

Viability and Development of Expressive Sandwork Therapy

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Abstract

The present paper focuses on sand play technique in detail. The paper throws light on how sand play technique developed through play therapy. It also includes the basic process employed in the technique. Thorough review of literature employing sand play technique was done from 1983 to 2018. The results are presented in the paper. This paper also reviews the viability of the therapy across different cases.

Key words: Play therapy, sandplay therapy, world technique, therapeutic intervention

Introduction

“Play is the highest expression of human development in childhood, for it alone is the free expression of what is in the child's soul.”

Friedrich Froebel

Play is as natural to children as breathing and as important as food and sleep. It is an everyday expression and it can transcend variations in ethnicity, language, or different factors of lifestyle (Drewes, 2006). Play has been determined in virtually each and every lifestyle considering the commencing of recorded history. Play is no longer only central but rather critical to childhood development (Roopnarine & Johnson, 1994). Intense sensory and bodily stimulation that comes with playing helps to form the brain's circuits and prevents loss of neurons (Perry, 1997). Play is so important to a child's growth that it is promoted via the United Nations 1989 Convention on the Rights of the Child, Article 31.1, which recognizes “the right of the child to rest and leisure, to interact in play and recreational activities suitable to the age of the child and to participate freely in cultural life and the arts.”. What verbalization is to the grown-up, play is to the child: characteristic medium of communication and self-expression. Toys are the child's words and play, their language. Landreth (1991) expressed “play is a medium for expressing feelings, exploring relationships and self-fulfilment”. Play advances emotional and cognitive development, advances language improvement, communication abilities, social abilities and the capacity to create choices and make decisions. Play permits exploration of relationships, understanding of individual thoughts and feelings, development of sexual character and experimentation with different roles of adulthood (Landreth, 1993).

Play is perhaps the most developmentally appropriate and powerful medium for young children not only essential for promoting normal child development, but it has numerous therapeutic powers as well. Play is utilized in therapy by play therapist and child clinicians as a process of making a difference in the way children treat emotional and behavioral issues. Play therapy and the utilizing play-based intervention is by no way an unused school of thought (Drewes, 2006). Play has been utilized as a mode of therapy since 1930s when Anna Freud, and Melanie Klein used it. A few other therapists have since modified their therapies to utilize play with children, such as child-centered play therapy adapted by Virginia Axline (1947), sandplay therapy advancing out of Jungian theory through Margaret Lowenfeld (1979) and Dora Kalff (1980), and cognitive behavioral play therapy by Susan Knell (1993). Landreth (1991) characterized play therapy as a vibrant interpersonal relationship between a child and a play therapist trained in play methods who gives chosen play materials and encourages the improvement of a secure relationship for the child to completely express and explore self (cognitions, emotions, experience and behaviors) through the child's natural medium of communication i.e. play.

A spiritual approach to counsel children and emphasizing the symbolic meaning of play was implemented by Jung (1959) known as Jungian Play Therapy. He believed that children contain a transcendent function that occurs by Symbolic Identification (Jung, 1963) wherein, the symbols are produced unconsciously. Somewhere in 1937 Jung became aware of a paediatrician who was a Freudian psychoanalyst and a contemporary of Maline Klein and Anna Freud. Margaret Lowenfeld was one of the first clinicians to treat children through the medium of free play (Turner, 2017) and this is considered to be the beginning of sandplay technique known as "World technique"

The World Technique

In 1954, Dora Kalff, Jungian analyst came across Lowenfeld's World Technique in Zurich and she wished to work with the children. She combined World Technique and Jungian archetypal orientation and developed a therapy known as Sandplay Therapy

A new method based on Margaret Lowenfeld's 'The World Technique', Dora Kalff 'Sandplay Therapy' and the development of analytical psychology of Jung came into existence known as 'Expressive Sandwork'. It is the trans-cultural and predominantly non-verbal method used in situation where it is not possible to access individual therapy. The credit of this technique goes to Eva Pattis Zoja who is the founder of International Association of Expressive Sandwork (IAES), a non-profit organisation with the aim to develop the Expressive Sandwork. It is a specially designed technique for emergency situation, disaster setting and long-term intervention in vulnerable communities. She conducts training for a number of established and developing Jungian groups worldwide.

Within the play therapy, there are many techniques out of which Sandtray is of the present researcher's concern and interest. The development of Sandtray can

dated back to 1920's, when Margaret Lowenfeld developed "The World Technique", often referred to as Sandplay.

