

A Study on the Sandtable Treatment Process of Depression Cases Based on College Students' Basic Cognition of Depression

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Abstract: To understand the cognitive and health education needs of college students towards depression, and to provide reference basis for conducting depression intervention, using the phenomenology research method, 15 college students were interviewed in depth with the semi-structured interview outline (the basic cognition of depression, the suggestions and needs for carrying out depression health education for college students), and the interview data were analyzed and sorted out. A basic cognitive survey on depression found that college students have some superficial understanding of depression, but their deep understanding is significantly insufficient; It is generally believed that depression has a significant negative impact on college students; There are biases in attitudes and behaviors towards depression. There is a certain degree of irregularity and unscientific nature in coping styles after suffering from depression. We should improve the cognitive level of depression among college students and strengthen multi-channel and multi range health education through medical school collaboration.

Depression has the characteristics of high incidence, high recurrence rate, high suicide rate, and low medical treatment rate, and has become the most economically burdensome disease among mental disorders. The depression situation among college students is more severe, with a detection rate of over 30% and still increasing. Depression health education is an effective way to improve the cognitive level of depression. This study conducted interviews with college students to gain a face-to-face understanding of their cognitive and health education needs for depression, providing scientific basis for exploring effective ways of health education for depression in universities.

Depression is a type of mood disorder characterized by persistent depression, accompanied by self-inflicted suicidal behavior and varying degrees of cognitive changes. The "China National Mental Health Development Report (2019-2020)" released in March 2021 showed that the detection rate of depression among adolescents was 24.6%, with severe depression reaching 7.4%. Medication therapy can help improve patients' emotions to some extent, while sleep disorders can be significantly alleviated. However, it has no significant effect on regulating patients' cognition and behavior. Therefore, psychotherapy is an important supplement to medication in the rehabilitation process of adolescent depression, and even plays a crucial role in the overall treatment of patients [1].

As an art therapy, by playing with sand and toy models, sandplay therapy can help visitors not only

find effective ways to express and vent negative anxiety emotions, but also better approach the unconscious, activate their own health and healing factors, and thus achieve psychological cultivation and healthy personality development. This article will present a case of successful treatment of severe depression in adolescents with sandplay therapy, explore the psychological mechanism behind the formation of severe depression in adolescents from the perspective of psychoanalysis and Jungian analytic psychology, and analyze the healing factors of sandplay therapy in the intervention process.

1. Object and Method

1.1. Object

From October 2021 to May 2022, a paper and electronic recruitment advertisement was published at two universities, Liaocheng University and Weifang Nursing Practice College. A total of 15 interviewees were publicly recruited, including 2 students diagnosed with depression. They all participated in this study with informed consent, and this study was approved by the Medical Ethics Committee of Weifang Nursing Vocational College [2].

1.2. Method

1.2.1. Interview time, venue, and method

Interviews are conducted on weekends or holidays in undisturbed school offices. Before the interview, introduce the research content, purpose, significance, methods, and the necessity of on-site transcripts and recordings to the research subjects again, emphasize confidentiality rules, use codes instead of names, and sign an informed consent form. Each college student will have one interview, with an interview time of 30-60 minutes.

1.2.2. Data Collection

The study adopted a semi-structured interview model and conducted interviews based on a pre-prepared interview outline, which mainly includes: (1) basic understanding of depression; (2) Suggestions and needs for conducting health education on depression among college students. At the same time, observe and record the interviewees' subtle expressions, emotions, actions, and changes in speech speed and intonation during the interview, and clarify their feelings and opinions in a timely manner. Synchronize the recording to ensure that important details are not missed during data organization and analysis.

1.2.3. Data analysis

Within 24 hours after the interview, transcribe the stated and recorded content and audio into text, and encode and screen out the privacy information of the interviewee to ensure their information security. Double check and establish a database. Establish a Word table and save meaningful statements in the table; Using the Colaizzi seven step analysis method. Finally, the theme of this study was extracted [3].

