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The Value of Sandplay as a Therapeutic Tool for School Guidance Counsellors

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Abstract

Sandplay therapy is a technique that is a potentially valuable tool for guidance counsellors working in the context of challenging school environments. It is particularly suited to work with children and adolescents as it provides unique and developmentally appropriate opportunities for them to engage in the therapeutic process. In fact, as it is play-based and developmentally appropriate, sandplay may be a useful adjunct for the mainly cognitive and behavioural techniques most commonly used by school guidance counsellors. It provides a multiple intelligences perspective and may meet the specific needs of children with particular cognitive and socio-emotional difficulties more effectively than the traditional 'talking' therapies.

In Australia and internationally, the roles of school guidance counsellors and school psychologists are increasingly characterised by complexity and diversity as a result of individual differences and the unique contexts of particular school communities. In order to most effectively facilitate positive outcomes for students guidance counsellors require an extensive array of knowledge, skills and abilities to enable them to work therapeutically with children. Sandplay therapy is one technique that presents as a potentially valuable tool for guidance counsellors working in the context of these challenging school environments. Considerable clinical evidence and theoretical support exists for the use of sandplay therapy in schools; however, the technique is currently lacking the empirical support provided by scientific validation.

The Process

Sandplay has been defined as a psychotherapeutic technique that enables clients to arrange miniature figures in a sandbox or sandtray to create a 'sandworld' corresponding to various dimensions of his/her social reality (Dale & Wagner, 2003). The technique originated from the work of British paediatrician and child psychiatrist Margaret Lowenfeld (1939; 1979), who utilised the medium of sand and water in combination with small toys in a method of play called the world technique. Inspired by the work of Lowenfeld, Jungian analyst Dora Kalff (1980) further developed and refined the sandplay method and was influential in formulating its theoretical principles and in the provision of training for clinicians in the United States and internationally (Allan & Berry, 1987).

The process of sandplay therapy involves the use of one or two sandtrays and any number of small objects or figures from categories including, people, animals, buildings, vehicles,

vegetation, structures, natural objects and symbolic objects (Allan & Berry, 1987). It is intended that these objects may represent people, ideas, situations, feelings and a potentially limitless range of other possibilities to facilitate children's expression.

Most commonly, the sandplay process consists of two central stages. The first involves the construction of the sand picture, where the perceived needs for the counselling session and the intentions of the facilitator guide the specific instructions given to the child (Pearson & Nolan, 1995). In general, the child is invited to create a picture in the sand tray, using any of the available miniatures. The ways in which the counsellor interacts with the child at this time and also their perspective on the purpose and meaning of the sand picture is largely determined by his/her therapeutic orientation. However, sandplay pictures are generally considered to be a projection of the child's internal experiential world and a representation of his/her worldview (Dale & Wagner, 2003). As such, they provide children with an opportunity to express the negative feelings and memories that exist in their unconscious and impact on their choices, feelings and behaviour (Pearson & Wilson, 2001). It is suggested that bringing these to consciousness is the first stage in disempowering them and allowing them to be released (Pearson & Wilson, 2001).

After the completion of the sand picture, if the child is comfortably able to engage in verbal communication, the second stage of the process involves their sharing of a story or narrative about the sand picture they have created. This stage of the process allows children to clarify personal meanings and to integrate new feelings and insights that may have emerged through the creation of the sand picture. Additionally, the counsellor may engage in interpretation of the child's sand picture based on knowledge of the meanings associated with particular symbols, in conjunction with information about the child's history and current circumstances.

However, the question of interpreting children's sand pictures is widely debated in the literature. Several schemes for interpreting sandplay pictures exist (Carmichael, 1994); however, it is argued that although these schemes may be useful for researchers, they are not practical for counsellors working in schools. Rather than these detailed schemes, viewing the construction as a metaphor for the child's world gives a greater understanding. Furthermore, while counsellors practising from a Jungian perspective commonly use interpretation of children's pictures as a component of the therapeutic process (Carey, 1990), others argue that interpretation is not only unnecessary but also inappropriate. It is suggested that symbols are arbitrary and have unique meanings for individuals and as such their subjective nature must be respected (Vinturella & James, 1987). It is also noted that because sandplay allows issues to be resolved on an unconscious level interpretation is seldom needed (Allan & Berry, 1987).

