

The Wizarding School: A Psychotherapy Program for Children

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Abstract:

One of the most important tendencies in child psychotherapy is the integration of various psychotherapeutic approaches and technical interventions belonging to different orientations. Based on the Harry Potter stories, the "Wizarding School" therapy program is an integratively oriented program applicable in personal development, individual and group therapy for children aged 6 to 13. The program takes place within a fairy tale, being therefore a type of informal hypnotic trance. The interventions are drawn from the lessons described in Harry Potter's story at Hogwarts, based on the fundamental principles of child psychotherapy and including elements of play therapy, art therapy, hypnotherapy, cognitive-behavioural therapy, transactional analysis, supportive therapy, family therapy and person centred therapy. From a theoretical point of view the program is based on elements from a number of psychotherapeutic approaches, the main concept being that we need to create a therapeutic myth that is acceptable to a child. The program is not suitable for children with structural deficits, who have difficulties in making the difference between fantasy and reality.

Key Words: child psychotherapy, integrative psychotherapy, eclecticism, theoretical integration, group psychotherapy, therapeutic myth

At Hogwarts, neither students nor teachers seem to be curious about the source of their magical powers: magic is taken for granted and nobody asks why magic works (Mulholland, 2007). But in the real world people ask: Why? We generally do not take our world for granted, instead we are trying to discover the mechanisms governing the world we live in. The Harry Potter series tells us about a child who makes a journey in order to satisfy his curiosity. Most of the events described in J.K. Rowling's books take place as a consequence of Harry's

curiosity. Neil Mulholland (2007) was saying, regarding the Harry Potter series of books and films that by following Harry's example and incorporating his magic (courage and wisdom) in true therapeutic techniques, we in our turn can cast "magic" by ourselves in our thinking and our lives (p. 281). According to the author, more than one therapeutic model can be found in Harry's story: narrative therapy, cognitive-behavioural therapy, EMDR and mindfulness. In this context Neil Mulholland proposes what he calls "*the Harry Potter therapy*" (p.278) developed for individuals suffering from depression and anxiety. The method has at its core emotional balancing, and as specific techniques Mulholland describes the technique of "the magic thinking potion" (pp. 278-282), a kind of "white magic" for positive thinking.

Theoretical background

The Wizarding School Program takes the concept of "Harry Potter therapy" one step further.

Child psychotherapy

As in adult psychotherapy, there are many approaches in child psychotherapy as well. A major difference in comparison to adult psychotherapy is that many times children cannot verbalize their problems and difficulties (Hopkins, Barr, Michael & Rochat, 2005). But children have imaginary friends they talk to, and these imaginary friends have fascinated psychologists, parents and teachers for many years. Some experts believe that children who have imaginary friends are aged 3 to 6, have an intelligence that is at least average, good verbal abilities; they are creative, cooperate with adults and generally don't have siblings. Imaginary friends seem to have a positive effect on the child's social and cognitive development (Bettleheim, 1976).

All children play and playing is an important part of a child's development. Through playing children learn the abilities they need for participating in their world, and while they play, children improve their knowledge and the understanding of the self, of others and of their physical world. When children are encouraged to explore and manipulate objects in their environment, they develop cognitive skills. Around 5 years of age children become interested in formal games with rules. Games with rules are predominant in the middle part of childhood, when the child's thinking becomes more logical. This is the reason why the "Wizarding School" program addresses children over 6 years old.

One of the most important tendencies in child psychotherapy is the integration of various therapeutic approaches and techniques belonging to different psychotherapeutic orientations. Kazdin (1988) was underlining the fact that child psychotherapy needs to take into consideration various approaches in order to obtain the best results. Wachtel's approach (2008) of integrating psychodynamic and behavioural approaches in the therapy of adults can also be

applied to child psychotherapy. The therapist can use both insight-oriented and problem solving interventions.

Play therapy

Playing has four important functions in child therapy (Jager & Ryan, 2007; Waller, 2006; Yang, 2003): 1. Playing is the natural form of child expression. The child uses playing in order to express feelings and thoughts; 2. The child uses the language of playing in order to communicate with the therapist and it is essential that the therapist understands this communication in order to establish a therapeutic relationship (Chethik, 2000); 3. Playing is a vehicle for insight and working with problems - a concept of psychodynamic origin. Many of the major developmental and situational conflicts are not experientiated by children and therefore they are expressed through playing; 4. Playing offers the opportunity for practicing a variety of ideas, behaviours and verbal expressions. Because playing takes place in a safe environment, in an "as if" world, with a permissive adult, the child can try and repeat a variety of expressions and behaviours without worrying about the consequences.

In the "Wizarding School" program the therapeutic relationship is facilitated by the fact that the therapist is a playing partner for the children, working with the children, and using a language that is specific for children. By taking part in the game, the therapist is a permissive adult who facilitates the child's implication at multiple levels. At the same time the child is offered the necessary safety for involvement in the activities and imagery that facilitate therapeutic change.

One of the present dilemmas in child psychotherapy is how much should the therapist get involved in playing with the child. But the therapist's implication and direction of implication seems to depend on the general theoretical approach. In the traditional client centred approaches and in psychodynamic approaches the therapist tries not to play with the child, but to observe and comment on the child's play. In more directive approaches, like cognitive-behavioural play therapy (Knell & Ruma, 1993) the therapist plays with the child in a very direct manner. From this point of view the "Wizarding School" program is closer to the cognitive-behavioural approach, the therapist "leading" the game.

