

to see the world in a tray of sand

USING SANDTRAY THERAPY WITH DEAF CHILDREN

By Beth Gwinn Betman

Carol, age 5, a bright child with good language skills but poor social interaction, was referred for counseling because she was aggressive with her classmates and consistently played alone. Because she struggled with making eye contact, sandtray therapy, in which students use figures and the sand itself to build and design miniature worlds in a tray, was chosen as an approach to allow her the freedom of communicating without the traditional expectations. Sandtray therapy can be a powerful and effective tool in meeting the mental health needs of children and adolescents, including and maybe especially children who are deaf and hard of hearing. It is a highly visual approach that crosses language and cultural barriers.

When Carol first entered the sandtray therapy room, she was amazed to see hundreds of toy objects on the shelves. The counselor told Carol that this was a very special room and her world—the world of the sandtray—was a special and cherished place. Only Carol could put objects in the sandtray and only she could touch them. She was invited to put as few or as many objects as she wanted in the sand to create a world. Carol looked at the shelves where houses, trees, animals, people, and other miniature objects stood. The counselor waited and observed while Carol selected her objects.

Photography by John T. Consoli

Beth Gwinn Betman, MSW, LICSW, RPT-S, has been a school social worker for 25 years. She is also an adjunct professor in the departments of both Social Work and Counseling at Gallaudet University, a Registered Play Therapist/Supervisor, and maintains a private clinical practice as a therapist and sandtray therapy trainer.

**The names and descriptions of the children in this article have been altered to protect their privacy.*

Far right: Using figurines and trays of sand, counselors help children express themselves and resolve conflicting emotions.





In her first sandtray and for many subsequent sandtrays, Carol consistently selected and buried different kinds of weapons under the sand and then built a scene on top of them. When prompted to tell the counselor about her tray, Carol explained that any of these unseen weapons could go off if someone accidentally stepped on one. Carol described a world that could be unsafe at any moment and with little warning. On

top of the sand, she created worlds of favorite places, including relatives' homes, only to pile the furniture in a heap outside of the houses and then overturn the houses leaving a chaotic mess at the end of each session. Chaos, danger, and fear were reoccurring themes in her creations.

At a parent meeting, Carol's mother explained that she and her daughter had been without a home for six months. They moved from one relative's home to

another, leaving each time because conflicts arose within the familial relations which were strained by living together in overcrowded conditions. As the counselor discussed the themes appearing in Carol's sandtray, her mother's eyes welled up with tears. She had not realized the impact of the family's stress on her young daughter.

Moved by this new understanding, Carol's mother became determined to find

a more stable living situation. With support and assistance, she was able to locate affordable housing. As her home situation stabilized, Carol put fewer and fewer weapons under the sand and safety zones appeared within the areas where the weapons were buried. Eventually houses stayed right side up, and Carol put furniture inside of them. When the team met, teachers reported a marked improvement in Carol's behavior. They noted that she was joining in with other children during playtime.

Carol was among those children and adolescents who experienced traumatic circumstances that had an effect on their behavior. Through counseling that employed sandtray therapy, we were able to identify the cause and the magnitude of the circumstance, and when we talked with her mother about it, the conversation motivated her to make changes that enabled Carol to resume a

more normal childhood. By intervening in this way, the frustration and trauma was addressed and reduced. Unfortunately, sometimes without intervention students like Carol build on their hurt and isolation and the result may be a lack of academic success, as well as emotional distress and poor social skills. When not addressed, these vulnerabilities may develop into aggressive behaviors toward oneself or others.

Jose, a student who immigrated to the United States from Chile when he was 2 years old, was 11 when he was referred for sandtray counseling. A pleasant and easily humored deaf student, Jose tested in the mentally retarded range. This left him ill-equipped to express the complex feelings created by his experiences. He had serious medical problems that were at times life threatening and produced near brushes with death. These were

situations that were obviously beyond his control. As a result of these intense medical traumas, Jose developed a need to control certain things within his environment. He collected certain everyday objects, such as erasers, and these took on a very special level of importance to him. Occasionally something minor would happen—another student would borrow an eraser that Jose mistakenly thought was his, for example—and he would explode. Enraged, he was extremely violent, attacking and sometimes attempting to eliminate whatever or whoever was in his path. It was hoped that a nonverbal approach, such as sandtray, would allow Jose to express his feelings and have more mastery in expressing feelings appropriately.

During his first sandtray session, Jose would not touch the sand with his hands. He selected snakes and lizards



from the shelf and dropped them into the tray. Instead of using his hands, he selected a miniature shark and used it to manipulate the grains of sand and the other objects. By the second session, Jose tentatively touched the sand with one hand while securely holding the shark in the other. In the third session, Jose momentarily let go of the shark, grabbing handfuls of sand intensely with both hands and letting the sand fall as if through a sieve with his fingers.

For several months, Jose came into the sandtray room, gathered up all the lizards, snakes, and amphibians he could find, and buried them completely in the sand. He made sure every part of every creature was covered, no matter how much time or effort it took. Sandtrays are blue on the bottom and the sides to represent water and sky. It was clear from observing his work that he did not want any of the blue on the bottom of the tray to be exposed. As he moved sand from one area of the tray to cover some larger animals, a spot of blue could be seen. However, Jose would move small amounts of sand from other parts of the tray to make sure the blue was recovered. At the end of each session, nothing was visible on top of the sand except the lumps left by the shapes of the buried animals. By now a shark, a whale, and a dolphin were the instruments he chose to direct his world of sand. Weeks went by and Jose added other animals to his under-sand burial. Little by little, the worlds he created in the sandtray began to change. Finally, one day, he left the tray with a few small portions of creatures still exposed. With Jose, the role of the counselor was to make the tray a safe repository for his unresolved anger over the uncontrollable aspects of his medical treatments. Sandtray therapists call this process “holding,” a process through which the counselor approaches the child and tray with the same safety, care, and attention that a mother gives her new baby. Every moment, every movement, and every expression is observed and noted, providing a safe environment for the

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child’s inner world to become visible. In sandtray counseling, the child is able to process both unconscious and conscious feelings even without any talk or discussion of the tray.

