# The value of using sandplay as a tool for counselling within a school setting.

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**This paper proposes that sandplay can be a useful tool for counsellors within the school setting. It follows previous work by O'Brien and Burnett (2000A; 2000B; 1999) who proposed that sandplay allows the counsellor to integrate all eight intelligences proposed by Howard Gardner (1983). A short historical account of sandplay therapy is followed by a discussion of its therapeutic value, aims and client/ therapist relationship. The authors propose that sandplay uses a combination of the spoken language, deductive reasoning, art and music therapy, symbols, narratives, social and intrapersonal skills. This combination is inclusive of children with disabilities and appreciates the diversity all learners bring into the counselling sessions. Constraints on its effective use in schools are also discussed. The conclusion encourages counsellors to overcome the constraints and use sandplay on a regular basis within the school setting.**

*You can do anything with children if you only play with them.*
*Prince Otto von Bismark (1815 – 1898)*

It is probable that the author of the above quote was not thinking of the counselling of children at the time of writing. However his quote does allude to the notion that play is an important aspect in the development of children. Also for those who provide guidance to children, play can equally be an important tool in the counselling process.

Sand play therapy is used by some school counsellors as it is a natural, non-threatening form of play, which is not constrained by verbal or intellectual ability. It is a therapy that allows a child to externalize a problem and begin to deal with it, usually in a metaphoric, symbolic or narrative way, from a safe distance and in an acceptable manner. (Dale & Lyddon, 2000)

The process of sand play therapy also enables the child to be stimulated intellectually on a number of different levels at various times throughout the session. (O'Brien & Burnett, 2000) Research by O'Brien and Burnett (2000) showed that sand play therapy allowed the use of most of the intelligences described by Gardner. Gardner challenged the views of intelligence in his book *Frames of Mind* (1983) and divided the traditional notion of intelligence as a quotient into seven distinct categories, and then later added an eighth intelligence to his model (Silver, Strong & Perini, 2000). O'Brien and Burnett (2000, p. 354) summarized seven of Gardner's intelligences as follows:

'*Verbal/linguistic intelligence* relates to words and language. We use this intelligence in listening, speaking, reading and writing.

*Logical/mathematical intelligence* deals with inductive and deductive reasoning, numbers and relationships. It involves the ability to recognise patterns, to work with geometric shapes and to make connections between pieces of information.

*Visual/spatial intelligence* includes being able to visualise an object and to create mental images. It deals with the visual arts, navigation, architecture and certain games such as chess.

*Bodily/kinaesthetic intelligence* is related to physical movement and the knowledge of the body and how it functions. It includes the ability to recognise tonal patterns, rhythm and beat. It includes sensitivity to environmental sounds, the human voice and musical instruments.

*Interpersonal intelligence* is used in person-to-person relationships. It includes the ability to communicate with others and to have empathy for their feelings and beliefs.

*Intrapersonal intelligence* is based on knowledge of the 'self'. It includes metacognition (thinking about thinking), emotional responses, self-reflection and an awareness of metaphysical concepts.'

The eighth intelligence is the *Naturalist intelligence* and Silver, Strong & Perini (2000 p. 8) summarized this: 'This intelligence is found in those who are highly attuned to the natural world of plants and animals, as well as to natural geography and natural objects like rocks, clouds, and stars.'

In a primary school setting the use of sand play therapy needs to occur whilst having regard for the child's level of development, their personal characteristics and the goals and aims of counselling. The child / counsellor relationship is also a vital part of the counselling process.

This is particularly important in a school setting where children may be referred by their parents or a teacher and may be unwilling or tentative about attending counselling.

Other issues such as the:

- inherent power imbalance present in a school,

- development of a trusting relationship and a safe environment within a framework of short term therapy,

- counsellor being cognizant of not assuming the role of expert, particularly in the interpretation of sand play designs,

- structural constraints, faced by Social Workers and Psychologists, within the education system in Victoria,

play an important part in enabling sand play therapy to be a valuable therapeutic process.