2. Results

2.1. Basic understanding of depression

2.1.1. Definition, Understanding, and Understanding of Depression

All 15 interviewed college students have heard of depression, of which 12 said they are familiar with the three words 'depression', but they are not very clear about the specific concept, classification, daily performance, prevention and treatment knowledge, and cannot effectively identify whether they or others around them are suffering from depression. They only have a rough idea that people with depression will be very depressed; 10 individuals hold an attitude of 'not understanding, self-acknowledging that there will be no depression'; Eleven people feel confused, mysterious, afraid, and demonic about depression. They also believe that depression will improve and improve, but they will still get it. 10 people said that as long as they don't think recklessly, depression should be far away from them; Eleven people believe that depression is a form of affectation, delusions, and mental problems. Three individuals are aware of the symptoms, concepts, and diagnostic criteria of depression; Twelve people believe that as long as they maintain an optimistic mood, think positively, express their unhappiness, avoid self-denial, participate in more activities, exercise more, laugh more, care more, and let go, depression will be reduced; Three believe that the incidence of depression is still high in universities, seven believe that depression is not common in universities, and five are not very clear about it [4].

2.1.2. The impact of depression on college students

10 believe that depression mainly affects college students through sleep disorders, poor diet, and subsequently affects their physical condition and learning; It can also affect their interactions and social interactions with others, leading to sensitivity, worry, depression, and loneliness, which in turn can affect their emotions; 11 believe that it can even lead to suicide; One person who has been diagnosed with depression feels ashamed, inferiority complex, and has made mistakes, while the other person who has been diagnosed with depression has concerns and has been discriminated against or considered a different experience by others.

2.1.3. Attitudes and behaviors towards college students with depression

14 expressed sympathy, while 1 felt afraid and avoided. Thirteen people believe that depression should be valued and faced correctly to improve the literacy of the whole society. They know that depression is also a disease and should respect, understand, treat, help, encourage, care for, and care for patients with depression. They should be relieved, chat with people around them more, share life with their parents, and maintain communication and reconciliation with their families; Seek medical attention in a timely manner, take medication on time, and receive treatment; It is important to understand that sometimes they are easily emotional and do not want to become emotional. Do not think that they are being artificial, and they are also struggling in pain. Do not look at them differently, do not reject, do not discriminate, understand more, and communicate with them more. Six of them expressed that they make depression patients feel valuable and needed, but the pressure of being needed should not be too great; Let them understand that self harm and suicide cannot avoid any problems, and the idea of existence is a cruel thing to the world; Taking them to observe human suffering or beauty can always touch them, but doing so carries risks. Two means it doesn't matter. One person believes that a psychological cold is different from depression, and hopes that those who suspect they have depression will first be diagnosed by a psychologist before categorizing their shortcomings into depression. It is irresponsible and disrespectful towards the true depression group

and oneself. Two people said that if a person wants to commit suicide due to depression, they will definitely not show it. Although avoiding it is shameful, it is effective.

2.1.4. What to do if you suffer from depression

8 feel very confused and don't know what to do, they need professional guidance. Thirteen hope that society can care more, families can care more, and parents can understand this disease and communicate more. Depression is not a shame. I hope someone can guide me on how to do it, and I need to face it seriously and seek timely and active treatment. 11 trusted doctors, parents, relatives, friends, and classmates should seek help from them, share their grievances with them to relieve stress, and actively respond and maintain a good mood; Find things that interest you, exercise more, make more friends, get busy, divert your attention, etc. At the same time, strive to improve, focus on the future, love life, and discover the beauty of life; Believe in yourself, be needed by others, never give up, slowly accept and accept the status quo, and need a sense of identification. Early detection and treatment are important. Carry out more psychological test, go to professional institutions to seek professional advice, receive treatment, and take medicine on time. Three believe that having money will prevent depression. A student diagnosed with depression said that they should love themselves well. As they have experienced depression and are well aware of its difficulties, they mainly hope that everyone can treat others with kindness and equality. They should seek timely communication or self-regulation from others, and not hold themselves in their hearts. Those who come out with ease are all heroes. One person said that he had suffered from major depressive disorder and hoped to live a good life without the idea of suicide. The future is foreseeable and he must live a good life. 5 people hope to be understood and can only receive positive treatment optimistically. 2 people have heard that taking antidepressants can lead to weight gain, so they are unwilling to take them. It is difficult to comply with medication and they may stop taking them themselves. Four students said they were afraid of being discriminated against by their classmates. Two people heard that depression can be handled by themselves without the need for medication. Two people said that antidepressants are relatively expensive and cannot be reimbursed, so they take them intermittently.