The World Technique (Margaret Lowenfeld, 1979)

Margaret Lowenfeld was the originator of special strategies of child psychotherapy and strategies for thinking and feeling methods of both normal and disturbed children. Amid her long, full, exceptionally lively life, she made a huge number of commitments to the field of child psychology.

Margaret Lowenfeld was the first paediatrician to use Sandplay as a therapeutic medium on children from 18 months to 18 years and this new method was called 'The World Technique'. She used all the materials that was a part of a child's world: a cabinet of miniatures like men, women, houses, trees, cars, horses, sheep, etc., with a few mythic figures like snakes, witches, crocodile etc, in a tray of wet sand. These figures were to be arranged into a world by the child (which is child's world). The Lowenfeld Margaret World Technique has given an impetus to a wide range of types of play treatments as well as children's mental testing strategies, combining the component of play and enjoyment with a remedial self-exploration of child's world. She trusted that the child's connection for himself as well as for the world was an essential key to understand human advancement in terms of relational connections inside the family, which she had learned in psychotherapy.

Play technique was the method of exploring child's inner feelings, thoughts and desires. Transference in this method was not on the therapist but on sandtray. Margaret believed that this technique was healing in itself.

Sandplay Therapy (Dora M.Kalff, 1950)

Dora Kalff met Margaret Lowenfeld in Zurich in 1956 where Lowenfeld was giving a lecture on 'The World Technique'. Dora was impressed and decided to develop a sandplay technique into Jungian method of child psychotherapy.

Dora Kalff named this new therapy as 'Sandplay therapy' in which she laid emphasis on totality of conscious and unconscious known as Self. Kalff was interested in eastern philosophy, Japanese Shintoism, Tibetan Buddhism and their integration with psychoanalysis is seen in Sandplay.

This method was similar to Lowenfeld's 'The World Technique', but Kalff insisted that not more than two sessions per week of sandplay should take place in a therapeutic situation and transference is grounded in the third medium— the sandtray. The wall of tray works as a protective area and a sense of security and traumatic events of life which cannot be revealed verbally can be expressed on the sand without the fear of being misunderstood or laughed at.

Expressive Sandwork (Eva Pattis Zoja, 2011)

Expressive sand work is an adaptation of world techniques by Margaret Lowenfeld, and Sand Play Therapy by Dora M. Kalff especially for situations in which individual psychotherapy is impossible. It is used today in various public and private institutions in Asia, South Africa and Latin America. Expressive Sandwork takes place in groups, nevertheless, individual care is ensured during the entire process. The main difference to therapeutic treatment is that these adults are not psychotherapists, but teachers, student of psychology or pedagogy, social workers and volunteers who have received a short training. The aim is to offer maximum therapeutic intervention with minimum training. This attempt at making something seemingly impossible possible is conceivable only because the medium, sandplay itself, is so perfectly suited to child requirement. Children require neither special skills nor command of language to construct a miniature world in the sand.

Expressive Sand play makes use of innate behaviour, common to all cultures, with which children react spontaneously to difficulty in security or fear, but also to new impression and exciting experiences. Expressive Sand play believes that play belongs to a child's healthy behavioural repertoire and is the unique way of approaching the world and internalizing it. Play is always a process of mental assimilation. With its help of child's emotions can be converted into cognitive processes. One could say that being a child and playing is one and the same thing.

Play induces effortless change that serves psychological development and emotional differentiation. Bad experiences are replayed as open as required for the emotional load to be weakened. There is a direct connection between children's free play and their relationship to their environment.

Apart from the pure joy of experimenting, play has the simple function of increasing children's vitality. Play revolves around the unconscious or conscious conflicts. Mental energy is mobilized to approach an inner obstruction from different sides. Again and again the conflict is re-presented in play using different means. If no help appears from outside, these representations become increasingly dramatic, chaotic and cryptic to the observer. If the child's entire psychological development cannot progress, his or her play will take place within ever smaller boundaries, mirroring the child inner hopelessness. When children cannot play anymore they have ceased being themselves.

In other words, they have lost their own way of experiencing the world. Sandplay, which takes place in a free and protected space in the presence of a witness, is different and has a much deeper effect than plain, free playing. An unconscious problem is played out in the sandbox just like a drama. The conflict is transferred from inner world to the outer world and is made visible. This game of fantasy influences the dynamics of the unconscious in the child and thus moves his psyche.

