.
- Sunderland, M. (2004) *Using Story Telling as a Therapeutic Tool with Children*. London, England: Speechmark Publications.
- Szondi, L. (1947). *Experimentelle Triebdiagnostik*. Bem: Verlag Hans Huber.
- Tang S. L., & Zhang, Q. (2012). The Utilisation of Narrative Therapy in Mental Health Education in Schools. *Mental Health Education in Primary, Secondary and High Schools*, 12(2), 7-12. 唐水玲, & 张茜. (2012). 叙事疗法在中小学心理健康教育中的应用. *中小学心理健康教育*, 12(2), 7-12.

- Terre Blanche, M., & Durrheim, K. (1999). Social constructionist methods. *Research in practice: Applied methods for the social sciences*, 147-172.
- Tharinger, D. J, Finn, S.E., Wilkinson, A., DeHay, T., Parton, V.T., Bailey, K.E. and Tran, A. (2008). Providing Psychological Assessment Feedback to Children Through Individualized Fables. *Professional Psychology: Research and Practice*, 39(6), 610-618.
- Topel, E. M., & Lachmann, F. M. (2007). Nonverbal dialogues: Orienting and looking behaviors between aggressive and violent children and adolescents and their therapist. *Journal of Infant, Child, and Adolescent Psychotherapy*, 6(4), 285-307.
- Tompkins, P., & Lawley, J. (2002). The mind, metaphor and health. *Positive Health*, 78, 9-12.
- Tracy, S.J. (2010). Qualitative Quality: Eight “Big-Tent” Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, 16 (10), 837-851
- Trena M., Woodside, M., and Ziegler M. (2007). Determined women at work" Group construction of narrative meaning. *Narrative Inquiry*, 17 (2): 299.
- Trevarthen, C., & Aitken, K. J. (2001). Infant intersubjectivity: Research, theory, and clinical applications. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(1), 3-48.
- Tussing H. L., Valentine D. P. (2001) Helping adolescents cope with the mental illness of a parent through bibliotherapy. *Child and adolescent social work journal*, 18 (6) 455–469.
- Varadpande, G.T.(2002) *Ancient Indian And Indo-Greek Theatre*. Abhinav Publications
- Vinturella, L., & James, R. (1987). Sand play: A therapeutic medium with children. *Elementary School Guidance and Counseling*, 21(3), 229–238.
- Wagner, E.E. (1962). The use of drawings of hands as a projective medium for differentiating neurotics and schizophrenics. *Journal of Clinical Psychology*, 18, 208-209.
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: Guilford press.

- Wang, G. Q. (2009) Using Story Therapy to Help New Students with Adaptation Problems. *Ideological and Theoretical Education*, 22, 64-67. 汪国琴. (2009). 故事疗法在新生适应性辅导中的运用. *思想理论教育*, 22, 64-67.
- Wang, K.C., Cui, J.p. (2006) Professionalization of middle and primary school mental health education teachers-from teachers' own perspective. *Middle and primary school mental health education (09S)*, 4-6. 王科成, & 崔建平. (2006). 中小学心理健康教育教师专业化问题的思考——从教师自身的视野分析. *中小学心理健康教育 (09S)*, 4-6,
- Wang, X. & Chen, X. (2010). A comparative study of the social anxiety and cognitive bias between left-behind children and normal children, *Journal of Sichuan Normal University*, 37(2), 57-61. 留守儿童与非留守儿童社交焦虑及认知偏差的比较研究
- Wang, X. D., & Yao, A. P. (2014). The Utilisation of Narrative Therapy for Interpersonal Adaptation Problems of New Grade One High School Students. *Xueyuan*, 3, 195-196. 王晓丹, & 姚爱萍. (2014). 故事疗法在高一新生入学人际适应中的应用. *学园*, 3, 195-196.
- Wang, X. F. (2014). A Case Study on Using Metaphoric Story Therapy to Help a Student with Stealing Behaviour. *Mental Health Education in Primary, Secondary and High Schools*, 6, 33-34. 王筱夫. (2014). [隐喻故事疗法] 辅导学生偷盗行为的个案例分析. *中小学心理健康教育*, 6, 33-34.
- Waters, T.(1990)*Therapeutic Storywriting: A Practical Guide to Developing Emotional Literacy in Primary Schools*. Letts.
- Waters, T. (2008) The use of Therapeutic Storywriting Groups to support pupils with emotional difficulties. *Support for Learning*, 23, 187–192
- Webster-Wright, A. (2009). Reframing professional development through understanding authentic professional learning. *Review of Educational Research*, 79(2), 702–739.
- Weisz,J.R. (2004). *Psychotherapy for Children and Adolescents: Evidence-Based Treatments and Case Examples*. Cambridge, England: Cambridge University Press.

