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SANDPLAY AND ART THERAPY WITH SEXUALLY ABUSED CHILDREN:
A LITERATURE REVIEW

BY

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ABSTRACT

This comprehensive literature review compared and evaluated published literature on sandplay and art therapy with sexually abused children, with particular focus on developmental markers, sexual abuse indicators and signs of therapeutic progress in both modalities. The present literature review highlighted some of the empirical data on developmental indicators and sexual abuse indicators in both treatment modalities. Research studies and anecdotal case examples were presented to support the theoretical assertions that both sandplay and art therapy are effective with this population. These findings suggest there currently exists a dearth of rigorous empirical research using these two treatment modalities and point to a need for more controlled research studies.

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CHAPTER I

Introduction

The dramatic increase in the incidence of sexual abuse encountered by mental health professionals has prompted an interest in developing improved services for treating sexually victimized children and adolescents (Johnson, 1997). There is evidence that sexual abuse is likely to produce long-lasting traumatic effects when the abuse is violent, protracted, invasive, or when the perpetrator is a primary caretaker, or the abuse commences in early childhood, it is likely to produce long-lasting traumatic effects (Finkelhor & Browne, 1985; Gil, 1991; Herman, 1997). Consequences of sexual abuse frequently include anxiety, depression, low-self esteem, isolation, dissociation, sexualized behaviours and a distorted perception of one's own body (Finkelhor & Browne, 1985; Murphy, 2001). In addition, because the sexual abuse most often involved an adult known or related to the child, a strong sense of lack of safety and lack of trust may result (Malchiodi, 1990).

Interventions with sexually abused children necessitate methods that will help create a trusting therapeutic relationship and address the effects of past trauma. Working through trauma requires the ability to express and resolve confusing and complex experiences and ideas (Herman, 1997) One of the difficulties in working with children is that they often lack the cognitive capacity to effectively use verbal language to communicate their experience (Pifalo, 2002). This does not mean that children are not capable of expressing complex ideas, but rather that they tend to do so through behaviours and actions, especially through their play (Gil, 1991). This has led to the development of play therapy as a treatment approach with children (Axline, 1964). Play

therapy involves the use of play materials (toys, puppets, dress-up clothes, art supplies, clay, and so on) to facilitate the therapeutic process when treating children (Axline, 1964; Gil, 1991).

Many therapists view play therapy (including art therapy and sandplay) as effective treatment choices with children (Boik & Goodwin, 2000; Gil, 1991; Malchiodi, 1997; Murphy, 2001). A recent study examining treatment practices for traumatized children showed that play therapy was the first line of treatment choice (along with cognitive behavioural therapy) for non-medical mental health professionals (Cohen, Mannarino, & Rogal, 2001).

When children are sexually abused, they are often forced to encounter sexual experiences and sensations beyond their developmental stage (Finklehor & Browne, 1985). They may be flooded with feelings, thoughts and physical sensations that they are not capable of coping with. They may learn behaviours and attitudes far beyond those appropriate for their age (Gil, 1991). This developmental overload may create a strong need for internal control in the child, generating a reluctance to feel and verbalize their thoughts and emotions (Malchiodi, 2003). Play and art strategies have been emphasized with this population as it allows for the non-verbal expression of their experiences, allowing some psychic distance to their trauma (Brooke, 1995; Grubbs, 1995). The goal of art and play therapy with this population is to help children master the multiple stressors of sexual abuse (and the often concurrent emotional neglect) and to correct deviations in psychosocial development (Mann & McDermott, 1983). Art and play are particularly useful since most abused children, even more than children in general, to help them express their innermost feelings and fantasies much more readily through

action than verbalization (Boik & Goodwin, 2000; Malchiodi, 1997). Art and play permit the necessary distancing from the traumatic events and abusive adults by the use of symbolic materials (Gil, 1991).