Many children who attend counselling have been abused, abandoned by one or both biological parents, who have issues with their blended families, are targeted by bullies and may be suicidal, depressed, acting out in class or considered to have severe behavioral issues and are therefore not engaged in learning.  Sandplay can be used to assist children in these situations as it is a nonverbal, simple and a direct way for children to express their experiences in a symbolic way as well as been able to communicate their personal meanings in their sand play. (Dale & Lyddon, 2000)    Mitchell and Friedman (1994, cited in Dale & Lyddon, 2000, p. 64) noted that '…educators appreciate its values because they recognize the importance of playing in the sand as a way to facilitate physical, social, emotional, and academic abilities of children.'

This paper will consider the value of sand play therapy, in counselling, in a primary school setting in the context of the issues.

**Sand Play Therapy**

Historically sandplay originated with the work of Margaret Lowenfeld, who was influenced by the H.G. Wells book 'Floor Games'.   This book, where Wells described the use of miniature facsimiles of characters and objects made into scenes on the floor, which were then used as the stage for imaginative play between Wells and his sons, inspired Lowenfeld to develop the 'World Technique' (Carmichael, 1994).   Lowenfeld added the dimension of sand trays to the children's playroom of her clinic and by using the natural inclination of children to play and through the use of different play media helped children to reveal their inner life and articulate their concerns.  (Pearson & Wilson, 2001, Dale & Lyddon, 2000)   Dora Kalff studied with Lowenfield and used her understanding and training in the Jungian approach to symbology to develop the process of 'sand play' as a therapeutic intervention.  (Pearson & Wilson, 2001)

Pearson and Wilson (2001, pp. 1, 2) describe sand play as
'… a hands-on, expressive counselling and psychotherapy modality …  It forms a bridge between verbal therapy and the expressive therapies, combining elements of both.  Sandplay allows the deeper aspects of the psyche to be worked with naturally and in safety.  Working with sandplay symbols helps us develop language for this inner process and we become more articulate, using metaphors from our newly forming personal mythology.'

Sand play allows the child to externalize and tell their story within a defined space and with the opportunity to use symbols.  The child can use the sand tray to recreate events and situations from their past and present, explore possibilities for the future and express their fantasies. (Geldard & Geldard, 2002).  Geldard and Geldard (2001, p. 150) state that sand play therapy enables the child to do all, or any, of the following:

'Explore specific events, past, present and future.

Explore themes and issues relating to these events.

Act out those things which are not, or were not, acceptable to them.

Gain a cognitive understanding of the elements of events in their life and thus gain

insight into those events.

Integrate polarities.

Alter their story, as created in the sand tray, by projecting their fantasies on to it.

Gain mastery over past and current issues and events.

Think of what might happen next.

Find resolution of issues through the development of insight.'

Allen and Berry (1987, cited in Carmichael, 1994) indicate that there are three stages in the sand play therapeutic process: chaos, struggle and resolution.  Chaos is usually indicated by the child's need to use every symbol in the scene or by tactilely exploring the sand.  The struggle stage is indicated by destruction where things might be shot destroyed or blown up. The resolution stage has been reached when scenes depict an orderly, balanced world more closely and appropriately representing reality.  Pearson and Wilson (2001) suggest that sand

play consists of layers where emotions such as frustration, anger, rage, sadness and tenderness occur until the layer of reinforcement of the positive sense of self and emergence of spiritual qualities is reached. Carey (1999) suggests that the layers or stages are: chaos, beginnings of integration of the psyche, conflict and separation i.e. development of a separate identity and relating to the world healthily.

Sand play provides the child with the chance to heal, to activate the level of the psyche that enables healing and bring together a sense of their inner and outer worlds. (Vaz, 2000) As Vaz (2000 p. 67) succinctly states 'The healing takes place not through the intellectual or cognitive, hence conscious will, but through the internal wisdom of the unconscious that makes itself known through the symbols.'

**The Therapeutic value of Play**

Play is an important aspect in the development of the personality of the child. Through play children can learn to socialize and learn how they should relate to the world. Hughes (1999, pp. 2, 3) suggests that before an activity can be considered to be play it must contain five essential characteristics, which are:

1. Play should be *intrinsically motivated.* That is it should be an end in itself, done only for the sheer satisfaction of doing it.

2. It must be *freely chosen* by the participants.

3. It must be *pleasurable.* Children must enjoy the experience or it cannot be regarded as play.

4. It should be *nonliteral.* That is, it involves a certain element of make-believe.

5. Play should be *actively engaged* in by the player.  The child must be involved, physically, psychologically, or both, rather than passively or being indifferent to what is going on.'

