



The use of sand tray techniques by school counsellors to assist children with emotional and behavioural problems

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ABSTRACT

This article addresses the question of how school counsellors experienced the use of sand tray techniques in assisting children with emotional and behavioural problems at a primary school in Gauteng, South Africa. A phenomenological research design was used to investigate and document the experiences of 12 school counsellors that were using sand tray techniques with 37 primary school children between the ages of 6 and 14 years, with emotional and behavioural problems. The data was collected by means of 23 individual interviews, a focus group interview and 34 observation sessions. The findings identified several factors that influenced the responses of the school counsellors to these techniques. These included the sand trays themselves, the sand tray symbols, certain administrative aspects, the diversity of emotional problems encountered, the differing therapeutic approaches utilized by the counsellors, the cultural orientation and socioeconomic status of the children, and counsellors, language barriers, and an understanding of the stages of the sand tray process. What stood out in the research was the need for training in using sand tray techniques in a counselling context.

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Introduction

Sand tray techniques can be used as a non-directive healing approach that functions as a non-verbal mediator between the unconscious and the outer reality of the participant (Winnicott, 1990). At the onset of the research, we assumed it would be beneficial to school counsellors confronted with a myriad of emotional and behavioural problems on a daily basis, particularly in contexts where language barriers hinder communication. South Africa has eleven official languages, of which English is used as the main language of communication. Counselling children who's home language is not English, often poses a challenge to counsellors, and, as such, we needed to determine how counsellors would experience using the sand tray as part of their counselling techniques.

Including the sand tray as a therapeutic and counselling technique allows for the development of an atmosphere of trust and safety, which is already a healing influence (Kalf, 1980). Weinrib (1983) suggested that healing takes place at a deeper level than that of the conscious mind, occurring instead at an unconscious level with the developmental level of the conscious making choices

with regard to change. She also noted that psychological healing, using sand tray work, occurs at a pre-verbal level within the unconscious. As a consequence, the technique is particularly valuable for children with limited language skills, and is specifically effective with those who have a low self esteem, exhibit poor academic progress, depression, anxiety and/or behavioural problems (Carmichael, 1994). Knowing how counsellors experienced using the sand tray in counselling, would enable the development of guidelines relevant for the training of counsellors in South Africa.

Children with emotional and behavioural problems

The people, and especially children, of South Africa are beset by emotional and behavioural problems arising from a multiplicity of social ills, which include a high incidence of poverty, homelessness, violence, HIV/AIDS, child-headed homes, physical abuse and ineffective parenting (Kibel & Wagstaff, 2001). Needless to say, the children exposed to the ills mentioned above, often do not only experience it and respond on an emotional and behavioural level, but also present with learning barriers in the school environment (Donald, Lazarus, & Lolwana, 2007). These children are often referred to the school counsellor for short-term intervention. As a result, the school counsellors in such cases are confronted with layers of challenges from the contextual to the intra-personal and often find themselves out of their depth.

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Delfos (2004) refers to the term “emotional and behavioural problems” as one entity, in that it is difficult to separate or isolate these concepts. Because the definition is complex and does not fit any one set of criteria, Delfos (2004) and Gimpel and Hollard (2003) divide these problems into categories, the first of which consists of two parts: Part 1 (externalizing problems), which includes conduct disorder, situational attention deficit disorder and oppositional defiant disorder; and Part 2 (internalizing problems), which includes anxiety disorder, mood disorder and genetic attention deficit disorder.

The second category includes three groups of problems. The first includes environmental factors, such as abuse, neglect and post-traumatic stress disorder (PTSD). The second includes pervasive developmental disorders, Asperger’s disorder, Rett’s disorder, childhood disintegrative disorder and autism. The third includes factors that can lead to inappropriate behaviour, such as, underachievement and learning difficulties, social isolation, substance abuse, grief and loss, physical challenges and chronic illness. These can all lead to bullying, acting out, classroom disruption, absenteeism, tardiness and irresponsibility, and can, consequently, hinder scholastic progress. The myriad of problems often result in the school counsellors feeling out of their depth, in terms of what exactly they need to address and how to initiate change in the shortest amount of time.

The above mentioned emotional and behavioural problems were typically diagnosed in the school setting, often first by the child’s teacher who would perceive a child as not coping in class or acting out. The teacher would then refer the child to the school based support team upon which a learner support plan would be drafted. Referral to the school counsellor was often the first level of rendering support. Once a child is referred to the school counsellor, assessment commences using the four pillars of Sattler and Hoge (2006). If the counsellor obtains a diagnosis that falls within the scope of practice of the counsellor, counselling can commence, alternately a child is referred to a relevant professional. Seeing as these school counsellors were involved in their practical training, they received supervision from lecturers of their affiliated university. This was deemed very relevant in this research project, seeing as the school counsellors had only been exposed to an introductory workshop on sand tray techniques as part of their course work, along with other counselling skills and interventions. The school counsellors involved in this research project attended a workshop on sand tray techniques presented by the first author as researcher.