- Weinberg, M. K., & Tronick, E. Z. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. *Postpartum depression and child development*, 54-81.
- West, W. (2010) Applying the Johari Window to Qualitative Therapy Research Interviews. *The Journal of Critical Psychology, Counselling and Psychotherapy*, 10 (4) pp. 221-227.
- White, M. and Morgan, A. (2006) *Narrative therapy with children and their families*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2001). The narrative metaphor in family therapy. *Family Therapy: Exploring the field's past, present & possible futures*. Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2007) *Maps of Narrative Practice* (1st ed). New York, NY: W. W. Norton & Company.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.
- Widrich, L. (2012). *The science of storytelling: why telling a story is the most powerful way to activate our brains*. Life Hacker, 12th May, available at: <http://lifehacker.com/5965703/the-science-of-storytelling-why-telling-a-story-is-the-most-powerful-way-to-activate-our-brains> (accessed 4th March, 2015).
- Williams, J.M., Tonymon, P., Andersen, M.B.(1990) Effects of life-event stress on anxiety and peripheral narrowing. *Behavioral Medicine*, 16(4):174-181.
- Willig, C. (2013). *Introducing qualitative research in psychology*. New York, NY: Hill Education (UK).
- Wills, F. (2008). *Skills in Cognitive Behaviour Counselling and Psychotherapy*. London, England: Sage.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. New York, NY: International University Press.
- Winnicott, D. W. (1971). *Playing and reality*. London, England: Psychology Press.
- Winston, J. Careful The Tale You Tell Fairy tales, drama and moral education *Children & Society*, 1995, 9(4), 80-93

- White, W. R. (1982). *Speaking in Stories: Resources for Christian storytellers*. Minneapolis, MN: Augsburg Publishing House.
- Woltmann, A.G. (1960). Spontaneous puppetry by children as a projective method. In A.I. Rabin & M.R. Haworth (Eds.), *Projective techniques with children* (pp. 305-312). New York, NY: Grupe & Stratton.
- Wong, P. T. P. (2008). Narrative practice and meaning-centered positive psychotherapy [Review of the book *Maps of narrative practice*]. *PsycCRITIQUES*, 53(30).
- Wu, B. (2012). *The present Status of the Theoretical Approaches of Mental Health Practice in China* (Doctoral Thesis). Chongqing, China: Southwest University. 我国心理健康服务方法的现状研究
- Wu, K. (2005) Chinese Philosophy and Story-Thinking. *Dao: A Journal of Comparative Philosophy*, 4 (2):217-234
- Wu, L. M., & Ma, Y. J. (2016). The Utilisation of Narrative Therapy in Mental Health Education in Colleges and Universities. *Campus Life & Mental Health*, 14(3), 204-206. 武利敏, & 马艳杰. (2016). 叙事疗法在高等院校心理健康教育中的应用. *校园心理*, 14(3), 204-206.
- Wu, Y. (2014). Using Narrative Therapy in Self-identity Study with Single Parent College Students. *Heihe Journal*, 3, 136-138. 吴燕. (2014). 叙事疗法在单亲大学生自我同一性研究中的应用. *黑河学刊*, (3), 136-138.
- Xiao, A. Q. (2014). Using Narrative Therapy with Grade Three High School Student. *Reference for Quality-oriented Education (A)*, 3, 016. 肖安庆. (2014). 故事疗法在高三学生心理辅导中的应用. *素质教育大参考 (A 版)*, 3, 016.
- Xiao, A. Q., & Zhang, J. Y. (2014), Narrative Therapy-A Method Suitable for Psychological Counselling with Grade Three High School Students, *Western China*, 3, 72-75. 肖安庆, & 张籍匀. (2014). 故事疗法——一种适用于高三学生的心理辅导手段. *中国西部*, (3), 72-75.
- Xu, J.M. (2012). *Research of Children's Social Anxiety and Subjective Quality of Life about Higher Elementary School Students* (Masters Dissertation). Shandong, China: Shandong Normal University. 小学高年级学生社交焦虑与主观生活质量的关系