2.2. Suggestions and Needs for Conducting Depression Health Education for College Students

2.2.1. Attitude towards Health Education for Depression among College Students

14 people believe that it is very necessary to carry out the study and hope to receive attention, increase the understanding of depression among college students and those around them, have a correct attitude, reduce bias towards depression, and know how to treat, value, and guide depression correctly; You may not accept them, but don't hurt them. You can understand, help, and care for them. Thirteen believe that depression is a common psychological disorder among teenagers, and it is necessary to reduce the occurrence of depression and guide teenagers to have a positive attitude; Due to the fact that the majority of people suffering from depression are 13-18 years old and have immature minds, they are more susceptible to external influences during adolescence. Through social media, schools, public promotion, and other means, teenagers can be given a positive, optimistic, and uplifting attitude; I hope the school can offer more relevant courses, lectures, or promotions to popularize knowledge about depression, in various forms, with more popular science and publicity. Many people believe that depression is something they think too much about, and a detailed and complete science popularization should be conducted to put depression on the table more, so that more people and parents can understand and prevent it, in order to care about the psychological state of their children. Establish a care group.

2.2.2. Sources of Depression Information for College Students

9 individuals learned scattered knowledge about depression through the internet, 2 individuals attended professional lectures, and 6 individuals obtained partial knowledge about depression through classmates, friends, and teachers. Occasionally, they saw or casually searched through promotional materials through some media, without a professional system. Twelve students expressed that although the school offers mental health education courses, they feel that the content is relatively general, not systematic, not in-depth, not professional enough, and not grounded enough.

2.2.3. Demand for health education on depression among college students

13 people generally believe that the majority of teenagers suffering from depression are on campus, and it is necessary for schools to carry out publicity and prevention of depression to reduce discrimination and prejudice; The knowledge related to depression is very deficient. It is necessary to carry out professional, thorough and systematic learning. Professionals need to explain it thoroughly to eliminate fear and stigma; The knowledge I hope to master is related to the hazards, prevention, diagnosis, manifestations, and prevention of depression; Believing that the government, society, parents, teachers, and classmates should attach importance to and correctly guide and treat depression; I believe it is very necessary to carry out more focused publicity and establish specialized institutions for publicity and science popularization. I hope that professional individuals or institutions can increase publicity. Schools can collaborate with hospitals and psychiatric specialties to promote and increase the intensity and breadth of publicity as soon as possible, and increase public awareness and attention to depression. 1 person feels indifferent, depression is far away from them. Two individuals do not know how to respond and cannot provide suggestions or opinions. Their knowledge of depression is sufficient for daily application and does not require further learning. Eleven students believe that professional medical staff should be invited to provide specialized lectures and health education courses on depression prevention and treatment on university campuses, which can provide a thorough introduction to depression from a professional perspective and teach how to handle and prevent it correctly. Nine of them believed that publicity should be strengthened through official account, real and analog videos, network media, television, books and newspapers, brochures, regular community publicity, public places and other channels. Five students believe that the popularization should be expanded to parents and teachers, distributing flyers and brochures to each student, and regularly organizing cultural and promotional activities. Two means it doesn't matter.

3. Basic Information of College Student Cases

3.1. Basic Information

Xiaoye, an only daughter, is 18 years old and a freshman in college. My parents were college classmates, and before graduation, my mother got pregnant unmarried. My maternal grandparents did not accept Ye's father and had prevented Ye's mother from getting married. Xiaoye lived with her grandparents before the age of 3 and was later brought back by her mother. After Xiaoye was born, there was a sharp increase in conflicts between her parents and she considered divorce. She had been involved in the middle for nearly a decade and eventually divorced. After the divorce, Xiaoye and her parents still lived in the same residence. Before the divorce, Ye's father was addicted to computer games and neglected to take care of Xiao Ye. At around the age of ten, Xiaoye's father began to travel frequently and stayed in different places, only returning home during holidays. Ye's mother has a sibling sister who has a successful career and has a daughter. She is three years older than Xiao Ye and dares to express her demands; Ye's mother often praises Ye's cousin, but her grandparents prefer

her, which makes Xiao Ye feel inferior. Before Xiaoye's first episode of depression, he participated in a piano proficiency test but failed. At the same time, Xiaoye discovered that her mother had an affair (her parents had not yet gone through divorce procedures).