As stated earlier, there are many different approaches used in play therapy, such as puppetry, story telling, role-plays and sandplay. The present literature review will focus on sandplay and art therapy, since many clinicians working with sexually abused children use both art and sandplay (Cohena, et al., 2001). The children entering counselling often move between these modalities (e.g., Gil, 2003), and some children prefer to work with sand, while others favour art (Murphy, 2001).

As children tend to move between these mediums, clinicians working with this population need to develop skills in working with both at different times and stages of child development. Clinicians interested in sandplay and art therapy and who work with children need to know how to employ these modalities, and how to evaluate and compare the processes within each to determine future interventions and degree of progress (Boik & Goodwin, 2000; Malchiodi, 2003).

The purpose of the present literature review is to summarize theory and research on art therapy and sandplay to facilitate this learning. The theoretical foundations of art therapy and sandplay will be compared and contrasted, highlighting both the similarities and differences between these two treatment modalities. Special considerations using art therapy and sandplay with sexually abused children will be explored, including specific strategies for trauma resolution and group approaches with adolescent survivors of sexual abuse.

The present literature review will also include research on how to assess symptom severity and therapeutic progress. This includes the review of studies exploring developmental markers in art therapy and sandplay, and sexual abuse indicators in both modalities. Because there is a lack of controlled studies exploring the effectiveness of art therapy and sandplay (Boik & Goodwin, 2000; Malchiodi, 1997), some case examples will be summarized and evaluated to develop a list of clinical signs of therapeutic progress within each of these modalities. The literature review will conclude with a summary and recommendations for future research.

CHAPTER II

Methodology

The present literature review process follows a methodological approach which includes the specific steps involved to develop search strategies, conduct searches and select titles, obtain the sources, read and prepare bibliographic information and notes, evaluate and analyze these research findings, synthesize these results and develop a conceptual framework (Mertens, 1998).

To conduct the present literature review, the search strategy involved a comprehensive review of various databases including PsycINFO, Academic Search Premier, Dissertation Abstracts International, and Educational Resources Information Centre (ERIC). Journals targeted included, among others, the Journal of Interpersonal Violence, the Journal of Child Abuse and Neglect, the Journal of Arts in Psychotherapy, the Journal of Family Therapy, and the International Journal of Play Therapy. The ancestry approach was used to expand the search. Keyword searches focused on variations of the wording of the particular indicators (e.g. sandplay = sand tray, sand tray therapy, sand play, the World Technique, sand box, etc.).

These search approaches resulted in the identification about one hundred relevant references, but many of these were theoretical and descriptive in nature. Instead, the present author focused searches based on empirical research in the content areas between the years of 1975 and 2004. This provided a body of empirical research in the areas of assessment and developmental issues, along with numerous case studies about the effectiveness of art therapy and sandplay. Quantitative studies were evaluated using acceptable standards of internal validity, external validity, reliability and objectivity,

while qualitative studies were evaluated using the principles of credibility, transferability, confirmability, and authenticity (Mertens, 1998).

In order to retain a comprehensive review and balance within the imposed project limitations, it was not possible to produce an exhaustive search of the literature. The present review that follows represents the present author's best efforts to provide the highest quality and current empirical literature on various sandplay and art therapy considerations in treating sexually abused children.

CHAPTER III

Theoretical Foundations

Both sandplay and art therapy utilize symbolic representations to help clients to move toward greater health. As a result, both approaches share similar therapeutic benefits, as will be outlined below. In addition, special considerations in using art therapy and sandplay with sexually abused children will be highlighted.

Sandplay Process

Sandplay is a therapeutic approach that uses sand, water and miniature figures as the means to explore the client's internal world, to express difficult issues, and to build on existing strengths (Ammann, 1994). The client is given a large selection of miniatures (in categories such as people, fantasy figures, animals, buildings, plants, vehicles, etc.) to choose from, and creates a story or builds a scene in a tray filled with either dry or wet sand. Proponents of sandplay suggest that it is a natural mirror for the individuation process (Kalff, 1980) and allows access to the person's innermost feeling core through the symbolic expression of subliminal material (Boik & Goodwin, 2000).