- Yalom, I.D. (2002). *The Gift of Therapy*. London, England: Piatkus.
- Yang, H. Y. (2015). Using Narrative Therapy in Mental Education Class ‘Anger and Its Management’ in Professional Schools. *Chinese Extra School Education*, (4), 14-14.
- 杨海燕. (2015). 叙事疗法在职业学校心理活动课《愤怒及其管理》中的运用. *中国校外教育: 中旬*, (4), 14-14.
- Yang, L., & Zhao, G. J. (2006). *School psychology*. Lanzhou, China: Gansu Educational Press.
- Yardley, L. (2000) Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215-228
- Ye, Y. D., & Fang, B. J. (2010). The development of school psychological services in the Chinese mainland: A Chinese perspective. *School Psychology International*, 31, 521–530,
- Yildirim, Z., Ozden, M. Y., & Aksu, M. (2001). Comparison of hyper media learning and traditional instruction on knowledge acquisition and retention. *The Journal of Educational Research*, 94. 207-214
- Yu, G., Wang, Q., & Li, T. (2015). Mental Health Education: Perception and Evaluation of Secondary and Primary School Teachers and Administrators. *Journal of Tianjin Normal University (Elementary Education Edition)*, 3, 008. 俞国良, 王勃, & 李天然. (2015). 心理健康教育: 中小学专兼职教师和管理者的认知与评价. *天津师范大学学报: 基础教育版*, (3), 33-38.
- Yu, Z. H. (2009). Exploration of social causes of mental disease in current China and adjustment. *Academic Journal of Shanxi Provincial Committee Party School of CPCC*, 32, 106–108.
- Yuan, Y. (2011) Using Story Therapy in Group Psychological Counselling with Lonely College Students. *New Curriculum (Teaching and Research)*, 10, 106. 袁焱. (2011). 故事疗法在孤独大学生团体心理辅导中的应用. *新课程 (教研)*, 10, 106.
- Yuksel, P., Robin, B. R., & McNeil, S. (2011). Educational uses of digital storytelling around the world. *In Proceedings of Society for Information Technology & Teacher Education International Conference (Vol. 1, No. 1, pp. 1264-1271)*.
- Zeig, J. K. (2013). *Experiencing Erikson*. Oxford, England: Routledge.