3.2. Reason for Visit

Xiaoye, who was diagnosed as major depressive disorder in the local psychiatric hospital, stopped taking the medicine one month after the symptoms relieved. Half a year later, depression recurred and I went to the hospital clinic again for medication treatment, while also taking a break from school and returning home. During her stay at home, Xiaoye had frequent conflicts with her family, sustained low emotions, severe insomnia, and decreased social behavior. During the follow-up period, continue to use the antidepressant sertraline 50 mg/d. The sleep situation has improved significantly, but the depressive mood is difficult to alleviate, accompanied by severe tinnitus problems. Based on the above situation, their attending physician referred them for psychological treatment. (Note: This case report has obtained the consent of the visitor and guardian)

3.3. First impression

Xiaoye, significantly higher than her peers, is about 1.72 meters tall. Her skin is fair, her long hair is bangy, and she is dressed in appropriate and fashionable clothing, showing a maturity that is not suitable for her age. Speak few words, have an indifferent expression, and avoid eye contact. The initial treatment was accompanied by the mother during the visit. The mother and daughter sat side by side on the sofa, and the mother often stared at Xiao Ye, but her expressions were not intimate. Ye Mu, very beautiful, with delicate facial features, is a typical professional female attire. Compared to her mother, besides being tall and prominent, Xiaoye's appearance and clothing are much inferior to her mother's. About 15 minutes later, the mother left and Xiaoye's first consultation began.

3.4. Complaints from the Visitor's Mother

Xiaoye's mother mentioned that Xiaoye currently has severe social avoidance and refuses to see everyone. She stays at home every day and seems to be in contact with only one classmate, who also has depression issues. Therefore, she expressed greater concern. Xiaoye's mother expressed her hope that psychological therapy can improve her emotional problems and make her happier. There are no specific requirements for other aspects. For the family, Xiaoye's mother only briefly mentioned that she is currently handling divorce procedures.

4. Evaluation and Etiological Analysis

4.1. Psychological Assessment

Xiaoye has a paranoid personality and strong hostility towards her parents and grandparents. Her reaction targets are slightly generalized and there are no psychotic symptoms. I have a strong experience of mental pain, feeling aggrieved, powerless, lost, and hopeless. Passive interpersonal communication, but with strong willingness to seek help. During the medication period, you can fall asleep normally, but your sleep is shallow and you wake up early. Having physical problems such as headaches and tinnitus. Depression symptoms persist for more than 6 months, and self-regulation cannot alleviate pain. Before the start of treatment, Xiaoye's total score on the Symptom Check list-90 (SCL-90) was 324 points (a total score of 360 points, measured using a 0-4 point scoring method), with a total symptom index of 3.6. Among them, the depression factor is 3.85 points, the anxiety

factor is 3.8 points, the hostility factor and paranoid factor are 3.67 points, the interpersonal sensitivity factor is 3.78 points, the somatization factor is 3.58 points, the terror factor is 3.29 points, the psychotic factor is 3.2 points, and the SCL-90 measurement score indicates that the visitor is in a depressive state, accompanied by a high level of anxiety, and also has interpersonal difficulties. The total score of the self-rating depression scale (SDS) is 77 points. According to the Chinese norm, the boundary value of the SDS standard score is 53 points, with 53-62 points being mild depression, 63-72 points being moderate depression, and more than 72 points being severe depression, indicating that the visitor is "severely depressed". At the end of the stage, the therapist conducted SCL-90 and SDS posttests on the lobules. The SCL-90 measurement score of Xiaoye is 108 points, with a total symptom index of 1.2. Among them, the depression factor is 0.92 points, anxiety factor is 0.9 points, hostility factor and paranoid factor are 1.83 points, interpersonal sensitivity factor is 1.78 points, somatization factor is 1.17 points, terror factor is 1.71 points, psychotic factor is 0.8 points, and SCL-90 score indicates that the depression symptoms of lobules have completely alleviated, reaching the clinical cure level. The total score of SDS is 50 points, indicating no depression, indicating that the lobules have reached clinical cure level. Sandplay therapy is an effective treatment for lobules.

4.2. Etiological analysis

4.2.1. Physiological reasons

The lobules are currently in adolescence, and fluctuations in hormone levels caused by the development of secondary sexual characteristics may be a factor leading to emotional problems.