Sandplay can be a therapeutic approach in itself (Kalff, 1980). In Kalffian sandplay (a Jungian-influenced approach) the child is invited to build a sandworld of her own choice, and the therapist supports this creation through a non-directive stance (Grubbs, 1995). More specifics about the theory behind this approach will be outlined in sections below.

In the past decade or so, sandplay has also been used as an adjunct to other therapeutic approaches, and the therapist may direct the client to create a tray around a particular problem, feeling, situation or solution (Boik & Goodwin, 2000).

Art Therapy Process

Art therapy is a modality that uses tools for art making (e.g., ink, pastels, watercolours, crayons, acrylic paints, charcoal, clay) to allow the client to create a two-dimensional or three-dimensional representation of their perceptions around a particular situation, experience, relationship or problem (Malchiodi, 1997). The client is asked to create a picture of the particular issue or theme explored in the session and through the art-making process the client gains greater understanding of themselves and the situation (Pifalo, 2002).

Similar to sandplay, art therapy can be a therapeutic approach in itself. The client is asked to create images and art products of her own choice, and the therapist supports the process through a non-directive stance (Murphy, 2001). The art products may be interpreted using psychodynamic or Jungian ideas about the meaning of symbols, but often the emphasis is on the client's own meaning of her creations (Malchiodi, 2003).

Further, like sandplay, art therapy can be used as an adjunct to other therapeutic approaches (Murphy, 2001). The client may be directed to draw a picture a particular situation, feeling, problem or solution to support the therapeutic process of other modalities (Johnston, 1997).

As can be seen in the above descriptions, sandplay and art therapy share similar therapeutic processes. As such, they have similar therapeutic benefits, along with some differences, as will be elaborated below.

Exploring Personal Meaning and Supporting Ability to Change

In both art and sandplay therapy, the personal meaning and viability of the creations are highlighted. As stated above, sometimes sandplay and art making can be

directed, in that the client is asked to create a picture or build a scene around a particular issue or theme. However, even in these directed creations, it is the client's own meaning and interpretation of the creation that is emphasized (Boik & Goodwin, 2001; Murphy, 2001). Similarly, although the Kalffian sandplay process tends to follow a specific sequence, sequences are seen as naturally occurring if the client is allowed to freely create in the sandtray (Kalff, 1980). Grubbs (1994) noted that there is no right or wrong way for clients to do sandplay, and that the resulting sandworld is an "image of the soul made visible" (Ammann, 1991, p. 23) for that moment in time and space. Similarly, art therapists encourage children to use the art materials in whatever way is necessary for them to express what is happening for them in that moment (Bissonnet, 2001).

Sandplay therapists emphasize that sandplay provides the child with the opportunity to "build a world-his (her) world-in a sandbox" (Kalff, 1980, p. 42). The child is absolutely free to determine what to construct and how to construct it, using a combination of the sand and miniatures. In essence, it is the child's "personal world view" (Ammann, 1991, p. 4). The sandplay process allows the world-maker to change the construction as necessary, both within and across therapy sessions (Bradway, 1981). Additionally, this emphasizes the active role clients take in their process of change (Earle, et al., 1995).

Similarly, the clients express their personal experience in their artwork (Backos & Pagon, 1999). Children as young as two can create subjectively meaningful pictures (Lowenfeld & Britain, 1987). Like in sandplay, the processes of art therapy allow individuals to actively try out, experiment with or rehearse a desired change (Malchiodi, 2003).