The way in which the therapist uses play in therapy also depends on the way the therapist conceptualizes the mechanisms of change. Freedheim & Russ (1983, 1992) identify 6 major mechanisms of change in individual child therapy: 1. Expression, catharsis and the labeling of feelings; 2. The corrective emotional experience where therapeutic interventions are similar to those for catharsis and expression; the therapist labels the expression and communicates acceptance and the understanding of feelings. Another important technique is the separation of feelings and thoughts from behaviour (in the "Wizarding School" program we apply the "pensive box" technique); 3. Insight, non-experience and working with the game, labeling feelings, thoughts and events, and interpretation for conflict resolution and working with the problem. It is important for the therapist to help the child use playing in order to solve conflicts and get rid of fears and anxieties

(examples of interventions used in the "Wizardsing School" program are: "transformations", "spells" and "protection against dark magic"); 4. Problem solving techniques and coping strategies: the therapist suggests coping models or helps the child think of other coping strategies (in the "Wizardsing School" program we use: "spells", "the magical wand", "potions"); 5. Object relations, internal representations and interpersonal development: probably the most important aspect is the therapist's relationship with the child (examples of techniques used for this purpose in the "Wizardsing School" program are: the rules of the wizardsing school, awarding certificates, the "magical animal"); 6. Non-specific variables: expectancy for change, the child's feeling that he/she is not alone (techniques used in the "Wizardsing School" program include: the astronomy technique, the invitation letter, the wizardsing school rules).

From the point of view of approaching therapeutic change through playing, the "Wizardsing School" program is very close to CBT concepts (Knell & Ruma, 1993): the child is involved in treatment by playing; the program centres on the child's thoughts, fantasies and his/her environment; it ensures a strategy for developing more adaptive thoughts and behaviours (the child is taught coping strategies for feelings and situations); it is structured in a directive manner and it is goal oriented, more than having an open ending; the program incorporates some empirically demonstrated interventions (i.e. modelling); and it allows for the empirical examination of the treatment. This conceptual frame also has common ground with the more traditional person centred and psychodynamic approaches, namely, the importance of the therapeutic relationship, communication through playing, therapy as a safe place and playing as a means for giving clues to the child.

Supportive therapy

Supportive therapy focuses on problem solving interventions and coping strategies, so the focus is on daily problems and on conflicts taking place in the "here and now", without looking for a history of anxiety producing material. The mechanisms of change postulated by supportive therapy are: catharsis, corrective emotional experiences, alternative ways of looking at a situation or the self and acknowledging the fact that out there is someone who offers help and support. Supportive therapy is thought to be adequate for children with major developmental problems and a relatively poorly developed ego, while insight oriented psychotherapy is thought to be suitable for children with a good ego development, who can tolerate anxiety, fight with internal conflicts, trust adults and can think about their behaviour and what it means (Freedheim & Russ, 1992).

Technically speaking, the "Wizardsing School" program is close to supportive psychotherapy, the main techniques used in the program being focused on problem solving strategies, alternate ways of perceiving the self and the situation, acknowledging available help and establishing a therapeutic relationship based on trust, coping strategies and solving immediate problems. A main goal of the "Wizardsing School" program is establishing a therapeutic

relationship based on trust; still, we include in the program insight-oriented projective techniques. Also there are a lot of interventions "borrowed" from Ericksonian therapy, guided imagery and relaxation techniques. Based upon externalizing fantasies by building an entire therapeutic strategy around a fairy-tale, namely a story with wizards and witches, the program is not adequate for children with structural deficits who have difficulties in making the difference between reality and fantasy.

Person centred therapy

On the other hand, person centred psychotherapy is based on the assumption that abnormal behaviour is the result of adverse conditions in the individual's life, the child's behavioural problems being caused by the adult's criticism and dominance. Unlike psychodynamic psychotherapy, which explores the individual's past, client centred therapy is not focused on the past for the sake of the past, but it takes the past into account only to the extent the therapist needs the past in order to understand the present. Client centred play therapy, developed by Axline (1947, 1950) is based on the nondirective therapy developed by Carl Rogers; therefore building a warm therapeutic relationship is considered to be of paramount importance.

Behavioural therapy

Behavioural therapy assumes behaviour is mainly the result of learning factors and environmental factors, and not so much of internal factors. The behavioural method doesn't attempt to discover the hypothetical causes of the abnormal behaviour, and elicit unconscious reasons and conflicts, but applies the principles of learning for the purpose of modifying maladaptive behaviours. Classical conditioning and hope, learning by imitation or modelling are essential in behavioural therapy. According to long term studies, the elimination of a behaviour does not lead to symptom substitution, as psychodynamically oriented therapists say (Shepherd & Kuczinsky, 2009).

Some of the most frequently used techniques in child behavioural therapy are: operating procedures, extinction, modelling, relaxation, systematic desensitisation, implosion and contracts. But behavioural therapy is not only a set of techniques, but also to a multifaceted theoretical model and an experimental methodology.

Being a "school", the "Wizards School" program includes the principles of learning through imitation or modelling, as well as classical and operant conditioning. A major difference in comparison to behavioural therapy is that we work with the assumption that psychological problems in children are not only the result of learning factors, but also have internal causes.