Hughes (1999) also discusses three different approaches to the uses of play in therapy: psychoanalytic, relationship and structured.    The relationship and structured approaches to play therapy are relevant to counselling using sandplay.

The relationship approach to play therapy was inspired by the work of Carl Rogers and places a great emphasis on the relationship between the child and the therapist.   The therapist strives to create an atmosphere of total acceptance, communicating feelings of warmth, openness and respect.  Rogers referred to this as 'unconditional positive regard'.   It is assumed that the child is best able to find the means to identify express and accept their feelings and then integrate and make sense of those feelings. (Hughes, 1999)   As Hughes (1999, p. 220) states 'A major goal of relationship therapy is the achievement of self-awareness and self-direction on the part of the child.'

A structural approach to play therapy is a step back from the non-directive nature of the relationship approach; however it still contains many of the elements of the relationship approach.  As Hughes (1999, pp. 224, 225) indicates therapy is usually provided by the modern therapist so that it has been tailored to suit the client.

He states

'The amount of structure provided by the therapist, including the extent of the
limits,     the particular toys made available, and the play activities suggested, depends on the

child's level of development and personal characteristics, as well as on the specific

goals of the therapy.'

A structural approach to play therapy tends to have an emphasis on shorter treatment times

and this is often necessary within the structures of the student support services in the school

system, where solution focused therapy is often used by counsellors because of its brief

nature.

Regardless of the particular approach being used by the therapist it is generally accepted that

play is an indispensable feature of the diagnosis and treatment of children who have problems.

(Hughes, 1999) The value of sand play from a therapeutic perspective is that this type of play

allows the child to tell their story in a safe way, to try out new aspects of their self through

role play and test out roles, fantasies and feelings as well as enabling a redirection of past

experiences. Through the provision of unconditional positive regard, empathy, warmth and

genuineness the therapist can assist the child in understanding these things and promote

healing in the child.

**Aim of Sand Play**

Broadly speaking the aim of sand play, like many other therapies, is to help the client to resolve or find a way forward from an existing issue.    Whilst many therapists are eclectic in their approach to counselling clients, not all therapists use sand play therapy as one of their tools.    Sand play therapy requires a paradigm shift from behavioral or cognitive therapies into the realm of the psyche and the unconscious.    The use of scientific modalities to measure change is problematic, as change and healing occurs internally on an emotional, spiritual and unconscious level.    As Carmichael (1994, p. 302) states 'Sand play is a singular, emotional form of individualized expression of the inter and intra psychic world of the child. This expression allows the child to take his or her internal 'world' and express it externally in the sand tray.   The miniatures in the sand provide a bridge between the counselor's observation and the child's inter-being.'   Klaff considered sand play as a natural therapeutic modality for intrapersonal and symbolic making because it can correspond to an inner situation and then provide a bridge between a child's inner and outer world. (Dale & Lyddon, 2000)

In developing sand play as a therapeutic intervention, Klaff used her training with Jung and her understanding of Jungian psychology.    Pearson and Wilson (2001, p. 25) in discussing the Jungian approach to sand play therapy suggest that there are several basic assumptions from Jungian psychology that inform free sand play:

'There is an in-built force in the psyche that moves us towards emotional and psychological healing.

The psyche is moving towards emergence of the Self.

The unconscious has more power over behaviour and attitudes than the conscious.

The shadow side needs to be explored and safely released.

Imagery is the primary language of the unconscious, and these images need expression.

The psyche has an innate spiritual component.

Emotional and psychological problems can arise if this spiritual component is ignored        or denied.'

In a process of what Jung called the sacrifice of the ego, the conscious ego is required to give up its control to enable a move into a connection with the unconscious. The ego relinquishes its seeming dominance and this enables the person's psyche to re-establish a connection and continuing relationship between consciousness and the unconscious.   (Pearson & Wilson, 2001)  In Jung's view the personal unconscious contained ideas and impulses that have been actively withdrawn from consciousness by repression.   These matters are unconscious because in the personal experience of the individual it involved matters unacceptable to his or her ego. (Monte, 1995)


The aim of sand play therapy is to activate the layer of psyche that promotes healing and brings balance to the unconscious and conscious.  As Vaz (2000, p. 69) states

'The symbols offered up by the unconscious, when incorporated into consciousness, hold the possibility of enriching the directed thought by illuminating the mystery of ordinary life, by providing a preview of the future, or by highlighting what is good about a seemingly negative situation.  …  The new ideas that are growing within can be        realized externally through the selection, placement and burying of objects, the

pouring of water, the molding of the sand, or in the scenes of creativity or destruction the

sandplayers act out in the tray.'

