



Research Article

Structured group sandplay to improve the resilience of college students: A pilot study

Dan Wang^{a,b}, Joshua K.M. Nan^a, Risheng Zhang^{b,*}^a Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong^b Institute of Developmental Psychology, Beijing Normal University, Beijing, China

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ABSTRACT

This study explored the effect of structured group sandplay method (SGSM) on the resilience of Chinese college students. The subjects were 19 first year university students, selected from a local public university in China. These students were individuals with a typically low level of psychological resilience. A mixed quantitative–qualitative, process–outcome research methodology was used. An experimental control group pretest/posttest design was implemented, with eight intervention sessions given to the experimental group, within which six sessions were SGSM, while qualitative data was collected during the intervention process. Multiple assessments—Ego-resilience scale (ERS), University Personality Inventory (UPI), Sandplay Test of Resilience (STR), and text analysis—were used to measure the effect of SGSM. Statistical analyses of pre- and posttests of ERS, UPI, and STR all showed a positive effect. Moreover, a design of introspection on the main components of resilience contained in SGSM was used to explain and elaborate the mechanisms of SGSM.

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Introduction

The flourishing of positive psychology has contributed to the shift of treatment focus from illness symptoms to enhancement of well-being and strengthening of positive aspects of life, such as optimism, happiness, post-traumatic growth, and psychological capital. Among the many valuable positive attributes, psychological resilience or resilience is one of the most considered qualities. It has been well studied that resilience is correlated with many mental health outcomes and that resilience is a key factor to help people recover from stress and disasters and successfully cope with life's adversities. Resilience is considered a dynamic and developing process rather than a fixed personality trait (Leipold & Greve, 2009; Luthar, 2006). As such, there is a growing interest from both researchers and clinicians in investigating the mechanisms of resilience enhancement through conducting various types of psychosocial programs. Different group counseling models have been verified as effective methods to strengthen resilience, such as CBT model group intervention (Ulman, 2000) and group art therapy (Jang & Choi, 2012).

Sandplay therapy is a Jungian psychological therapy developed by Dora Kalff in 1956 (Kalff, 2003). It has the characteristics of both play therapy and art therapy (Cao, Shan, Xu, & Xu, 2013). In explaining both the therapeutic underpinnings and change mechanism of sandplay therapy, Kalff said that “it is the therapist’s task to give shape to a ‘free and protected’ space, in which a child or an adult creates a concrete manifestation of his or her inner imaginary world using sand, water, and miniature objects. Thus, sandplay illuminates the client’s internal symbolic world and provides a place for its expression within a safe container, the sand tray” (Kalff, 1991; p. 3). In the process of guiding the individual to explore the sand-world, the therapist allows the client to cultivate interaction with the various lifeforms (typically humans, animals, and plants) exhibited in the form of miniature objects, as a way of symbolically treating problems. These processes are significant for raising self-consciousness, tapping inner resources, and resolving inner conflicts by arranging and rearranging these sand-world objects (Ammann, 1991; Chen & Zhang, 2009; Kalff, 2003). These creative and therapeutic processes are similar to that of art therapy as well as other expressive therapies (Kalff, 2003; Levine & Levine, 1998; Malchiodi, 2011; Mitchell & Friedman, 1994; Reynolds, Nabors, & Quinlan, 2000); however, despite the media implying otherwise, the therapeutic presence and treatment mechanisms are not the same as those used in art therapy and other expressive therapies.

The historical backdrop of sandplay therapy in China started in 1965 when the famous Japanese Jungian analytical psycholo-

* Corresponding author at: Rm.1501, New Main Building, No. 19, Xijiekouwai Street, Haidian District, Beijing 100875, China.

E-mail addresses: 345337392@qq.com (D. Wang), risheng@bnu.edu.cn (R. Zhang).

gist Kawai Hayao introduced sandplay therapy to Japan and named it “Hakoniwa Ryoho” (Zhang, 2006). Zhang Risheng subsequently introduced sandplay into China from Japan in 1998 (Zhang, 1998, 2006). Studies show that both sandplay therapy and sandplay methods, as conducted by clinicians other than trained sandplay therapists, have demonstrated different degrees of effects on various mental health problems, such as autism (Chen, 2010), Asperger syndrome (Cao et al., 2013), selective mutism (Xu & Zhang, 2008), attention deficit hyperactivity disorder (ADHD; Xu, Zhang, & Zhang, 2008), obsessive-compulsive disorder (OCD; Zhang & Zhang, 2012), depression (Lin, Zhang, Wang, & Jin, 2011), mental health problems of abused children and children with hearing impairments (Chen & Zhang, 2010; Sun, Zhang, & Xu, 2008), grief processing (Xu, Zhang, Chen, & Zhang, 2011), interpersonal issues (W. Zhang, Zhang, Haslam, & Jiang, 2011), and peer victimization (Wang & Zhang, 2013).