The method of Expressive Sandwork evolved out of psychoanalytic work that is based on Jungian approach, and it has proven to be successful in kindergarten and orphanages as well as in South African slums since the 1990s. In 2008,

expressive sand work was successfully applied on a broad basis for the first time, as a therapy for post-traumatic stress disorder in the earthquake area of Sichuan and many other precarious conditions in South Africa, China and Columbia.

During review of the available literature on sandplay therapy it was found that review on Eva Pattis' technique was lacking. However, the available literature on the same is presented below.

Table 1: A brief review of Expressive Sandwork undertaken by Eva and her associates published in a form of book titled "Sandplay Therapy in Vulnerable communities: A Jungian Approach".

Country	Year	Population	Variables	Effects
South Africa	2007	Children between ages of 6 to 10 years	Emotional withdrawal, drop in performance due to traumatic experience	Expressive Sandwork activated reserves of energy which were blocked by a defensive, passive and suppressive attitude
China	2007	Children in kindergartens and elementary schools	Fear of separation, solidarity between siblings, suppressed emotion after trauma	Expressive Sandwork helped 'psyche' (interaction of heart and mind) recalling its own complete function
Colombia	2009	6 children of 20 families cared by Comunidad de Sant'Egidio	Behaviour disorders, violence, depression, non-belongingness	Significant correlation has been established between absent fathers and criminal behaviour in sons.

Table 2. Review of existing researches employing Sandplay technique (1993 - 2019)

S.No.	Researchers	Population	Variables	Effects
1	Doyle & Magor-Blatch (2017)	52 years old woman of childhood abuse	Abuse	Reduced depression proving efficacy of sandplay
2	Tornero&Capella (2017)	7- 10 years old 7 participants	Abuse	Assignnew meaning to traumatic experience
3	Wang, Nan, Zhang. (2017)	19 first year university students	Resilience	Sandplay improved resilience of college students
4	Sun& Chen (2017)	Undergraduates	mental health and promotion of personality development	Psychological block was dramatically ameliorated after group sandtray therapy
5	Nasab (2015)	5-7 year old 30 children	Separation anxiety	Sandplay is effective in reducing the symptoms of separation anxiety
6	Yeh, Aslan, Mendoza &Tsukamoto (2015)	32 elementary school children	Behaviour	Helped culturally diverse children psychologically, emotionally, socially and academically
7	<u>Desmond, Kindsvatter, Stahl&Smith</u> (2015)	Traumatic young children	Creativity	Creative technique help counsellor to explore stories of trauma in young clients
8	Lee & Jang (2013)	10 female juvenile delinquents of 15-19 years	Emotional clarity	Sandplay therapy was effective in preventing the replace by improving emotional clarity

9	Hun & Kim (2013)	8 university students with ADHD	Anxiety, interpersonal stress and salivary cortisol	Decreased anxiety, interpersonal stress and salivary cortisol
10	Linzmayr & Halpeny (2013)	Children in summer camp	Eliciting insight	Sandplay Is highly effective tool in eliciting insight about children subjective, socio-cultural experience in nature
11	Lyles & Homeyer (2013)	Adopted children	Emotion, behaviour, abuse and neglect	Sandplay as therapeutic method
12	Roubenzadeh, Abedin & Heidari (2012)	20 person who lost their close family member	Grief	Reduced intensity of grief experience making emotional catharsis possible
13	Cao, Shan, Xu & Xu (2012)	A pre-school boy with Asperger Syndrome	Psychological well-being and interpersonal communication skills	Sandplay proved to be intervention of Asperger Syndrome
14	Monakes, Garza, Wiesner & Watts (2011)	Male substance abuse offenders	Behaviour	A positive experience for participants rehabilitative treatment
15	<u>Plotkin</u> (2011)	Children of parental divorcees of six and ten	Adjustment, psychological block	sandtray play therapy is a beneficial therapeutic intervention for boys and girls between the who have experienced parental divorce.