On the contrary, the counsellor's primary role is to provide a safe and emotionally permissive environment for the child's expression of feelings and experiences. The child should be encouraged to express in the sand, whatever he or she is experiencing with the freedom to determine how materials are used and what scenes are created. In establishing an environment where the child is free to direct activity in the sandtray, the counsellor provides an opportunity for the emergence of the child's natural, inbuilt, intelligent movement towards wholeness (Pearson & Wilson, 2001). It is suggested that this innate inner healing mechanism can reveal those things that need to be remembered, felt, released or integrated and as such, children are viewed as being capable of actively directing the resolution of their own concerns (Hoffman, 1991). Using

sandplay in this way also allows counsellors to gain insight into the inner worlds of children that they may be otherwise unable to access.

The Importance of Play

Sandplay therapy can be considered as a form of play therapy and its basis in play is one factor that makes it particularly worthy of consideration for use in school contexts. It is known that play is the singular central activity of childhood and is a spontaneous, enjoyable, voluntary and non-goal directed activity (Landreth, 2002). It gives concrete form and expression to children's inner worlds and provides them with a symbolic language for self-expression.

It has been suggested that in a counselling context, play is to the child, what verbalisation is to the adult (Tharinger & Stafford, 1995) and literature pertaining to the use of therapeutic play with children frequently describes play as their language and toys as their words (Hall, Gerard-Kaduson, & Schaefer, 2002). It is known that in traditional counselling approaches, when children experience enormously complex feelings and thoughts in relation to the events in their lives, they often have difficulty trying to communicate these verbally in the counselling context (Landreth, Baggerly, & Tyndall-Lind, 1999). Using therapeutic techniques that are based in play provides the most natural and non-threatening means for children to communicate and act out sensitive material related to frightening and difficult situations (Gumaer, 1984).

Through the use of sand, water and symbols, sandplay therapy provides children with the means to give expression to emotionally significant experiences. The use of symbols allows children to distance themselves from profound emotional experiences and thereby allows them to engage in contemplation and reflection. Symbols also provide children with the opportunity to reenact problems in nonthreatening ways, change outcomes through play and empower themselves to more competently cope with problems and issues in their real life context (Hickmore, 2000). The use of symbols also provides children with the means to access and express unconscious material which they may be otherwise unable to process at a cognitive level.

Currently, cognitive and behavioural perspectives provide the central models that are most commonly used by guidance counsellors in Australia and internationally (Hickmore, 2000; Pearson, 2003). In contrast, sandplay therapy offers an alternative to such cognitive approaches as it works at a level beyond the realm of cognition and intellect (Vaz, 2000). Practice at this level is concerned with the expression of emotional conflicts and blocked energy in order to activate the self-healing potential that is embedded in the human psyche (Allan & Berry, 1987; Jung, 1964; Pearson & Nolan, 1995). The use of sand and symbols allows projections of multiple meanings from the conscious and unconscious, thereby allowing issues to be clarified and released (Pearson & Wilson, 2001). Sandplay may therefore, provide an additional dimension to counsellor's work with children in schools by forming a bridge between verbal and expressive therapies (Pearson & Wilson, 2001).

Sandplay as a Multiple Intelligences Strategy

Further, recent research suggests that the application of Gardner's (1983) theory of multiple intelligences to the counselling context may facilitate positive outcomes for child clients (O'Brien & Burnett, 2000). The process of sandplay therapy simultaneously incorporates all of

Gardner's seven intelligences (O'Brien & Burnett, 2000). In constructing the sandplay story, children use the visual-spatial and body-kinaesthetic intelligences. The verbal-linguistic intelligence is encouraged through discussion, storytelling and possibly journal writing about what is depicted in the sandtray. The logical-mathematical intelligence is incorporated through deductive reasoning and "what if" and "what then" questions and thinking. Music may be played during the construction of the sandtray and, in addition, feelings awakened by the sandplay may be explored and expressed through the use of music. The context of the child-counsellor relationship incorporates the interpersonal intelligence, and the intrapersonal intelligence is explored through reflection on the links between the sandtray and real life contexts.