- Zhang, F. (2016). Giving the Power back to Students- the Utilisation of Narrative Therapy in School Mental Health Education. , *Mental Health Education in Primary, Secondary and High Schools*, 16, 36-38. 张帆. (2016). 把力量还给学生——叙事疗法在学校心理健康教育中的运用. *中小学心理健康教育*, 16, 36-38.
- Zhang, H., & Xu, Y. (2006). Teaching of psychology to university students in China. *International journal of Psychology*, 41(1), 17-23.
- Zhang, J. Y. & He, X. H. (2008). Study on relationship between left-behind children's mental health and their personality, *China Public Health*, 24(8), 932-933. 张建育, & 贺小华. (2008). 留守儿童心理健康状况与人格特征关系. *中国公共卫生*, 24(8), 932-933.
- Zhang, L. X. (2007) Using positive psychotherapy and story therapy in group therapy with impoverished college students. The progress of mental health education in colleges—*Proceedings of the tenth conference of mental health education and psychological counselling in colleges*. 张丽霞. (2007). 积极心理治疗与故事疗法在贫困生团体心理辅导中的应用. *高校心理健康教育新进展——全国第十届高校心理健康教育与心理咨询学术交流会论文集*.
- Zhao, Q. (1996). *Interpreting Chinese foreign policy*. New York, NY: Oxford Press.
- Zhao, J. et al. (2009). A Multi-centre Survey on Professional and Emotional Competence and Related Factors among Counselors and Psychotherapists. *Chinese Mental Health Journal*, 23(4), 229-241. 心理咨询和治疗师的专业能力和情感能力的多中心调查
- Zhao, Q. (1996). *Interpreting Chinese foreign policy*. New York, NY: Oxford Press.
- Zhao, X. M. (2013). 'Picture Book Story Therapy' and Children's Self-development. *Research and Review on Education: Elementary Education and Teaching*, 5, 37-39. 赵雪敏. (2013). “绘本故事治疗”与儿童自我成长. *教育研究与评论: 小学教育教学*, (5), 37-39.
- Zhao, X. Y. (2016) *The correlations among undergraduates' subjective well-being, negative life events and cognitive emotion regulation and narrative oriented group counselling intervention* (Masters Dissertation). Shanghai, China: Shanghai

- Normal University. 赵晓妍 (2016) 大学生主观幸福感、生活事件、认知情绪调节的关系及叙事团体辅导干预研究. 上海师范大学.
- Zhao, Y.(2007) *Study on the Effectiveness of the Mutual Storytelling Therapy on Children with Behavioral Disorders* (Masters Dissertation). Shanghai, China: East China Normal University. 互说故事疗法对儿童问题行为的干预研究
- Zhao, Y. L. (2015) When ‘Active’ Meets ‘Externalisation’- A Case Study on Using Narrative Therapy with Over Active Students. *Moral Education in Primary, Secondary and High Schools*, 10, 48-50. 赵亚丽. (2015). “当“好动”遭遇“外化”——叙事疗法干预好动学生的案例研究. 中小学德育, 10, 48-50.
- Zhao, Z. (2013). *A Study on Using Narrative Therapy in Treating Children’s Emotional Disorders*. Nanjing University of Chinese Medicine (Doctoral Thesis). Nanjing, China: Nanjing University of Traditional Chinese Medicine. 赵兆. (2013). 叙事治疗在儿童情绪障碍中的应用研究, 南京中医药大学.
- Zhong, Z. N. (2014). The Utilisation of Narrative Therapy with a Middle School Student with Relationship Problems. *Modern Teaching*, 9X, 49-53. 钟志农. (2014). 叙事疗法在中学生青春恋个案中的运用. *现代教学*, 9X, 49-53.
- Zhou, J. W. (2016). Finding the Direction of Life in Stories- Using ‘Story Therapy’ in Mental Health Education Classes. *Profession*, 2, 078. 周建文. (2016). 在故事中寻找生命的方向——“故事疗法”在心理辅导课中的运用. *职业*, 2, 078.
- Zhou, Z., Bray, M. A., Kehle, T. J., & Xin, T. (2001). The status of school psychology in China at the millennium. *School Psychology International*, 22, 22–28.
- Zhu, H. (2011). Using Metaphoric Stories in Psychological Interventions in Colleges. *Weekly Magazine of Examinations*, 46, 199-200. 祝菡. (2011). 暗喻性故事治疗在高校心理危机干预中的应用. *考试周刊*, 46, 199-200.