Tacit Knowledge

Kalff (1980) considered sandplay as a natural therapeutic modality for intrapersonal and symbolic meaning making. Because sandplay can correspond to an inner situation, it “serves as a bridge between inner and outer worlds” (Greenhalgh, 1994, p. 304). Sandplay, therefore, encourages communication and collaboration between conscious awareness and tacit unconscious fantasies and images (Ryce-Menuhin, 1992). Similar to sandplay, the images produced in art therapy are a bridge between body and mind, the conscious and our tacit unconscious knowledge (Lusebrink, 1990). Constructivist theory (Ecker & Hulley, 1996; Mahoney, 1991) and neuroscience (Panskepp, 1988; van der Kolk, 2000) posit that it is this tacit knowledge (held in our limbic system) that generate the “rules” that influence the individual’s organization, interpretation, and meaning making of life experiences.

In sandplay and art therapy, clients can interact directly and nonverbally with their inner world and experience their inner world in a concrete way. In sandplay, the awareness of tacit, unconscious aspects of the self brings about a greater sense of integration and wholeness, which facilitates personal change and development (Mitchell & Friedman, 1994). Drawing and other activities mobilize the expression of sensory memories in a way that verbal interventions cannot (Steele & Raider, 2001). Thus, the therapeutic value of sandplay and art therapy may stem from allowing clients to make concrete, experiential connections with their tacit, unconscious aspects, rather than having another’s interpretations of them (Greenhalgh, 1994; Malchiodi, 2003).

Sandplay therapists suggest that clients take an image of the sandworld with them, full of feelings and discoveries activated by the construction process, rather than a

therapist's interpretation of it (Mitchell & Friedman, 1994). Ammann (1991) argued that this facilitates ongoing change and development between sessions and Weinrib (1983) noted that sometimes clients would rearrange and change the images over the week and "plan their next picture with the previous one in mind" (p. 14). Similarly, art therapists often encourage clients to take a copy of their artwork home with them, and clients frequently modify previous art images in later sessions (Dufrene, 1994).

Self-Organizational Processes

The concept of the self-organizational process indicate that learning, knowing and memory all interact in ongoing attempts of body and brain to organize and reorganize their patterns of action and experiences (Mahoney, 1991; Niemeyer, 1993). Both art therapy and sandplay may help activate and facilitate these reorganizing processes in clients.

Kalff (1980) considered this continual striving to organize toward greater health as the expression of the self. According to Kalffian sandplay theory, the self is organized in a healthy manner through nurturing, supportive interaction with the primary caregiver in the early years of development. If the proper constellation of the self does not occur in the early years (due to neglect, overprotection, abuse, or other trauma such as illness and war) it can be activated at any juncture in life. Sandplay can help facilitate this process of self-organization. Weinrib (1983), for example, emphasized the centrality of human self-organizing capacities in sandplay and states that one can observe this process of "organization-out-of-chaos... in almost every series of pictures" (p. 80) of sandworlds. Sullwold (1977) suggested that client progress in sandplay is often "from a state of chaos and disorder toward differentiation and order" (p. 245). Earle, et al. (1995) and Allan

(1988) identified three sequential patterns of personal meanings that often emerge in sandplay: chaos, struggle, and resolution. In Kalfian sandplay, this resolution often occurs soon after the self has been expressed in the sandtray. This representation can be through a focused, Mandala like “self-tray” (Kalff, 1980), or a more diffuse self-expression process (Grubbs, 1994).

Riley (2001) cited how art activities are being used in early childhood attachment programs and how simple drawing exercises can be used to resolve relational problems and strengthen parent-child bonds. She explained that the non-verbal dimensions of art activities tap early relational states before words are dominant, possibly allowing the brain to establish new and more productive patterns. Similar to sandplay, as clients progress in art therapy their images change from more messy and chaotic to more organized and detailed (Clements, 1996; Peake, 1987).

Symbolic and Storied Knowing

Since sandplay originated partially from Jungian theory (Kalff, 1980), there is a strong emphasis on myths, metaphors and symbolic meaning. Similarly, art therapy is heavily influenced by psychodynamic and Jungian theory with parallels focused on the meaning of the metaphors, symbols and myths used in the images created (Malchiodi, 2003).