**Client / Counsellor Relationship**

In discussing the significance of the counselling relationship Geldard (1998) explains how that

relationship is important in providing the environment where the client will feel free to share

with the counsellor in the most open way possible. Children are however not adults and

Patterson and Welfel (2000) make some important points in this regard which can have an

impact on the counselling process and need to be considered in the development of the

counselling relationship. (They define children as persons who have not yet reached puberty)

Patterson and Welfel are careful to remind that children are not small adults. They have

limited or little experience in devising solutions to life's problems. They have little freedom

to change the conditions of their lives. They are dependent and have not yet acquired or fully

acquired many skills eg. language, coping mechanisms. Right and wrong do not carry the

same meaning as for adults. Their behaviours are not influenced by thoughts in the same way

as it is in adults

Generally within the school systems, students can choose to self-refer for counselling

(dependent on age), parents can request that their child see a counsellor or teachers can

recommend that a child be seen by a counsellor (Parent consent may be required if the child is

under 16). In most, if not all cases, in a primary school, the latter two processes are what

occurs. The implication of this is that the child (client) can on some occasions be equivalent to an involuntary client. This can make the development of the client / counsellor relationship difficult, particular within the context of an expectation of brief therapy and waiting lists. Generally for children in the lower levels of the primary school they enjoy being special and participating in activities on a one on one basis. Children in the higher levels of primary school may show resistance to attending counselling.

Another issue that exists within the school system, and which can be a barrier to the development of the client / counsellor relationship, is the inherent power imbalance that exists in schools between students and teachers. It is well recognized that a power imbalance can exist in any client / counsellor relationship, mainly because of the belief that expert knowledge is held by the counsellor. (Nelson-Jones, 2002) In a primary school setting children often see counsellors as the equivalent to teachers and as an authority figure or another adult.

These issues are not insurmountable, with time and the provisions by the counsellor of congruence, unconditional positive regard, genuineness, openness, empathy, warmth and respect, a balanced child / counsellor relationship can begin to develop.

Geldard and Geldard (2002) believe that the optimally effective child / counsellor relationship should provide many facets. These include a connecting link between the child's world and the counsellor. The relationship should be exclusive, safe, authentic, non-intrusive and purposeful.

There should be confidentiality within normal limits.

A feeling of being safe is particularly important for the child (and others) in sand play therapy. Klaff believed that for healing to occur this sense of safety had to be developed (Pearson & Wilson, 2001)  Pearson and Wilson (2000) indicate that safety for the client occurs in a number of ways.   These include personal connection between the therapist and client.  A well thought through room set-up with a  its sense of order and beauty.  There is unconditional acceptance of the client's degree of participation.  The sand tray itself which is physically limited and contained, gives a sense of boundaries to the sandtray world.  The client is able to sense that the counsellor with the client where they are at that time.  The client also experiences safety when they are given unconditional acceptance and freedom from the counsellor's expertness, where there is no confrontation, intellectualising and interpretation. (Pearson & Wilson, 2001)   Whilst the counsellor does not interpret the sandtray, the counsellor can explore with the client such things as the meanings, reasons and feelings about the play and the positioning and selection of symbols (Vaz, 2000).   Interpretation may be seldom needed because resolution and understanding occur at a symbolic level and the counsellor's role is one of attentive observer to the processes occurring(Carmicheal, 1994).

Sand play is non-threatening for children because it is a familiar material particularly whilst they are still at primary school and because with sandplay therapy there is a lack of rules and expectations.   In a primary school setting sandplay can also provide a medium that assists in the development of the child / counsellor relationship.

**Childhood Development**

In Australia children commence primary school anywhere between four years and ten months and seven years of age, dependent on their birth date and decision as to how ready they are for school, academically and socially. Consequently there is a degree of variance in the age of children at each year level and their age when they leave for their secondary education. The implication of this is that there are children who are quite varied in their degree of development within the one institution.