Family therapy

Generally, the child's problem doesn't exist in isolation, but emerges in the context of family dynamics which can cause, maintain or modify the child's behavioural patterns. Consequently, the therapeutic approach is centred not only

on the child, but also on the interpersonal relations and family transactions. In comparison to individual psychotherapy, family therapy is thought to be more effective in treating the child's psychological difficulties. Still, this doesn't mean that family therapy is always the first treatment employed. When family members don't want to take part in therapy, if they feel there is no problem that needs to be solved or if they don't feel the need of a common effort directed towards a certain goal, then we need to be cautious in recommending family therapy (Thorngren & Kleist, 2002). But, as Reisman and Ribordy (1993) were saying, the role of family members is that of helping alleviate the child's presenting problem.

The "Wizarding School" program involves in therapy those parents who wish it or who think their involvement is necessary, either in therapy groups or support groups for parents, or in therapy sessions with the parents only. We believe the child benefits more from the therapeutic program if engaged in a world specific to childhood, without the presence of parents. On the other hand, it may be necessary to work with the parents. The parents are informed upon the structure of the children's therapeutic program and we constantly keep in touch with them for information and feed-back. Before the child starts the therapy program, a meeting is scheduled with the parents; this session has a double purpose: clinical interview and information. When we work with children it is often important to offer social support and ability training for parents. According to Forehand & Long (Forehand, 1993; Forehand & Long, 2002) counselling parents for improving their parenting abilities is a very efficient method of managing the child's problematic behavior.

Group therapy

According to most studies, group interventions for school children are effective when they focus on school behaviour, self esteem, abilities to interact with peers, social learning and insight, and when the abilities of each child are underlined in the process (Knell & Dassari, 2006). The "Wizarding School" program addresses the power and abilities of each participant in the group, each child having the opportunity of using the therapeutic interventions in his/her own way. According to the child's needs, the child uses his/her capacities and creativity at a high level. For instance, children make their own special magic wands, decorated with different materials.

Meta-analyses show that children who are treated in group counselling have better results in comparison to those involved in educational groups (Russ, 2004). In what the therapy groups for aggressive children are concerned, studies show that group cohesion is an important factor (Shechtman, 2007). Also, the positive results of group therapy are influenced by the group climate and the therapist's capacity of involving the children in the building of a cohesive group (Joanning, Quinn, Thomas, & Mullen, 2007). Group cohesion is described as the individual's feeling of belonging to the group. The group members' attraction is defined as the members' wish to identify with the group and to be accepted as a group member (Evans & Jarvis, 1986).

The accepting letters to the "Wizarding School", the regulations and the uniforms have the purpose of addressing group cohesion issues. The classical definition of group cohesion given by Yalom (Yalom & Leszcz, 2008) is that it is the situation in which the members feel warmth and comfort in the group, they feel they belong, value the group, and in turn feel valued by the group, accepted and unconditionally supported by the other members of the group. Group cohesion is a multidimensional construct, related to the group climate, namely the global emotional tone and the attitude of group members.

Prizant & Rubin (1999) suggest a transactional approach in play therapy groups for autistic children, an approach focused on the following principles: an environment designed so that interactions and playing are constant, predictable and familiar; controlling the novelty in interactions and the environment; reciprocity and shared control among social partners; recognizing unconventional verbal and playing behaviours as having a purpose and being intentional; increasing motivation for expressing the intent to communicate in order to establish a common focus of attention and social interactions; the systematic transfer of active participation and support from adults to children.

According to Vygotsky (1966), playing, and especially "playing at..." (something) is a primary social and cultural activity through which children acquire symbolic capacities, interpersonal abilities and social knowledge. Extending Vygotsky's theories, Rogoff (Rogoff, 1990, 1998, 2003; Rogoff et al., 1998) suggests that children maximize their developmental potential with the help of experienced social partners, through guided participation in culturally valued activities. The "Wizarding School" program is somewhat similar to this model, the children being "apprentices" of "expert wizards" (the therapists), in the context of a play culture commonly built by therapists and children.

Treatment efficacy in therapy groups for children (Perry et al., 1995) depends on the way the children value the therapist, on the emotional elements or group relations, and on predictability, which make children feel more secure, comfortable and loved. When working with children, most authors recommend a structured directive approach (Curle et al., 2005; De Lucia- Waack & Gerrity, 2001; Russ, 2004; Waller, 2006).

Art therapy

The "Wizarding School" program contains some art therapy elements, for instance in making the pensive boxes, drawing the magical animal, etc. The fundamental principles of art therapy with children are: visual images are an important aspect of the human learning process; art realized in front of the therapist may allow the child to come in contact with feelings that aren't easy to express through words; art can be a container for strong emotions; art can be a means of communication between the child and the therapist; art can serve to the clarification of transference (Waller, 2006).

Additionally, children who find it difficult to play, gain trust in order to start playing, experimenting with different art materials in the safe therapeutic environment. According to Waller (2006) the artistic creation process in the group

and the interaction among group members helps in acquiring social abilities and lead to behavioural change. Theoretically, nondirective play therapy is based on unconditional positive regard, empathy and congruence. The child's actual functioning is accepted and the therapist presumes the children have the capacity of better functioning.