Uses of Sandplay with Different Client Populations

Children with language and communication difficulties

The non-verbal nature of the sandplay process means that it is likely to be useful with children with cognitive deficits and language and communication disorders, who experience particular difficulty with verbal expression (Vinturella & James, 1987). Sandplay has also been shown to improve concentration and peer relations in speech and language disordered students as well as being useful with children who use excessive verbalisation as a defence strategy (Carey, 1990).

Children with attention deficits

In addition, sandplay may be appropriate for use with children who ordinarily have difficulty maintaining attention to low interest activities, as it provides for children's need to be actively engaged in concrete and self-directed activity (Carmichael, 1994; Gumaer, 1984). It is noted that sand is tactile yet facilitates total kinaesthetic involvement and concentrated focus, while the physical boundaries of the sand tray also minimise distractions and promote a focusing effect (Carey, 1990; Vinturella & James, 1987). Research also suggests that children demonstrate gender-specific preferences for participation in counselling, with females reporting an affinity for emotional expression and males reporting an interest in action methods (Pearson, 2003). Clearly, sandplay therapy allows participation according to both of these preferences.

Children from various cultural groups

Furthermore, as play based therapies are less limited by cultural differences than are other forms of intervention, sandplay is also likely to be a valuable technique for use with children from diverse cultural groups (Cochran, 1996). Play is a universal activity exhibited by children of all cultures and it offers a therapeutic medium that is not restricted by language barriers (Siehl, 2001). In addition, it is suggested that play based techniques provide children from different cultures with a safe place to express themselves in a way that is comfortable to their individual characteristics and needs (Siehl, 2001).

Children who have experienced trauma

Sandplay is also likely to be appropriate for use with children who have experienced particularly difficult events, including various forms of abuse and trauma. Abuse experiences are particularly difficult for children to acknowledge, and even more challenging to verbalise (Grubbs, 1994). Sandplay offers these children a "free and sheltered" place to express through play and symbolic

activity, the complex emotions related to abuse experiences (Grubbs, 1994). One study examined the use of sandplay therapy as an assessment tool with 52 abused and non-abused children and reported significant differences in the sandtray constructions of children in the two groups (Zinni, 1997). Reported differences in content, theme and approach were said to be reflective of the emotional distress experienced by the children in the abused group.

Children with behavioural difficulties

For aggressive students, sandplay offers the opportunity for expressing and acting out angry and aggressive behaviours and feelings (Vinturella & James, 1987). This is particularly significant as children have few other releases for these emotions and impulses, particularly in school settings (Tharinger & Stafford, 1995). Several case studies have reported positive outcomes including a reduction in impulsive and aggressive behaviour, improvement in social skills and the ability to channel energy into appropriate activities, including sport and art (Allan & Berry, 1987). Similarly, it is reported that sandplay allows children to release hurt and aggressive feelings to facilitate more prosocial and appropriate behaviours (Allan & Brown, 1993). There is also evidence that sandplay therapy is a valuable tool for enhancing the teaching of reading (Noyes, 1981). One study reports that the use of sandplay techniques in a remedial reading program resulted in improved teacher-student rapport, increased clarity of thinking, increased motivation and improved ability to focus on academic tasks (Noyes, 1981).

Sandplay in the Context of Contemporary School Guidance Practice

Corey (2001) suggests that therapists who hope to be effective with a wide range of clients, such as those encountered in schools, must be flexible and versatile. However, as it is known that no single theory can comprehensively account for the complexities of human behaviour and no single set of techniques is always effective when working with diverse groups of clients; guidance counsellors must learn to use different strategies to address the multitude of issues they regularly face (Corey, 2001; Siehl, 2001). An integrative perspective characterised by an openness to the inclusion of techniques addressing cognitive, behavioural and affective aspects of experience may be one way to attempt to effectively meet the therapeutic needs of diverse groups of students (Lazarus, 1989; Thompson & Rudolph, 1992). Individualised counselling plans are imperative but are only possible when the counsellor is able to draw on a vast array of theory and techniques (Thompson & Rudolph, 1992).