4.2.2. Family reasons

This is a case of adolescent depression caused by issues with family upbringing methods, and the depressive symptoms of Xiaoye are also an expression of family dysfunction. The two main reasons for Xiaoye's psychological trauma are: ① neglect by caregivers during childhood and a certain degree of emotional abuse; ② The negative upbringing of a mother. Some researchers believe that both parental neglect and emotional abuse during childhood belong to abuse (childhood abuse refers to one or more physical, emotional, neglect, or sexual abuse committed by parents or other caregivers before the age of 18). Although the parents of the visitors do not consciously abuse them, their severe neglect of the visitors and their rough and aggressive emotional patterns have constituted a abusive experience for the visitors' physical and mental health, which is a core factor of psychological trauma. Regarding the negative parenting of mothers, researchers generally believe that it includes two dimensions: "refusal" and "punishment". In this case, the mother's negative upbringing was mainly reflected in "refusal", especially when visitors raised emotional needs to her mother, Ye's mother was often perfunctory, did not respond, or even scolded. Ultimately, it leads to a breakdown in the emotional connection between the visitor and the mother, forming a chaotic attachment. Shek believes that family function is reflected in five dimensions: relationships between family members, communication and adaptation, conflict and harmony, parental attention, and parental control. In this case, the visitor's original family is clearly a severely dysfunctional system, which is the most severe deficiency in the visitor's growth process and the most destructive factor in the visitor's psychological development.

4.2.3. Psychological reasons

Rhode pointed out in the article that children's inner possession of their mother is the most primitive foundation for the formation of identity recognition. During this process, various stages of children's development are imitations of their mother's behavior, which means that an appropriately

balanced primitive identity provides conditions for internalization and assimilation. And this process is the mother's reflection of the child's self. Mirror reflection initially refers to the way the mother looks at the baby in a mother infant relationship, which ultimately leads to the baby seeing its own self state from the mother's expression when the baby looks at the mother. It is obvious that in the relationship between the visitor and her mother, this part of the mirror image is severely lacking, to the extent that Xiaoba's sense of identity is severely lacking, forming a weak self. This sense of self scarcity is also an important psychological reason for Xiaoba's depression.

5. Treatment process

Treatment arrangement: From September 2021 to April 2022, a total of 18 sessions of psychological therapy were conducted, including 16 sessions of sandplay therapy, the 10th and 17th sessions of conversation therapy, all completed in the psychological treatment room of the outpatient hospital. From October 2021 to February 2022, once a week; Interruption during the Spring Festival; From March 2022 to April 2022, once/2 weeks; 50 minutes each time. After the 10th treatment, Ye decided to return to school to continue his second year studies. In addition, during the treatment of the case, there were two interviews with the mother. According to the treatment goals and changes in the patient's rehabilitation process, the treatment process is divided into four stages: establishment of work alliances (1st to 3rd consultations), presentation and transformation of problems (4th to 11th consultations), self development (12th to 15th consultations), and treatment consolidation (16th to 18th consultations).

5.1. Phase 1: Establishment of Work Alliance (1st to 3rd Consultation)

The sand table in the first consultation (see Figure 1 for details), with themes of "tilting", "inverting", and "burying", is a typical "injury" theme. After the consultation, the therapist invites the visitor to immerse themselves in the sand table she has completed for about 5 minutes before making an invitation for the next consultation.



Figure 1: First Sand Table

For the second consultation, Xiaoye arrived as scheduled, with the main themes still being "tilting" and "burying", with little change compared to the first consultation. The sand table in the third consultation (see Figure 2 for details), although there were also "inverted" sand tools, the "burial" disappeared and the sense of order was obvious. The prominent sand tools are the house in the center of the sand table and a white clad female nurse. A house is a symbol of home, symbolizing a sense of security and protection. The presentation of a female nurse in white is a metaphor for the alliance relationship in consulting work. Greenson (1965) first used the term "working alliance" and defined

it as the ability of parties and analysts to collaborate to complete tasks, that is, the rational and good cooperation ability between visitors and analysts. Most scholars agree that work alliances are seen as the core healing factor common to all psychotherapy, and as a key focus of counseling relationships and outcomes.