Hypnotherapy with children

The first manifestations of hypnotic-type behaviours which appear in children constitute a developmental stage called proto-hypnosis. Between the ages of 2 and 3 language is sufficiently developed for behaviour to be guided by words. Proto-hypnosis is similar to hypnosis in that it is an imitation of reality and in the same time a distortion of reality. Playing has a temporary reality for the child, but like hypnotic fantasies, it is time limited and recognized as being different from ordinary reality. Making the difference between involvement in the imaginary world and the real world is the beginning of experience. There is a similarity between the language used in playing and the language of self-hypnosis (Huynh, Vandwick & Diseth, 2008; James, 2000; Kilhstrom, 2005; Klaas, 2007).

The limitations of proto-hypnosis are those of the limited cognitive capacity of the child: namely typical hypnotic suggestions and tasks beyond the child's capacity to understand will not be efficient. Similarly, a child who has not yet learned to tell about night dreams cannot tell a dream in hypnotic trance. The most important aspect is that children in this developmental stage have a small capacity of internalized fantasy. When we use proto-hypnosis in child therapy it is important to insist upon the child's own fantasy world and respect the initiative the child is used to have in this area.

Proto-hypnotic capacity tends to manifest itself in acted fantasies. Little girls talk to their dolls and little boys puff like locomotives (Huynh, Vandwick & Diseth, 2008).

Peak hypnosis is the available hypnotic response to a hypnotic suggestion in the 9-12 age range, a stage of child development in which the average number of items completed on hypnotic scales is at a maximum. In this period, hypnosis leads to a high responsivity to suggestions needing high attention concentration, accepting distortions to reality and tolerating logical inconsistencies. The child passes from proto-hypnosis to peak hypnosis, having the capacity to internalize open-eyed fantastical experiences from playing, and so proto-hypnosis gradually makes way for the preference of a fantastic action in a hypnotic trance with the eyes closed.

In adolescence and in adults hypnotizability slowly decreases during the years. The peak of hypnotic potential in humans is at the age 9 to 12, gradually decreasing until 30 and then rapidly after 40. Although the average score decreases gradually in adulthood, individuals who continue to involve in the imaginary may have levels of hypnotic fantasy that are profound and durable (Huynh, Vandwick, & Diseth, 2008).

Varied methods of hypnotic induction, from short instructions to complex rituals, can be used in child hypnotherapy. With little children and agitated children the most useful are the informal induction techniques, like stories and imagery. Hypnotherapy is easy to combine with other therapeutic methods in child therapy: for instance family therapy, CBT, etc. Hypnotherapy presents the advantage of being goal oriented and centred upon the child's resources.

Emotive imagery refers to the imagery which produces positive feelings (for instance pride, love, etc). Usually the therapist helps the child create a story about his/her favorite heroes, heroes that help him/her (King, Heyne, Gullone & Molloy, 2001). The child can also play the part of the favorite hero and can borrow his characteristics.

Fairy tales and their use in psychotherapy. The psychoanalytic perspective.

Fairy tales, unlike any other form of literature, direct the child towards finding his/her own identity, also suggesting the necessary experiences for the further development of character (Bettleheim, 1976). In fairy tales the internal processes are being externalized and they become comprehensible, being embodied by the story characters and the events in the fairy tale. It is interesting to note, in this context, that in little children proto-hypnotic ability is expressed through externalization (Popescu & Gane, 2009).

The unrealistic nature of the fairy tale is an important tool, because it underlines the fact that the fairy tale does not hold important information about the outside world, but about individual internal processes, and after the age of 5, when fairy tales begin to have a real meaning for the child, no child confounds fairy tales with reality. As Bettleheim (1976) was saying: *"The little girl wishes to imagine she is a princess living in a castle and spins elaborate fantasies that she is, but when her mother calls her for dinner, she knows she is not"* (p.64).

The Wizing School Program complies with the functional definition of fairy tales given by Bettleheim. The whole program is built like a live fairy tale, in which the child can immerse and which he/she can experience, in the same time using his/her own imagination. The fairy tales actually tell the child there is a reward and a good life in spite of any difficulties the hero might encounter. Also, the child is given the message that in order to form his/her own identity, he/she needs to solve some problems and fight. Fairy tales promise children that if they engage in these battles and problem solving situations, good forces are going to help them.

The "Wizing School" program respects the classical structure of fairy tales: the child is helped on the one hand by the therapist, who is an integrated part of the fairy tale, and on the other hand by the magical objects the child learns to build and which have multiple functions: support, anchor, therapeutic ritual, behavioural task, projective technique, and problem solving modality. The fairy tale hero restores health and in the "Wizing School" program the child is the hero of the wizard and witch fairy tale, holding the necessary elements and fantastical knowledge for therapeutic change. The hero in the fairy tale is

practically an archetypal figure representing a model of ego functioning in accordance to the self.

The transactional analysis perspective on fairy tales

Fairy- tales help inoculate the societal norms in the mind of the child at a conscious level, but at an unconscious level fairy tales can provide attractive and stereotype roles, locations and timetables for a defective life script (Berne, 1968). Changes in life can lead to significant changes, though. Important decisions in life can be established by entering new script locations and such an example is the “Wizarding School” program.