Through the telling of the story of the sandtray creation, the child “becomes the author of his own fairytale” (Miller & Boe, 1990, p. 251). The client often creates a sequence of sandworlds across several sessions that frequently reflect an evolving story or underlying drama (Bradway, 1981). Essential to any of these stories is the client’s interpretation, or the meaning of the story (Carey, 1990). Art therapy, too, encourages the

client to tell his or her personal story through the images created (Pifalo, 2002). Just like in sandplay, the client often creates a series of images telling an evolving story, changing as the client's internal experience changes (Drucker, 2001; Peake, 1987).

Any sandtray object or art image can have many meanings, from the archetypal to the individual, and it is helpful for the therapist to check with clients about their unique meanings before sharing ideas, understandings or interpretations, which may or may not be accurate for the client (Kaplan, 2003; Weinrib, 1983). In this way, the client is allowed "to discover and elucidate his or her own individual myth" and the therapist facilitates the process "through support, education, interpretation, integration, ventilation, and an intuitive understanding of the emerging possibilities as they emerge" (Carey, 1990, p. 198).

Creating Psychic Distance to Difficult Material

Miller and Boe (1990) noted that sandplay allows children to describe a personal problem metaphorically and "thus keep a safe distance from it" (p. 15). Similarly, Boik and Goodwin (2000) identified this quality of sandplay as very empowering to the client. Sandplay empowers individuals to determine their own course of therapy. They are in control of what they will or will not reveal to themselves in this process or what they will learn. Only material with which the clients are ready to deal will become conscious. Similarly, the creation of the art product may act as kind of buffer or barrier between the individual and reality. This buffer, or barrier, can be lowered or raised at will, depending on how threatening the content may appear (Waller, 1992). The person "who creates the artwork has the option of owning it or not. It can be just a picture if it needs to be, or it can serve as a useful tool for further exploration" (Pifalo, 2002, p. 23).

Comparisons and Contrasts between the Therapies

Although both therapies have many similarities, there are also some important differences. Art therapy consists of two parts: art and therapy (Johnston, 1997). While art has the possibility of unlimited creative expression, the capacity of the art product to readily convey information to the observer to some extent is limited by the technical skill of the individual producing the image (Rubin, 1984). To express satisfactorily their experiences, clients may need to build some technical skills in the creation of art. Some clients are comfortable with more artistically rudimentary representations, while other clients strive to produce more precise images (Malchiodi, 2003). With children, this means that the therapist often provides practical assistance in the execution of a particular art project (Bissonett, 2001). To be able to assist the client in this manner, the art therapist needs to have some technical skill (Hagood, 2000). Rubin (1984) emphasized that the art therapist needs to have knowledge of art and its compositions such as “the media and processes, their nature and potential” (p. 292). This quality of art therapy adds another element to the process of self-expression. A part of the therapy in art therapy is to help clients explore their level of comfort with the difference between their internal experience and their ability to express that internal experience externally through art (Pifalo, 2002).

In contrast, sandplay uses already made figures, symbols and miniatures. This means the sandplay creation potentially requires less technical skill of both the clients and therapists (Boik & Goodwin, 2000). Conversely, sandplay expression is limited by the selection of miniatures provided by the therapist. A comprehensive selection of figures allows for a maximum range of creative expression within the medium (Ammann, 1991).

However, sometimes the presence of a large number of figures may be overwhelming to the client. This seems to be especially the case if the children are very young, or if they have experienced considerable trauma (Zinni, 1997). In addition, this need for the physical sandtray and numerous miniatures makes sandplay a much less portable therapeutic choice than art therapy.

Both art therapy and sandplay allow the child to express things for which he or she may not have the words (Malchiodi, 2003; Grubbs, 1995). When the art therapist has skill in understanding the developmental constraints of children's art productions, the process and the image can help create a bridge of understanding between the therapist and the child (Lowenstein & Britain, 1987).