Sandplay as Part of an Integrative Approach

Sandplay therapy is one technique that may form a valuable part of an integrative approach, and it is suggested that this technique may be integrated into therapeutic practice within the framework of different theoretical orientations (Boik & Goodwin, 2000; Vinturella & James, 1987). For example, behaviourists can use sandplay as a diagnostic tool for gathering data and assessing maladaptive behaviour. Cognitive therapists may work with children in the sand tray to restructure unhelpful patterns of thinking. Family counsellors may use it to facilitate children's exploration of family boundaries, structure and interaction patterns. Child-centred counsellors may use sandplay to build the therapeutic relationship and establish a climate of acceptance, while counsellors working from a psychoanalytic perspective may use sandplay to detect and address unconscious conflicts and issues.

In a recent Australian review of expressive therapies used by a small sample of school guidance counsellors, it was reported that sandplay therapy was found to be the most helpful modality from the expressive therapies in achieving positive outcomes for students. It was also reported to be the technique most favoured by child clients (Pearson, 2003).

Research reveals that while school guidance counsellors do in fact use varying theoretical frameworks to inform their guidance practice, they also commonly incorporate techniques from a variety of theoretical perspectives (Gerler, 1992). Subsequently, as sandplay therapy offers unique advantages and opportunities not offered by other approaches, it is a potentially valuable addition to the counsellor's range of therapeutic skills.

However, it is interesting to note that despite sandplay's apparent value, it is not widely used in school contexts. Rather, cognitive and behavioural techniques continue to be the orientations of choice for many guidance counsellors and school psychologists (Hickmore, 2000; Pearson, 2003). This raises the question of why sandplay therapy is not more widely used when it appears to be a particularly appropriate and potentially useful therapeutic technique. The reason for this may be found in the challenges and limitations that are commonly associated with the sandplay approach as well as the lack of scientific validation for its effectiveness.

Possible Challenges to the Use of Sandplay in Schools

Cost Effectiveness

One of the most significant concerns about the use of sandplay therapy in schools is the question of cost effectiveness. It is a common perception that many sessions are required in order for children to benefit from the sandplay process. However, research suggests that this is not in fact the case (Pearson & Wilson, 2001) and numerous authors and researchers report case studies and recommendations that suggest that sandplay therapy can be used in settings where short-term counselling is required. Significantly, it is suggested that most children reach the resolution stage of the sandplay process within eight to ten sessions (Carmichael, 1994). Furthermore, in school settings it has been reported that after eight sandplay sessions, teachers have noted significant changes in children's emotional state and ability to participate in school tasks (Allan & Berry, 1987). In fact, one clinician reported dramatic behaviour change in a young hyperactive male client after just one session (Teakle, 1992). In addition, it has been noted that sandplay formed a significant element in the approach to working with students from schools located near the site of the 9/11 terrorist attacks in New York, where it formed a valuable part of a crisis-oriented, short-term process enabling students to process and express their emotions (Sullivan, 2003).

Another concern related to cost effectiveness may be based on the perception that the equipment used for sandplay therapy is expensive and difficult to obtain. However it is suggested that sand trays are simple and economical to construct (Vinturella & James, 1987); or as an alternative, commercially available, light and inexpensive storage containers may also be effective (Carmichael, 1994). In addition, although commercially available symbols sets are an option when establishing a sandplay area, symbols need not be purchased in this form. Instead they may be collected from many and varied sources including discount shops and donations. For ease of storage and portability, several symbols from each category are suggested to be adequate (Landreth, 2002).