In the late 1980s, De Domenico created a group approach to sandplay (De Domenico, 2000), which influenced Zhang Risheng’s group sandplay approach (Zhang, 2006). In adapting sandplay therapy for other clinicians (e.g., counselors) other than sandplay therapists in order to use it as a therapeutic technique, Zhang designed a structured group sandplay method: firstly, several individuals in a group setting make a sand-world in a sand tray together by following some standard principles as guidance; next, the group members and the therapist have therapeutic talks, also following some standard guidelines for sharing—the sharing contents are in line with the previous sandplay process. The structured group approach of sandplay method has the advantage that it allows an individual to explore the sand-world in a contained manner while at the same time it also facilitates the exploration process happening with group support. Group dynamics can enhance the development of self-esteem, leadership, and empowerment. Because adapting and applying this sandplay method by Zhang in a group approach is more structured than the original sandplay therapy, Zhang named his group sandplay approach “restricted group sandplay therapy (RGST)”.

In China, sandplay training or training for RGST is mainly rendered through training workshops. Trainees would usually include counselors, psychological teachers, special education teachers, and so on. The trainees would first receive theoretical training in sandplay therapy and they would go through personal sandplay experiences also in a workshop setting. The trainees would subsequently learn to apply the sandplay method to various work settings under continual supervision offered by Zhang and other experienced sandplay clinicians. After about 18 years of development, the sandplay method has become a popular psychotherapeutic technique in China. Its users include psychological counselors, psychiatrists, psychological teachers in primary and secondary schools, kindergartners, special educators, and so on (Zhang, Zhang, & Sun, 2010). In fact, in primary and secondary schools, sandplay has become one of the most important counseling methods. However, considering the fact that training for the sandplay method in China is not as strict as it is for sandplay therapists in countries with more well-established therapeutic regulations, it is more appropriate to use the term “sandplay method” instead of “sandplay therapy” in the context of China. For the sake of clarity, the term “restricted group sandplay therapy (RGST)” will also be replaced by “structured group sandplay method (SGSM)” in this study; the new term retains the original meaning of a structured group approach to sandplay as developed by Zhang.

Since the concept of self-healing power stressed in sandplay therapy is similar to resilience, it is not difficult to suppose that sandplay might also be a feasible method to improve people’s resilience. Mejia (2004) developed a controlled trial to investigate the impact of individual sandplay therapy on the mental health status and resiliency attitudes of Mexican farmworker women,

and found positive results. Mejia’s research supports the theoretical hypothesis that sandplay can enhance resilience. However, resilience was not the major research goal in Mejia’s study and she did not propose a clear definition of resilience. Subjects in her study were randomly selected and their age and resilience attitude levels were heterogeneous. In addition, the research did not investigate the efficacy of group sandplay therapy on people’s resilience.

This study aimed to investigate the effect of sandplay therapy on the psychological resilience of college students with typically low resilience using a rigorous and scientific research design. Considering that the effect of group counseling on resilience has been evidenced in previous research, a structured group approach of sandplay method was adopted in this study. It is as significant to understand the therapeutic mechanism of sandplay as yielding quantifiable outcomes. A process study was thus implemented by collecting qualitative data during the intervention of the sandplay groups, as obtained from the subjective experiences of the participants in the sandplay group processes.

Method

A mixed quantitative-qualitative, process-outcome study, with experimental control group pretest/posttest design was implemented.

Participants

Participants were 19 Chinese students (12 females and 7 males) recruited from a public university in China; 10 were in the control group (eight females and two males) and nine in the intervention group (four females and five males). The average age of the subjects was 18.23 years (18.23 ± 0.78); no one had experience of sandplay therapy before.

Measurements

Multiple measurements were administered in this study, including traditional scales, a sandplay assessment, and text analysis.

Ego-resilience scale (ERS)

The 14-item scale developed by Block and Kremen is an established and validated scale (Block & Kremen, 1996). It is rated on a scale of 1–4. The total score is from 0 to 56 and a higher score means a higher level of resilience. Block and Kremen reported that the internal consistency reliability of the scale was 0.76 (Block & Kremen, 1996). In this study, a sample of 107 Chinese college students was used to examine the reliability and validity of the scale before formal use. This study showed that the split-half reliability was 0.86 and criterion validity was 0.64 (criterion was self-esteem measured with Rosenberg Self-Esteem Scale). This is because self-esteem is generally regarded as one the most important internal components of resilience (Konrad & Bronson, 1997; Polk, 1997; Wagnild & Young, 1993). The results suggest this scale can equally apply in Chinese culture.

University personality inventory (UPI)

In view of practice, enhancing resilience is a means of pursuing better mental health and adaptation to adversity (Leipold & Greve, 2009), so mental health condition is often taken as an effective indicator to detect changes in psychological resilience. In this study, the University Personality Inventory (UPI) was added to assess changes in the mental health conditions of the subjects. UPI is an established and validated scale (J. Z. Wang, 1995). It was developed in

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