As stated earlier, self-expression in sandplay is not limited by developmental or creative skills in the same way as art therapy. In fact, Lowenfeld (1939), one of the originators of sandplay, developed her approach as a way to create a common language between the child and therapist. The adult therapist can more readily understand the symbolism of the miniatures, even though it is a child creating the sandworld. For instance, the importance of a sandtray scene of miniatures depicting predators threatening a small deer may be readily perceived, whereas a child's drawing expressing the same concept may be more difficult to understand.

CHAPTER IV

Special Considerations with Sexually Abused Children

Sexual abuse is most often perpetrated by someone known and trusted by the child (Herman, 1997). This, along with the physical and emotional trauma of the abuse itself, and the stigma associated with this kind of abuse creates a unique treatment constellation (Finklehor & Browne, 1985). Expressive therapies such as sandplay and art therapy may be particularly helpful in helping the child resolve the negative consequences of the abuse.

Tools to Express the Unspeakable

Sandplay and art therapy may be appropriate when working with abused children who either have a great trouble talking about the abuse or their verbal skills are insufficient to effectively express their experience (Grubbs, 1994; Pifalo, 2002), or for whom the abuse occurred during preverbal stages of their development (Mitchell & Friedman, 1994). With these techniques, children can say a great deal through expression without needing to talk verbally.

Access Sensory Reality

Highly charged emotional experiences, such as the trauma of sexual abuse, are encoded in the limbic system as a form of sensory reality (Malchiodi, 2003). Some theorists argue that for a person's experience of this trauma to be fully resolved, it must be processed through sensory experience (Malchiodi, 2003; van der Kolk, 1996). The capacity of art making and sandplay to tap this sensory, unconscious material may make them potent tools in sexual abuse trauma intervention (Pifalo, 2002; Grubbs, 1995). In sandplay, distressed children often use the sand tray as an arena for dramatic play to act

out and resolution to difficult and overwhelming material (Jones, 1986). Similarly, children's response to art materials can often be closer to play than purposeful image-making. Children may often prefer dramatic play with the art materials when they need to work through and act out parts of a profound experience to resolve and master it (Murphy, 2001).

Help Verbalize and Connect Emotions to Experiences

Even though verbal articulation of trauma is not necessarily a goal of these approaches, sandplay (Carey 1990) and art therapy (Pifalo, 2002) can support acknowledgment of previously unspoken experiences. In addition, Carey (1990) pointed out that sandplay can also be valuable with exceedingly verbal clients who have difficulty exploring emotional and sensory ways of knowing. Similarly, the tactile quality of the art production process can access emotions and sensations that may otherwise be avoided (Murphy, 2001).

Reduce Dissociation

Sexually abused children often feel unsafe (Finklehor & Browne, 1985). This lack of safety often causes sexual abuse survivors to dissociate (Herman, 1997). Sandplay can be quite non-intimidating due to its well-known material (sand and toys) and absence of rules and expectations (Grubbs, 1994). Because the "sand feels wonderful to the fingers and hands, creating an ideal tactile and kinesthetic experience" (Oaklander, 1978, p. 167), it may produce sensations of calm and grounding for abused clients (Carey, 1990). Similarly, art therapy can be used to tap the body's relaxation response. Malchiodi (2003) observed in working with children from violent homes that art activity has a soothing,

hypnotic influence and that traumatized children were naturally attracted to this quality when anxious or suffering from post-traumatic stress.

Help Empower and Teach Healthy Boundaries

Further, art and sandplay therapists propose that these approaches give abused children a chance to be in charge and acquire a stronger sense of personal control (Miller & Boe, 1990; Pifalo, 2002). The creative process itself gives children the control over a part of their experience. It allows children to create a product that reflects their own self to themselves so that they may learn more about whom they are and who they are not (Gil, 1991). Moreover, art and sandplay materials include natural limits such as the dimensions of the paper, needing to wait for paint to dry, and the ability of miniatures to break for example. Thus, working with these modalities children may also learn to acknowledge and accept limitations (Murphy, 2001; Reed, 1975).