Figure 2: 3rd Sand Table

5.2. Phase 2: Presentation and Transformation of Questions (4th to 11th Consultation)

At this stage, Xiaoye's self exposure increases. On the 4th to 8th occasions, Xiaoye poured out a lot of anger and sadness about real life; At the same time, she began to expose her views and emotions towards important others, including father, mother, grandfather, grandmother, etc. Prior to this, Xiaoye was unable to vent her sadness and anger in real life, and her negative emotions focused on herself, forming an inward self attack with strong suppression. During the highly emotional exposure process of the visitor, the therapist experiences consistent countertransference, mainly manifested as a strong sense of oppression and a deep sense of powerlessness and frustration. For this consistent countertransference, the therapist recognizes through supervision that this is precisely the experience of Xiaoye, and therefore should pay more attention to Xiaoye.

After the 7th sand table game, Xiaoye gave the therapist a beautiful handmade pendant (see Figure 3 for details). The therapist learned that this pendant was independently completed by Xiaoye from material selection, design, to production. The gift from the visitor and the therapist's acceptance of the gift mean that the work alliance has reached a deeper level of connection.



Figure 3: Handmade pendant given by Xiaoye to the therapist

Xiaoye named the sand table in the 11th consultation (see Figure 4 for the 10th sand table) as "The Last Supper". When describing the sand table, Xiaoye expressed the flowers and the tombstone behind the flowers: "I hope my funeral is a buffet, and after everyone finishes their meal, they don't

say anything. Just leave one flower and you can bid farewell. Don't be unhappy about my departure." This is an important mourning. During the mourning process, Xiaoye fully recognized the loss and felt the irreparable trauma and regret from her original family; Accompanied by a therapist, Xiaoye fully experienced the pain brought by the caregiver. With the normalization of grief response, Xiaoye's grief gradually subsided and she gradually gained confidence and the ability to live independently. At the same time, the inner transformation was completed. At this stage, the psychological resilience of the lobule was restored, and the depressive symptoms were significantly improved. During the 10th consultation (talk therapy), Xiaoye had a deep discussion with the therapist about his plan to return to school.



Figure 4: 10th Sand Table

5.3. Third stage: Self-development (12th to 15th consultation)

For Xiaoye, the process of treatment is also a process that helps her reshape her sense of self. Through the previous 11 rounds of work, Xiaoye's inner trauma was fully presented and transformed through the healing relationship of tolerance and embrace. In the third stage, the main improvement of the lobules is manifested in the development of the self. The psychoanalysis self-psychology founded by Kohut emphasizes that healthy narcissism plays a central role in the individual's spiritual life. This core is closely integrated (cohesion) in space, lasting in time, and is the center of individual psychology and the container of impression. Kohut believes that narcissism is a normal phenomenon in the formation and development of oneself. Narcissism has its own independent development line, and no one can become a completely non narcissistic person. The mental health of an individual depends on whether they possess mature narcissism. A person with cohesion self usually experiences a sense of self assured value and real existence. In the 13th consultation (12th sand table, see Figure 5 for details), the core image was "baby" - a newborn baby, a child being held in arms, and a lamb being held in arms. The core symbolic imagery of these three sand tools can all be understood as "babies", which is a prominent theme - birth. On the one hand, the image of 'baby' is expressed in a full sense of security, where the visitor expresses the softest part of their heart; On the other hand, this symbolizes the rebirth of the visitor's self in the counseling relationship, which is the birth of a new self-concept. At the same time, the child and lamb being held in their arms also express the power and possibility of self growth in their safe attachment to the therapist.



Figure 5: 12th Sand Table

The theme of the 15th consultation (see Figure 6 for the 14th sand table) has changed significantly, with the appearance of the character "Ib" with clear identification. According to Xiaoye, "Ib" is a wandering girl with the ability to travel through time and space. She travels from her own home to Earth to search for her lost loved ones [5]. As the Earth is about to be destroyed, she needs to bring her loved ones back to their planet before a disaster arrives. This time in the sand table, Ye used water, in the lower right corner, where "Ib" appears. Undoubtedly, 'Ib' is the expression of Xiaoye's inner self, and the time and space wandering girl in the story is Xiaoye's experience of the real original family in real life. This time, the self of Xiaoye appears more powerful. The theme of this sandbox is "Return", which expresses Xiaoye's self exploration and also symbolizes the establishment of Xiaoye's inner security fortress. This is the embodiment of individual cohesion self.