16	Wen, Risheng & Zhiling m. (2011)	9 university students	Interpersonal difficulties and self-image issues	The group sandplay showed improvement
17	Lu, Petersen, Lacroix, & Rousseau (2010)	25 elementary School based autistic children	Creativity and symbolic play	Sandplay increased verbal expression engaged and sustained social interaction and increased symbolic spontaneous and novel play
18	James & Martin (2010)	Parents of substance-abuse/dependency adolescents	Coping	Use of sandplay therapy in parents created a multi-relational approach that benefitted parent, child and counsellor
19	Shen & Armstrong (2008)	37 young adolescent girls	Self-esteem	Improved self-esteem
20	Kukard (2006)	A young girl infected with HIV & AIDS and death of primary caregivers	Emotion	Emotional healing had positive effects on relationship
21	Moon (2006)	American soldiers who experienced first hand military combat and terrorist threats	PTSD	One treatment that shows particular promise in the treatment of PTSD is sandplay therapy
22	Flahive (2005)	Preadolescent group	Behaviour difficulties	Sandplay is effective treatment intervention
23	Zarzaur (2004)	13 children of fourth grade	Behaviour management	Students showed reduction in specific unwanted behaviours

24	Mathis (2001)	7 years old child. A single case study	Sexually abused	Childs sandplay moved from static play to more dynamic play
25	Zinni (1997)	26 children of 10 to 11 years of age	Abuse(sexual, physical and/or emotional)	Served as useful assessment tool in therapeutic work
26	Grubbs (1995)	2 boys of 9 - 11 years	Sexually abused	Portrayed the damaged psyche
27	Gillies (1983)	66 profoundly deaf children of 8-16 years	Personal adjustment (maladjustment)	Lowenfeld World Technique -data showed overreactions and higher than normal level of acting out of antisocial maladjustment

Detailed process of Expressive Sandwork

Sandplay therapy requires that certain conditions be fulfilled and also basic material required for the same should be procured and adhere to certain standards. These can be described as follows:

Indications and contraindications

If an individual is below 18 months of age the psycho-physical development level makes it difficult for the individual to work with the sandtray so a minimum of three years of age is required to undergo Expressive Sandwork. Gender is not a matter of concern as Expressive Sandwork can be employed on both males and females. Participants should let the rest of the group undisturbed in their work

Materials

Sandboxes of dimension of 28.5x19.5x3 inches made of wood or plastic containing slightly moist, fine grained, clean sand are required. Inside of the tray is blue coloured. The miniatures or other play objects about 3-5 cm should be chosen which occur in the children’s everyday lives for eg. building material, wooden blocks, vegetation, human figures, animal figures and their babies, soldiers, protective and frightening figures. No new material is to be added or taken away during the sessions. The objects are placed either along the wall or on the table in the middle of the room. Different categories should be separated so that the things are clearly visible and that no child needs to search too long for what he or she wants.

Room

The size of the room should be enough to maintain distance between the trays. The important factors that every child has a 'private space', and that the children are not able to observe each other's play too easily. The children can work on all four sides of the tray if they wish.

Each individual facilitator remain seated or standing close to his or her appointed child. The facilitator should not change their position during the course of the session. The children usually tell their facilitator when they are finished, if they wish, they can explain their image, while the facilitator listens intently, and take notes. Each child must have the same facilitator throughout all the sessions.

Technical equipment

A digital camera is important, computer and printer are useful because the pictures can be printed and discussed. The images are photographed from the position where the child had been working. If the child works on all four sides it is mentioned in the notes.

Introductory words

Before the children take their position at the sandtray a brief introduction of the procedure is given. Words should be chosen carefully in each individual situation to help create an atmosphere in which the 'free and protected space' can best be established

For young children -a game in which everyone can create their own world and for older children -the opportunity to learn something about themselves , are suitable instructions. When they finish they are free to explain the facilitator what they have created and how they felt while doing so. In the end after all the session each child will again have a chance to talk to his or her facilitator individually about the sessions or about other things.

Time and notes

An hour or one and half hour at most is enough including the individual explanation of the sand images. Photographing and clearing up should only be done once the child has left the room. It is important to take precise notes of objective observation . After the image is completed, the facilitator tries to write down the child's explanation as exactly as possible in child's own words. A printed photos is attached to the notes of every session which are discussed later in the team

Conclusion

From the above mentioned review of literature it can be concluded that sand play is an effective technique when employed with children or adults irrespective

of gender. It is mostly used with abused or traumatized populations but is also effective when used with individuals having behavioral issues or difficulties, interpersonal difficulties etc. of late this technique is also used to enhance psychological components like self-esteem, resilience, stress inoculation, self-expression, access to unconscious, direct and indirect teaching (skill development), abreaction, etc; which are considered essential for a healthy mental health.

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