Piaget proposed that development occurs in stages: sensory-motor (Birth – 2), pre-operational (about 2 – 7), concrete-operations (about 7 – 11) and formal-operations (about 11 to 15). (Thomas, 1991) The pre-operational and concrete-operations stages are the stages most applicable to children in a primary school setting.

The pre-operational stage lays the groundwork for logical thinking. Children are capable of thinking about objects, people, or events in their absence by using mental representations of them. This stage is also marked by the child's ability to use symbolism through language or objects. They are however, not considered at this stage to be able to manipulate those representations through using logic (Gething, Papalia & Olds, 1995).

The concrete operation stage is where children are able to use internal, mental schemata to modify and reorganise images and symbols, and they are able to reverse any modifications or transformations in their head. This means that children are better equipped to solve everyday problems; however Piaget suggests that at this stage their thinking is still limited. He used

the term concrete at this stage because children could only apply their operational schemata to objects, events and situations that are real and imaginable, that is, here and now situations. It is not until a child has reached the stage of formal operations, that Piaget believed that individuals are able to apply operational schemata to hypothetical, abstract or future orientated propositions and ideas. (Gething, Papalia & Olds, 1995)

O'Brien and Burnett (2000) are critical of Piaget's theory indicating that it is limited because even in adulthood not all people reach the stage of formal operational thinking. An alternative theory is the 'Information-processing theory', where it is considered that thought develops in terms of an increasing capacity to process information rather than in terms of formal logic. Information processing theorists consider intellectual development in relation to a number of cognitive skills such as attention, perception and memory, which are applied in problem solving. Intelligence is analysed in terms of the steps or processes used in problem-solving, such as decision making, learning, remembering and generalising from one task to another. Information processing theorists would argue that failure to solve a problem may occur due to difficulties in the area of perception or memory rather than cognitive incapacity as argued by Piaget (Gething, Papalia & Olds, 1995).

One of the significant strengths of sandplay therapy is its' emphasis on non-verbal communication. Scenes can be created without words and no particular level of intellect is required for the client to participate. Sand play therapy is very useful for clients, who work best in a visual, non-verbal context, or clients who may find verbal exchanges difficult due to the nature of their issue. Dale and Lyddon (2000) indicate that sand play can be useful for a

range of clients : Children and adults, people with linguistic limitations,people with dementia

or intellectual impairment, clients who have experienced abuse, children experiencing a loss

of control due to a variety of conflicts (e.g. divorce, loss, family dysfunction), children who

are emotionally disturbed, and clients with dissociative disorders.  Carmichael (1994) in

writing about sand play in schools suggests that sand play is suitable for children with low

self-esteem or who may be shy or withdrawn, have poor academic progress, behavioural

problems, anxiety or mild depression due to a divorce or new family membe and reading

problems.   The calming effects of sand play seems to improve student concentration.


The nature of sand play enables it to be used in a primary school with children of all ages and

developmental levels.   Therapy occurs through the activation of the self-healing force in the

child's psyche.  Sandplay's emphasis on non-verbal communication allows the facilitation of

intra psychic changes, which might have remained unexplored in a more cognitive focused

sessions, and which  may be more reliant on the development of certain levels of cognitive

ability or aspects of the intellect (Pearson & Wilson, 2001).


**Multiple intelligences and sandplay therapy**

O'Brien and Burnett (2000) conducted research into the use of Gardner's theory of multiple

intelligences and its application in the counselling process.  Within this framework one or all

of the initial seven intelligences described by Gardner are used as the client and counsellor

explore, recall or express an issue.   O'Brien and Burnett (2000) found in this research that

there was a preference for the use of the interpersonal intelligence and this was followed by

the use of body kinesthetic intelligence and visual spatial intelligence.   They also found that clients came to counselling with their own intelligence preferences.

Pearson and Wilson (2001) suggest that the existence of intelligence preferences by clients is an indicator to counsellors that they need to have practices that accommodate this range. Through the use of an approach that awakens these intelligences the counsellor can assist the client to achieve deeper levels of understanding.  This has parallels in education where teachers claim the notion of multiple intelligences, makes more sense than a single general intelligence.   Considering a child from a multiple intelligence perspective is more child-centered and enables a consideration of the diverse gifts in different children and allows for multicultural variance (Torff, 1998).