Expectations

Another significant challenge for the implementation of sandplay in school guidance programs may be the expectations and opinions of administrative personnel. The term *play* is often associated with 'time-wasting' and is frequently considered to be inappropriate in a school setting where children should be learning and working (Siehl, 2001). In addition, expectations pertaining to the role of guidance counsellors are often strongly associated with assessment and behaviour modification. As previously discussed these objectives are not inconsistent with the use of sandplay in school settings, and it is essential that guidance counsellors intending to use sandplay therapy communicate its value to staff and parents (Siehl, 2001).

Training Opportunities

An additional challenge to the use of sandplay therapy in school settings is the reality that few opportunities for training in sandplay therapy exist in guidance counsellor education programs. In the United States, it is stated that few counsellor education programs offer any form of training in play-based techniques, with only 39 universities providing related courses (Landreth et al., 1999). In Australia, opportunities for training in play techniques are even more limited, although recent research suggests that sandplay and other expressive techniques should form a significant component of training for school guidance counsellors (Pearson, 2003).

Research Limitations

While each of the forementioned factors may pose challenges to the use of sandplay in school settings, perhaps the most significant challenge is found in the lack of scientific research available to support its effectiveness. While sandplay is consistently presented in the theoretical literature as a powerful assessment and treatment tool, few studies have attempted to provide scientific validation for the technique (Zinni, 1997). Rather, a wealth of case studies have collectively accumulated to form the principles of therapeutic intervention (Carroll, 2000). However, it is important to consider that current research into therapeutic work with children is characterised by two main methodologies: narrative case studies and process and outcome research (Carroll, 2000). Because of this reliance, conclusions regarding the effectiveness of these techniques are currently impossible (Carroll, 2000). This is significant when it is noted that in the field of counselling and psychology, considerable emphasis is placed on evidence-based or empirically supported therapies (Sharpley, 2003).

Consequently, in critically evaluating the validity of play-based techniques that are not currently supported by empirical research, the question of why this support is lacking is a significant consideration. For example, is it appropriate to conclude that the techniques are in fact not effective, or is it more likely to be an issue relating to research design and methodology? It is known that traditional research approaches are derived from a scientific paradigm and involve the quantitative analysis of outcome data to draw conclusions about the efficacy of particular therapeutic approaches. While this approach may be readily applied to certain therapeutic techniques, it is suggested that its use with play-based methods is significantly more difficult (Carroll, 2000). Additionally, randomised controlled clinical trials are said to be 'the wrong method for empirically evaluating psychotherapy because they omit too many crucial elements of what is done in the field' (Seligman, 1995). Subsequently, it is possible that such factors may have deterred many play-based therapists from undertaking work to validate the efficacy of their approaches. It may also be the case that traditional research methodologies are beyond the

logistical limitations of many practitioners (Sharpley, 2003). Additionally counsellors working with play-based techniques may be inherently less inclined to undertake scientific research, as their work is focused on practice at the level of emotions and symbolic expression, and is consequently less conducive to methods of scientific enquiry. The way forward in efforts to provide research support for counselling techniques including sandplay therapy may therefore lie not in the abandonment of empirical investigations but in the direction of increased methodological diversity (Woolfe, 1996). This is significant as the search for scientific validation of various therapeutic approaches remains a significant goal for researchers and there is a clear and continuing need for rigorous empirical research into the efficacy of play-based therapeutic work with children (Carroll, 2000).

Conclusions

On the basis of available research and perspectives on the difficulties of research in this area, several tentative conclusions may be made. The first of these is that the available case study accounts of positive therapeutic outcomes associated with sandplay therapy should be considered as valid clinical evidence for the therapeutic efficacy of the technique. Also, the lack of scientific validation may at this stage be viewed as reflective of methodological limitations, rather than a conclusive indication that sandplay therapy is ineffective or inappropriate for therapeutic work with children. Finally, conclusions regarding the nature of outcomes associated with the practice of sandplay therapy will be greatly informed by ongoing attempts to address the challenge of creating a research design that incorporates both processes and outcomes.

As the range of presenting issues and diversity of student needs continue to grow, school guidance counsellors will be increasingly required to draw on a large range of skills and abilities to assist with multiple and complex problems and circumstances. Sandplay therapy needs to be considered as a valued and therapeutically effective part of those school guidance programs.

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