A child is exposed to influent myths, fairy tales and classical stories, in a way that differs from one family to another and from one culture to another. Cultures differ not only in the natural selection of stories that are told and printed, but also in the available versions of those stories. For instance, “Cinderella” and “The Red Riding Hood” have more than 6 different endings in various cultures. A mother who reads the story to her child has the possibility of choosing between sad, violent, happy or unauthentic endings for the story. Also, the reader supplies the child with a role in the script. The mother’s warm smile may mean “that’s you”, and can add “Don’t think. Be Cinderella” in the script. The fairy tale is very efficient and catchy if it fits the family myth around the child and if it supplies the time matrix for the injunction (ap. Berne, 2006). Working with children in the “Wizarding School” program, therapists have the role of changing such injunctions in the script.

The relational principle

In order for the therapy group to be successful it is essential for the therapist to have the capacity of engaging the children in the group and of maximizing safety in the group, so it becomes a safe and protected environment. The positive relationship with the therapist promotes group cohesion because the children cooperate for achieving a mutual goal, are constructively engaged in the common homework and have a trusting attitude which allows the group members to share personal material (Gane, 2006). When the group members are attracted by the group (therapist and children), adherence to group norms is encouraged. When group cohesion is high, the group members enjoy the group, value the opinion of other group members and of the therapist and are motivated to change behaviours which interfere with their interactions (Rose, 1998).

The inherent therapeutic factors in using group processes include hope, universality, information sharing, the development of socializing techniques and interpersonal learning (Yalom & Leszcz, 2008). The micro social theory postulates that because the group is a miniature social universe, the group must be heterogeneous in order to maximize learning opportunities (Roberts, 2006). According to the dissonance theory (Festinger, 1957), learning or change is probable to appear when the individual in a dissonant state acts to reduce the dissonance. For this reason a group must include members with different styles and interpersonal conflicts.

On the other hand, the relational cohesion theory (Lizardo, 2007) holds that attraction to the group is the critical variable influencing the results of therapy and therefore the major purpose must be a cohesive and compatible group. The “Wizarding School” program conciliates the two opposing view-points. On the one hand the group is addressing children with various problems, and on the other hand the group is organized like a “school”, aiming group cohesion.

Specific structure and interventions

The Wizarding School story. The therapeutic myth.

Hawkins (2008) says: *“All psychotherapies are based on a theoretical ‘story’ or ‘map’, which usually explains the aetiology of the presenting problem(s), as well as how the symptomatology is maintained and how it can be treated.... Inherent in the story is a profound belief that the patient can get well if he or she engages in the associated therapeutic rituals. When the patient shares this belief with the therapist, a strong expectation and hope for a successful therapeutic outcome is established”* (p. 14).

The “Wizarding School” program follows this model of therapeutic myth (Popescu & Gane, 2009). The myth is the wizarding school itself, a school in which the child learns how to make changes. Because for the child the fantastical world is as real as the surrounding world until the age of 7 or 8, and that after this age there is a peak of hypnotic potential until the age of 12 or 14, the therapeutic myth is very credible for the child. Therefore the story of psychotherapy is perceived by the child in a manner similar to the way the adult understands the myth of psychoanalysis, or hypnotherapy, or any other psychotherapeutic modality. It is rather useless to explain to the child what the principles of CBT or gestalt are. But the principles of a wizarding school are easily assimilated and understood by the child. In the same time we access the child’s memory and start the unconscious search to access things that are already known. Most children know the story of Harry Potter and the famous wizarding school at Hogwarts, just as adults know about Freud and many adult patients just know “ that the source of their problems began in childhood”. The same way, for a child the “Wizarding School” will be automatically associated with Harry Potter or Hogwarts, or stories about witches and wizards. The therapeutic rituals in the program help consolidate the story. This is the reason why therapeutic rituals are extensively used in the “Wizarding School” program. Meant for children above 7 years of age, the “Wizarding School” program is, beside a story or a therapeutic myth, a structured game with rules, meeting therefore the child’s need for structured playing with rules between the ages of 7 and 11.

Specific interventions

The preliminary meeting

The preliminary meeting, taking place before the start of the actual therapy program, is scheduled with the parents, for taking the case history and collecting information. The parents are informed about the structure and duration of the therapy program and they are given an invitation letter for the child, letter that the child will bring with him/her on the first day of the therapy program. The letter has the role of contributing to the child's feelings of being accepted and belonging, also contributing to further creating group cohesion.

School regulations

Self-fulfilling prophecies is the phenomenon of children managing and behaving according to the teacher's pre-conceived expectations. The rules of the "Wizards School", introduced in the first day of the program, say that at the end of the semester all children will receive a wizard/witch certificate. We start with the supposition that all children manage therapeutic change, and so the rules contribute to the creation of a self-fulfilling prophecy. The conveyed message is that everybody will succeed. The therapist's expectancies influence the children's motivation and acquisitions in two ways. Firstly, the false judgement of a child's efforts and capacities can bias the evaluation of the child's performance. Secondly, teachers tend to confront, interact and praise students from whom they expect a lot. Low expectancies lead to decreased motivation, implication and learning. A classical study from 1968 was the one in which the researchers told a group of teachers that some of their students have a high intellectual potential. Actually the students had been randomly chosen. Eight months later those students who had been identified as having a high potential had greater acquisitions than the other students. The result became known as the Pygmalion effect, in reference to the play with the same name written by George Bernard Shaw (Feldman & Prochaska, 1979).