Figure 6: 14th Sand Table

5.4. Stage 4: Treatment consolidation (16-18 times)

The final sand table (the 16th sand table, see Figure 7 for details) has a clear overall feeling, with the themes of "Guide" and "Journey". The imagery of the "Big Dipper" and "Lighthouse" couples the role of a therapist - with a guiding light; Sailing, on the other hand, symbolizes a long journey and is an expression of the impending end of a consulting relationship [6]. However, the direction of this sailboat still points towards the therapist's position, indicating that the visitor's empathy towards the therapist still exists. This long-distance journey is towards the inner fortress of safety, and also indicates that after the consultation, the visitor still has a good willingness to explore inward.

Although the treatment is about to end, Xiaoye's psychology will continue to develop, but Xiaoye is preparing to choose independent growth. In the last sandbox, there were still sand tools symbolizing unfinished events, namely the samurai imprisoned in a cage in the middle of the sandbox [7]. The samurai trapped in a cage is a reflection of the visitor's real life. Although her social function has greatly improved, allowing her to resume normal social interaction and return to school, her emotional flow in the original family is still hindered, and Xiaoye cannot obtain unconditional positive attention from her parents. The original family is a fortress for survival, but it also brings her a deep sense of distress [8].



Figure 7: 16th Sand Table

After the final sandbox, the therapist briefly reviewed the complete treatment process for Xiaoye, helping her see the parts of her development and pointing out the unresolved parts within her. Xiaoye expressed her decision to return to life and develop independently. In her future growth process, if she encounters challenges again, she will consider seeking help from a therapist.

6. Discussion

In this case, sandplay therapy has achieved good therapeutic effects in the elimination of depression symptoms and the recovery of social function in Xiaoye. The key healing factors are mainly reflected in three aspects: ① the therapist's tolerance for the client's consistent countertransference. "Containment" is a concept developed by Bion based on Klein's "projective identity" theory. It refers to the psychological function of receiving information and carrying relationships (such as mothers taking care of infants), and transforming psychological information received in interpersonal relationships. In Bion's view, infants do not have the ability to understand the most primitive sensory and emotional information exposed to their world. They rely on their mother to transform this information and provide them with this intelligent information [9]. It is obvious that in this case, during Xiaoye's growth process, her mother did not play a role in psychological "tolerance". On the contrary, she played the role of a "bad mother", leading to the visitor forming a strong paranoid split mentality, which then developed into a depression mentality, ultimately leading to the onset of depression. During the consultation process, the therapist experiences the inner pain of the visitor through empathy and forms a consistent countertransference. This countertransference provides a container with "tolerance" for the visitor, which is also the psychological basis for the visitor to be cured the therapist's full reflection of the visitor's self. During the consultation process, through the therapist's mirror reflection on Xiaoye, that is, the therapist's gaze on Xiaoye is caring, sincere, and full of love. Through the experience of the therapist's gaze, the visitor also gains an internal sense of self-worth. Ultimately, Xiaoye's original identity is restored, and a process of redevelopment is completed the positive and complementary empathy of the client towards the therapist in the work alliance. The positive complementary empathy of the visitor towards the therapist in the work alliance, that is, the projection of a "good enough mother," is the third factor

in healing. With the deepening of trust in the therapist and the increase in positive emotional experiences in the counseling relationship, Xiaoye's empathy gradually formed a safe attachment with the therapist. This positive complementary empathy towards the therapist can also be seen as a proactive effort by the visitor in their psychological recovery process. This is the most potential motivation for the visitor to seek help and her inherent potential for healing. The interpretation of Jung's analytic psychology on the process of psychotherapy draws on the thought of alchemy. Jung believed that the relationship between psychotherapists, psychotherapy settings, and psychotherapy is an important container in which the unconscious psychological content of pain, shame, conflict, fear, and other aspects of the visitor can be presented. Sandtable games utilize symbolic language to express the unconscious, and at the same time, the energy of integration and unity derived from the "self nature" prototype also participates in the treatment, leading to continuous dialogue, struggle, and fusion between the unconscious and consciousness, ultimately completing psychological integration. This case also well reflects the psychological "alchemy" process from the perspective of Jung's analytical psychology [10].

Through the establishment of work alliances during the treatment process, the interaction between empathy and countertransference, ultimately leading to the development of a healthy self in Xiaoye. Through the analysis of the psychological rehabilitation process of the visitor in this case, we also need to further understand that the health level of the family system function has a significant impact on the physical and mental development of adolescents [11].

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