Then one of his classmates died very suddenly and tragically. Jose came into the sandtray room and, as always, buried creatures beneath the sand. When he finished, he found a gold box and in it he placed the figure of a young boy. Jose used the name sign of his deceased classmate to indicate who he was. He put the box on top of the sand. He found flowers and placed them around the box. When he had exhausted every flower in the collection, he asked for more.

This marked a major shift for Jose. For the first time, he had used the figure of a boy—an object that represented a human being—and for the first time he had built and created a scene on top of the sand. For the next three sessions, Jose continued to work on his memorial to his lost friend. He added still more flowers, bought for the collection at his request, and other objects that

represented the funeral and the burial. During one session, he put an egg near the box. The egg, a symbol of birth and renewal, was now balanced with the reality of death. In his third and final re-creation, Jose surrounded the gold box and the boy with eggs of all shapes and colors. He had integrated the death of his classmate and perhaps his own experience of being close to death yet allowed to survive. A few months later, Jose’s dog died unexpectedly. Once again, Jose built a scene in the sandtray that helped him through this loss. On top of the sand, Jose put a vet’s table. He found a dog figure that resembled his dog in the sandtray collection and laid it on its side on the table.

Once near the end of the school year, Jose brought one of his special erasers to the sandtray room and promptly placed it in the sand. The eraser got buried along with some of the other objects. Jose was obsessed with the eraser which he carried with him everywhere. Although the counselor knew she could not touch any of the things in Jose’s tray, she was worried that he would go back to class without his eraser and have a major upheaval. She was relieved when he uncovered the eraser later in the session. Through the course of the session, Jose buried, unburied, and reburied objects, including the eraser. Jose noticed the eraser but at the end of the session, to the counselor’s surprise, he left it buried and went back to class without incident. In time, Jose’s obsession with erasers became less and less of an issue.

Jose received sandtray counseling along with other interventions for a year and a half. The therapy ended when he transitioned to a new school. Jose’s last sandtray had circles of emergency vehicles and circles of school buses on the sand. These are the two kinds of vehicles he knew best and the ones that represented moving and transitioning from one place to another. We were sorry, of course, to see him leave, but we were pleased that he would enter the new school with his explosive episodes

having first diminished and then disappeared.

The experiences of Carol and Jose illustrate how sandtray therapy can benefit children, especially deaf and hard of hearing children for whom easy linguistic interaction may be impossible and who may experience teasing, ridicule, and bullying in circumstances where their deafness is misunderstood or considered abnormal. Sandtray therapy provides a visual and tactile approach that enables children to figure out how to make order out of chaos and hurt and to determine a way to behave in the face of their experience (Kestley, 2001). As children create their own world in the sand, their internal world becomes visible and begins to make sense to them. With a trained counselor who can “hold” the child’s world, healing from within can occur.

A Therapeutic How-to for Counselors

The beginnings of sandplay therapy can be traced back to Carl Jung in the 1920s and Margaret Lowenfeld in the 1930s. The use of sandplay is rooted in the Jungian belief that healing comes from within. When Jung himself felt devastated and distraught, he sought solace in the sand at a lake in Bolligen, where he built miniature villages out of sand and stones. Lowenfeld was drawn to the use of sand in her efforts to help children express themselves in non-traditional ways. When Lowenfeld presented her work at an International Congress in Paris, Jung gave an interpretation of the “world” she presented. Dora Kalff, a Swiss Jungian analyst, went on to study with Lowenfeld and together they formulated sandplay’s theoretical principles from a Jungian perspective.

In sandtray therapy, students can build, destroy, and rebuild a world that reflects their own life experiences. During a typical sandtray session, a student will select miniature objects and place them in the sandtray. After given

sufficient time to build his or her world, the student is invited to share it with the counselor. The counselor’s primary role is to “hold” the space, making the student feel emotionally safe to explore conscious and unconscious thoughts and feelings through creating and manipulating situations in the tray. When appropriate, the counselor helps the child deepen his or her

understanding of the tray through guided comments and questions.

Reference

Kestley, T. (2001). Group sandplay in elementary schools. In A. Drewes, L. Carey, & C. E. Schaefer, *School-based play therapy*. New York: John Wiley & Sons.

THE SANDTRAY

A typical sandtray is 27 x 21 x 4. It is painted blue on the bottom to represent water and blue on the sides to represent the sky. Miniature objects are arranged by categories and displayed on shelves.

THE OBJECTS

A sandtray collection should include objects that represent:

- Animals - wild, domestic, prehistoric, invertebrates
- People - different ages, races, cultures, occupations, characters from TV and movies
- Vehicles - cars, trucks, boats, planes
- Objects from nature - flowers, trees, shells, rocks, stones
- Symbolic objects - religious artifacts, symbols of love, life, death, etc.
- Buildings - houses, churches, schools
- Fences, bridges, and other natural and artificial creations



THE SESSION

Many children enter the sandtray room and go to work without need for directions. Others may require a little prompting to build their world, make a picture, or tell a story in the sand. Once the world

is built, the counselor will process the tray with the child. The counselor will avoid who, what, and why questions and instead invite the child to tell his or her story. A photograph of the tray is always taken before the end of the session for documentation and to allow a permanent record of the world that was created. No objects are removed from the tray until the child has left the room. This preserves the integrity of the world and reminds the child that it is his or her “safe” place.