Making magical wands

The technique of "making magical wands" contains an introductory part of describing the materials used for making magical wands, having the role of informal trance induction for imaginative involvement. The making of the wand itself has the purpose of expressing the child's fantasy through action, the techniques of play involvement contributing to the building of the therapeutic alliance because of the help given by the therapists in making the wand. In the same time, the wand is a palpable object to which the child can resort during therapy: "The magical wand shall be kept at home, in good condition" - a therapeutic ritual for valuing the changes promoted with the help of the support object. The magical wand also offers constancy and is a safety and attachment element for the child.

Herbology and making magical potions

Making magical potions is a ritual and an initiation and also support for change. While the magical wand works primarily at a visual level, the magical potion works especially at a kinaesthetic level. Like all “magical objects” used in the program, it gives the child the possibility to transform fantastic imagery into action.

Magical animals

The technique of magical animals combines hypnotic trance with art-therapy (drawing), being essentially an ego-strengthening technique.

The pensive

The pensive is a proto-hypnotic reframing technique: the pensive can be used in order to modify behaviour- for instance we introduce one behaviour in the pensive and extract another, a more adaptive one. One of the most spectacular such pensive uses was in the case of a little boy suffering from nocturnal enuresis, who put in his pensive box “the night pee”.

The apprentice wizard log

The apprentice wizard log is a behavioural technique, used in many variants in psychotherapy.

The personal magical map

The child is guided in making the map, having at his/her disposal various materials. The map depicts the child’s imaginary trip towards therapeutic change and at the same time works as a self-fulfilling prophecy. From this perspective the magical map is an Ericksonian intervention. The fact that the therapeutic change will take place is not doubted: we do not ask if the change will take place, but only how it will happen. The intervention is self-hypnotic; the child himself/herself establishes his/her own way according to the principle “the map is not the territory”.

Casting spells

“Casting spells” is a metaphor for problem solving and analysis (finding a symbol), with anchoring in finding a magic formula. Spells are ritual formulas intended to produce a certain effect.

Transformations

The transformations technique is a reframing intervention: something frightening is transformed into something amusing or ridiculous.

Certificates

The children may get certificates for different behavioural tasks, a technique based on token economy. For instance, a child with ADHD received a certificate for advanced use of magical powers in keeping his toys in order.

The final ceremony

In the last session of the “Wizards School” program we organize a ceremony of awarding wizard certificates.

Other techniques and interventions

Other techniques (not described here) are: the wizard’s name, ego strengthening with the help of the magic circle, the witches’ guided imagery, the wizard’s candle, the astronomy technique.

Applications

Based on externalizing fantasies, the program is not adequate for children with structural deficits, who have difficulties in making the difference between fantasy and reality. The program was developed for the age range from 6 to 12 year olds and was first applied in 2008. The techniques described are also suitable for individual psychotherapy with children and we apply them in individual therapy beginning with 2009. Further studies are necessary for the evaluation of the program efficiency in time, for different pathologies. At present we are developing a similar program for adults. The first such program for adults was organized in the summer of 2010, under the name “The Wizards School”- an integrative personal development program.

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References

- Andrewertha, G. (1989). The Three Sentence Induction. In S. Lankton (Ed.): *Ericksonian Hypnosis: Application, Preparation and Research, Ericksonian Monographs, 5*, New York, NY: Brunner/Mazel
- Axline, V. (1947). Nondirective therapy for poor readers. *Journal of Consulting Psychology, 11*, 61-69 .
- Axline, V. (1950). Entering the child's world via play experiences. *Progressive Education, 27*, 68-75.
- Berne, E. (2006). *Ce spui dupa „Buna ziua”?* Psihologia destinului uman. Bucuresti: ed. Trei.