Sand tray techniques from a socio-cultural theory

For this study, sand tray techniques were considered to be the counselling method of choice, as the process suits all children with emotional and behavioural problems, and does not discriminate against or compromise any particular culture, creed or language (Hunter, 1998). For this reason, we deemed it relevant for the South African context.

Typically, from the sand play approach, two sand trays are used, measuring 57 cm × 72 cm × 7 cm, one filled with wet sand and other with dry sand (Pearson & Wilson, 2001). The children are instructed to build a world, create a picture or story in the sand. Both trays should be lightly smoothed over to facilitate self-expression as empty spaces stimulate creativity. The sand tray, considering the socio-cultural psychology of creativity, provides a ‘representational space’ (Winnicott, 1971, referred to by Glaveanu, 2011a, p. 483) where the counsellor and child can engage through the sand tray. From the socio-cultural point of view, the sand tray enables the counsellor to enter the child’s world, thus considering every day life experiences. The counsellor, as a result, acknowledges the fact that the child is an active participant (Cole, 1996, p. 104) in the process of human development, and thus in the process of counselling

as well. Vygotsky (in John-Steiner & Mahn, 1996, p. 192) regarded development as the transformation of “socially shared activities into internalized processes”. So, everything children experience in their worlds, in interaction with the people they engage with, is subsequently internalized and this also applies to the counselling context—though adding the sand tray as the mediating tool for externalizing the child’s inner world. The sand tray enables the child to construct an ‘image’ from the his/her frame of reference and not from a learned example. Through engaging in the sand, with the counsellor providing the opportunity for dialogue even if just by commenting about what is observed in the sand, the child is provided with the opportunity to make sense of his/her experiences.

When introducing children to the sand trays, it is important for the counsellor to demonstrate that one tray is dry, and one wet, and that both the bottoms are blue if the sand is pushed away. Children can see how the sand can be moulded and shaped, and that wet sand provides better possibilities for sculpting the sand. Steinhart (2007) maintains that special consideration should be given to the use of water in the sand trays and that extra water should be provided so that the children may make use of it should they wish to create their own realities. Sondin (2008) states that offering both dry and wet provide the learner with flexibility. The dry is flowing, and the wet sand can be muddy and watery, which allows the learner to mould the sand in shapes and tunnels. The sand can even be removed entirely from the tray. Mitchell and Friedman (1994) described how children over the age of seven used the whole tray area for shaping hills, valleys, roads, rivers, waves and furrows. Under the age of seven, however, children prefer to use the sand for pushing, pouring and burying.

For us, the process of children engaging in the sand tray needs to be understood by considering the zone of proximal development and the psychology of creativity. According to Vygotsky (1977), children engaged in play behaviour beyond their average age, thus manifesting behaviour contrary to the norm. In doing this, in the context of counselling, children improvise and perform their experiences in the sand creatively. This is supported by the notion that all social interactions manifest elements of improvisation and everyday conversations, as well as those contained within the context of the sand tray, which, for this reason, holds the promise of creativity (Sawyer, 1997 in Glaveanu, 2011b). It is this creativity that we argue provides possible solutions to problems experienced. Like Bronfenbrenner (2005), we assert that children are influenced in their development by various systems (micro, macro-, eco- and exo-system) of relationships in interaction with each other over a period of time. The sand tray, like a blank canvass, enables the child to create a world, with the counsellor acting as witness and active agent in the process of making sense of the child’s world. We agree with Glaveanu (2011b, p. 126) that creativity through the sand tray is “defined by moments of unconscious incubation, by accidents and discoveries, by losing and finding one’s way”.

The sand tray then constitutes a kind of forum where children can act out their emotional and behavioural issues, express their problems (sometimes without using words) through the creation of metaphoric images in the sand. Sand tray techniques are particularly useful with children who have reduced verbal abilities (Tanguay, d’Amico, Dolce, & Snow, 2004). The pictures provide the actual narrative or metaphor without the necessity for discussion, and this symbolic, metaphorical communication is integral to the sand tray approach (Draper, Riiter-Kelli, & Wellingham, 2003) as it reveals their unconscious issues. The sand tray allows the conscious mind to retrieve memories and to work through current problems, creating a common discourse that has been socially constructed by the child, and, as such, it is imperative that school counsellors accept the non-verbal language without feelings of inadequacy (Terre Blanche & Durrheim, 1999). Carey (2006) studied

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