O'Brien and Burnett (2000) found that sand play enabled the use of all seven intelligences at various times in the therapy session.  In a counselling session the use of sand play, which is non directive, provides the client with freedom to make choices in their expression and therefore use a variety of intelligences. (Pearson & Wilson, 2001)  For example in a sand play session the verbal linguistic intelligence could be used as the client tells their story.  The body kinesthetic intelligence is used when the client engages in sand play and moves about the room.  The visual spatial intelligence is engaged as the client places objects and arranges them in the sand tray.   The musical rhythmical intelligence can be awakened through the use of background music.    The logical mathematical intelligence is required as the client and counsellor explore scenes and the client is required to use deductive reasoning to 'what if' and 'if then' propositions.    As the client reflects on self and an understanding of the scene

created, their intrapersonal intelligence is used and as stories are shared and when issues are

discussed within the client/counsellor relationship, the client is using their interpersonal

intelligence (O'Brien & Burnett, 2000).


O'Brien and Burnett's (2000) research supports the notion that effective counselling is one

that utilizes a person's multiple intelligences.   Sand play therapy has been shown through

their research to do this.    It allows a child to use their individual way, through their preferred

intelligence or multiple intelligences, to deal with an issue.


**Structural Constraints in a School Setting**

There are a number of structural constraints that exist within the school system that inhibit

workers from having effective counselling practices, particularly in the use of sandplay

therapy.   Many school counsellors find themselves conducting counselling sessions in places

such as storage rooms, shared offices and meeting rooms.  These rooms are general not set up

appropriately for counselling.   This does place an obstacle in the road of providing a safe,

private, well organized and pleasant environment for counselling, and therefore has the

potential to decrease or make more difficult the engagement of the child.    It is also often an

issue that, dependent on the school's needs, the room allocated to the worker can change

frequently.   This also prevents the setting up of a suitable counselling space.


Student support workers can have several schools that they visit in a week, which means that

they are required to carry resources from one location to another.   This has an impact in two

ways.   Firstly, the cost of setting up a room in many locations would be outside department

budget limits and too much of a burden on individual workers to fund.  Secondly, the

resources required to conduct sandplay therapy are heavy and difficult to transport from one

school to another and this is a deterrent for many workers.  Some workers do however use

sandplay therapy, under these conditions, regardless of these physical obstacles.

Workers are also faced with large numbers of students on their case loads and many who are

on waiting lists.  There is an ongoing pressure from schools for workers to see more students

and therefore a need for counselling sessions to be brief or for cases to be referred to outside

agencies for longer term assistance.  This pressure has seen an increase by workers in the use

of brief solution focused therapy.   Whilst this is a valuable therapy with its merits, working

within this paradigm does not allow for longer individual sessions as might be necessary with

sandplay therapy.   Also the structure of the school year into four terms of approximately ten

weeks can create a disruption to the counselling process but this is not insurmountable.

Because of the nature of sandplay therapy, its links with the psyche and spirituality and the

concept that it is 'playing in the sand', means that many adults and teachers are reserved in

believing that it is a valuable and legitimate therapy.   Workers who use sand play therapy do

face a level of scepticism which adds to the existing structural issues that make using this

therapy difficult in a school setting

A number of social workers  and guidance officers do use this therapy and carry their sand

tray and symbols on trolleys and in bags from one school to another.   Sandtrays are stored in

each school and used when required.  Their dedication and feedback has encouraged other workers in this area to use this form of therapy, regardless of structural constraints.

**Conclusion**

Sand play provides the school counsellor with a valuable therapeutic intervention for use in any level of schooling but particularly in the primary school setting as it is a natural, non threatening form of play, which is still very familiar to a wide range of age groups.   It has applicability with a wide variety of clients, independent of their issues, because of its non verbal nature and the safety it provides the client, by being able to externalize the issue and safely try out, through the use of symbols and stories, other constructs of their issue or life. Sand play activates the layer of the psyche that promotes healing by providing a bridge between the inner self and the outer self, which then enables a balance between the conscious and unconscious to occur.   The child is able to use their multiple intelligences and is therefore not restricted, as may be the case with other therapies due to their reliance on a cognitive levels of development and interaction.   Whilst a number of structural constraints exist in the school system these can be overcome or accommodated, enabling counsellors to use this form of therapy as a valuable intervention and change agent.

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