- Bettleheim, B. (1976). *The Uses of Enchantment. The meaning and importance of fairy tales*. New York, NY: Penguin Books Ltd.
- Chethik, M. (2000). *Techniques of Child Therapy. Psychodynamic Strategies*. New York, NY: The Guilford Press.
- Curle, C., Bradford, J., Thompson, J., Cawthorn, P. (2005). Users Views on a Group Therapy Intervention for the Chronically Ill or Disabled Children and Their Parents: Towards a Meaningful Assesment of Therapeutic Effectiveness. *Clinical Child Psychology and Psychiatry*, 10, 509-529.
- Dafinoiu, I. Vargha, J.L. (2003). *Hipnoza clinica. Tehnici de inducție. Strategii terapeutice*. Iași: Editura Polirom.
- De Lucia- Waack, J.L, Gerrity, D. (2001). Effective Group Work for Elementary School-Age Children Whose Parents are Divorcing. *The Family Journal*, 9, 273-286.
- Duffany, A, Panos, P.T. (2009). Outcome Evaluation of Group Treatment for Sexually Abused and Reactive Children. *Research on Social Work Practice*, 19, 91-305.
- Evans, N.J., Jarvis, P.A. (1986). The Group Attitude Scale. A Measure of Attraction to Group, *Small Group Research*, 17 (2), 203-216.
- Feldman, R. S., Prohaska, T. (1979). The student as Pygmalion: Effect of student expectation on the teacher. *Journal of Educational Psychology*, 71, 485-493.
- Festinger, L. (1957). *A Theory of Cognitive Dissonance*. Stanford, CA: Stanford University Press.
- Forehand, R. (1993). Twenty years of research: does it have practical implications for clinicians working with parents and children? *Clinical Psychologist*, 48 (4), 104-7.
- Forehand, R., Long, N. (2002). *Parenting the Strong-Willed Child*, 2nd edition. Chicago: Contemporary Books.
- Franz, M.L. (1963). *An Introduction to the Interpretation of Fairy Tales*. Dallas, Texas: Spring Publications.
- Freedheim, D. K., Russ, S. W. (1983). Psychotherapy with children. In C.E. Walker & M.E. Roberts (Eds.), *Handbook of clinical child psychology* (pp.978-994). New York, NY: Wiley.
- Freedheim, D. K., Russ, S. W. (1992). Psychotherapy with children. In C.E. Walker & M.E. Roberts (Eds.), *Handbook of clinical child psychology (2nd edition)* (pp.765-781). New York, NY: Wiley.
- Fromm, E., Nash, M. (1992). *Contemporary Hypnosis*. New York, NY: The Guilford Press.
- Gane, G. (2006). *Harry Potter si drumul catre sine*. Conferinta Nationala de Hipnoza Ericksoniana, Izvorul Muresului.
- Hawkins, P.J. (2008). *Hipnoza si stres*. Bucuresti: Editura Polirom.
- Hawkins, P.J., Nestoros, J. (1997). *Psychotherapy. New Perspectives on Theory, Practice and Research*. Athens, Greece: Elinika Grammata Publ.

- Hopkins, B., Barr, R., Michael, G., Rochat, P. (2005): *The Cambridge Encyclopedia of Child Development*. Cambridge University Press.
- Houck, G.M., King, M.C., Tomlinson., B, Vratel, A., Weeks, K. (2002). Small Group Interventions for Children with Attention Deficit Disorders. *The Journal of School Nursing*, 18, 196-212.
- Huynh, M., Vandwick, J.H., Diseth, T. (2008). Hypnotherapy in Child Psychiatry: The State of te Art. *Clinical Child Psychology and Psychiatry*, 13, 377-390.
- Jager, J., Ryan, V. (2007). Evaluating Clinical Practice: Using Play-Based Techniques to Elicit Children Views on Therapy. *Clinical Child Psychology and Psychiatry*, 12, 437-452.
- James, T. (2000). *Hypnosis: A Comprehensive Guide*. London: Crown House Publ.
- Joanning, H., Quinn, W., Thomas, F., Mullen, R. (2007). Treating Adolescent Drug Abuse: A Comparison of Family Systems Therapy, Group Therapy and Family Drug Education, *Journal of Marital & Family Therapy*, 18 (4), 345-356.
- Josefi, O., Ryan, V. (2004). Non-directive Play Therapy for Young Children with Autism: A Case Study. *Clinical Child Psychology and Psychiatry*, 9, 533-553.
- Lettendre, J., Davis, K. (2004). What Really Happens in Violence Prevention Groups? A Content Analysis of Leader Behaviors and Child Responses in a School Based Violence Prevention Project. *Small Group Research*, 35, 367-389.
- Lizardo, O. (2007). Relational Cohesion Theory. In G. Ritzer (Ed.): *Blackwell Encyclopedia of Sociology*. doi: 10.1111/b.9781405124331.2007.x
- Lynn, S.J., Sivec, H. (2000). *The Hypnotizable Subject as Creative Problem-Solving Agent*. New York, NY: The Guilford Press.
- Kazdin, A. (1988). *Child psychotherapy: developing and identifying effective treatments*. New York, NY: Pergamon Press.
- Kilhstrom, F. (2005). Is Hypnosis An Altered State of Counsciousness or What?. *Contemporary Hypnosis*, 22(1), 34-38.
- King, N. J., Heyne, D., Gullone, E., Molloy, G. N. (2001). Usefulness of emotive imagery in the treatment of childhood phobias: Clinical guidelines, case examples and issues. *Counselling Psychology Quarterly*, 14, 85-101.
- Klaas, A. (2007). Trance and Hypnosis Defined with Modern Logic. *European Journal of Clinical Hypnosis*, 5(3), 43-57.
- Knell, S., Dassari, M. (2006). Cognitive- Behavioral Play Therapy for Children with Anxiety and Phobias. In H.G. Kaduson & C.E. Schaefer (Eds.): *Short-Term Play Therapy For Children*, 2nd edition (pp.22-50). New York, NY: The Guilford Press.
- Knell, S., Ruma, C. (2003). Play Therapy with A Sexually Abused Child. In Reinecke, M, Dattilio, F, Freeman, A (Eds.): *Cognitive Therapy With Children And Adolescents. A Casebook for Clinical Practice* (pp.338- 368). New York, NY: The Guilford Press.

- Koegl, C.J., Farrington, D.P., Augimeri, L.K., May, D.M. (2008). Evaluation of a Targeted Cognitive- Behavioral Program for Children with Conduct Problems. *Clinical Child Psychology and Psychiatry*, 13, 419-436.
- Kozłowska, K., Hanney, Z. (2001). An Art Therapy Group for Children Traumatized by Parental Violence and Separation. *Clinical Child Psychology and Psychiatry*, 6, 49-80.
- Mullholand, N. (2007). Using Psychological Treatment with Harry. In N.Mullholand (Ed.): *The Psychology of Harry Potter*. Dallas, Texas: Benbella Books, Inc.
- Murakami, J.L. (2007). Mental Illness and the World of Wizardry. In N.Mullholand (Ed.): *The Psychology of Harry Potter*. Dallas, Texas: Benbella Books, Inc.
- Newsome, W.S. (2004). Solution Focused Groupwork with At Risk Junior High School Students: Enhancing the Bottom Line. *Research on Social Work*. 14. 336-345.
- Nickerson, A., Coleman, M.N. (2006). An Explanatory Study of Member Attraction, Climate and Behavioral Outcomes of Anger-Coping Group Therapy for Children with Emotional Disturbance. *Small Group Research*, 37, 115-141.
- Perry, D. B., Pollard, R. A., Blakeley, W. L., et al. (1995). Childhood trauma, the neurobiology of adaptation and use-dependent development of the brain: how "states" become "traits". *Infant Mental Health Journal*, 16, 271-291.
- Popescu, O.M., Gane, G. (2006). *Despre bufnite si pisici. Poveste in transa*. Lucrarile conferinței nationale de hipnoza Ericksoniana. Cluj.
- Prizant, B.M., Rubin, E. (1999). Contemporary Issues in Interventions for Autism Spectrum Disorders: A Commentary, *The Journal of The Association for Persons with Severe Handicaps*, 24 (3), 199-208.
- Reisman, J. M., Ribordy, S. (1993). *Principles of psychotherapy with children*. New York, NY: Lexington Books.
- Roberts, B. (2006). *Micro Social Theory*. New York, NY: Palgrave Macmillan.
- Rogoff, B. (1990). *Apprenticeship in thinking: Cognitive development in social context*. New York: Oxford University Press.
- Rogoff, B. (1998). Cognition as a collaborative process. In W. Damon (Chief Ed.) & D. Kuhn & R. S. Siegler (Vol. Eds.), *Cognition, perceptions and language (5th edn): Handbook of child psychology* (pp. 679-744). New York: John Wiley & Sons.
- Rogoff, B. (2003). *The cultural nature of human development*. Oxford: Oxford University Press.
- Rogoff, B., Mosier, C., Mistry, J. (1998). Toddlers' guided participation with their caregivers in cultural activity. In M. Woodhead, D. Faulkner & K. Littleton (Eds.), *Cultural worlds of early childhood* (pp. 225-249). London: Routledge.
- Rose, D. S. (1998). *Group therapy with troubled youth*. London: Sage Publications.
- Rosengren, K., Rosengren, E. (2007). Discovering Magic, in N.Mullholand (red): *The Psychology of Harry Potter*. Dallas, Texas: Benbella Books, Inc.

- Russ, W. (2004). *Play in Child Development and Psychotherapy. Toward Empirically Supported Practice*. New Jersey: Lawrence Erlbaum Associates Publ.
- Russ, S., Ollendick, T. (1999). *Handbook Of Psychotherapies With Children And Families*. New York, NY: Springer-Verlag.
- Salkind, N. J., Margolis, L., Goodnight, M. (2002). *Child Development*. New York, NY: Gale Group, Thomson Learning.
- Savidge, C., Christie, D., Brooks, E., Stein, S., Woplert, M. (2004). A Pilot Social Skills Group for Socially Disorganized Children. *Clinical Child Psychology and Psychiatry*. 9.289-298.
- Shechtman, Z. (2007). *Group Counseling and Psychotherapy With Children and Adolescents. Theory, Research and Practice*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Shepherd, L., Kuczinsky, A. (2009). The Use of Emotive Imagery and Behavioral Technology for a 10-Year-Old Boy Nocturnal Fears of Ghosts and Zombies. *Clinical Case Studies*. 8.99-114.
- Thorngren, J.M., Kleist, D.M. (2002). Multiple Family Group Therapy: An Interpersonal Postmodern Approach. *The Family Journal*. 10. 167-178.
- Vygotsky, L. (1966). Play and its role in the Mental Development of the Child, *Voprosy psikhologii*, 6, 10-28.
- Wachtel, P. (2008). *Relational Theory and the Practice of Psychotherapy*. New York, NY: The Guilford Press.
- Waller, D. (2006). Art Therapy for Children. How It Leads to Change. *Clinical Child Psychology and Psychiatry*. 11. 271-284.
- Wright, R.C. (1982). Trance and confusion in Gestalt therapy. *Journal of Contemporary Psychotherapy*. 13.1. 70-76.
- Yalom, J. D., Leszcz, M. (2008). *Tratat de psihoterapie de grup. Teorie și practica*. Bucuresti: Editura Trei.
- Yang, T-R., Wolberg, P.J., Wu, S-C., Hwu, P-Y. (2003). Supporting Children of the Autism Spectrum in Peer Play at Home and School: Piloting the Integrated Play Groups Model in Taiwan. *Autism*. 2003. 437-455.
- Zeig, J. (1989). Using Metaphor and the Interspersal Technique. In S. Lankton (Ed): *Extrapolations: Demonstrations of Ericksonian Therapy, Ericksonian Monographs, number 6*. New York, NY: Brunner/Mazel Publ.

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