Connect with Real Feelings

Often having been told that they are feeling something they are not, or that their feelings are not real, child sexual abuse survivors tend to be less connected to how they actually feel (Pifalo, 2000). In creating artwork and sandplay scenes with emotionally significant content, these approaches help in the expression of emotion (Backos & Pagon, 1999; Grubbs, 1995). In sandplay, the figures in the scenes often express specific emotional content, and separate figures in each scene can express nuances of specific emotions or contradictory emotions to show the totality of children's emotional landscape. Thus, both Allen (1988) and Miller and Boe (1990) proposed that sandplay helps children discriminate feelings. Similarly, Pifalo (2002) argued that the creation of art images help clients differentiate between shades of feelings.

Trauma Resolution

Rasmussen and Cunnigham (1995) discussed the importance of using a combination of non-directive and directive expressive approaches when working with sexually abused children. Non-directive therapy permits the children to choose which topic to explore, and how to do that exploration. The therapist's primary role is to support this process, placing full faith in the children's innate ability to discover their own solutions to the problems they experience (Axline, 1964). In contrast, directive therapy gives the control of the focus of the therapeutic interaction to the therapist. In directive therapeutic approaches, the therapist may decide which topic to explore, and may guide the exploration in a particular manner (Boik & Goodwin, 2000).

According to Rasmussen and Cunnigham (1995), sexually abused children may hold beliefs that block their ability to discover their own solutions; consequently, they may need well-timed guided interventions to help them reconnect with their personal power. In addition, these children have often been told to not tell about the abuse (Herman, 1997). Consequently, the therapist may need to take the lead in sensitively bringing up the traumatic material. According to James (1989), doing so relieves worry, provides assurances to the child, confirms the purposes for the therapy, and establishes the groundwork for later direct discussion. Specific drawing tasks, such as "draw what happened" (Malchiodi, 2003, p. 18) and other related directives are proving to be effective in accessing sensory memories for therapeutic change.

Tennessee and Strand (1998) discussed when to use a Kallffian (non-directive) approach to sandplay and when to use a more directed process. They hypothesized that Kallffian sandplay may be more beneficial for clients who show clinical signs of past

trauma, but they are dissociated from memories of the trauma. Boik and Goodwin (2000) supported this idea and suggested that non-directed sandtrays can be helpful in the early stages of therapy for clients who show significant trauma symptoms but have forgotten or are unable to speak about their traumas. These non-directed trauma sandtrays can help build the client-therapist relationship. In addition, the content of the trays may support the therapist's assessment of previous trauma.

Once clients feel secure enough in the therapeutic relationship, and they have built enough faith in their own abilities to address difficult material, directive sandplay may be the treatment of choice for individuals to help them resolve the impact of the trauma via the use of sandplay (Tennessen & Strand, 1998). A case example describing this kind of directed approach will be summarized and evaluated later in the present paper.

Even though directed expressive approaches may be effective in resolving the consequences of trauma, the interest in directed art therapy activities and directed sandplays to address sexual abuse does not appear to be the standard of practice among published researchers and therapists. Despite a focused search on directed approaches using art or sandplay, the bulk of the literature the present author was able to find described non-directive therapeutic approaches (e.g., Carey, 1990; Clements, 1996; Drucker, 2001; Grubbs, 1994; Mathis, 2001; Peake, 1987). Some exceptions included the case studies by Boik and Goodwin (2000) and (Bissonett, 2001) and group therapy approaches of Backos and Pagon (1999) and Pifalo (2002). These will be outlined and evaluated later in the present paper.

The reluctance to use more directed approaches may be indicative of several issues. First, proponents of a non-directed approach may argue that non-directed methods allow a child to move at her own pace in accordance with her own developmental needs, and thus be more respectful of the totality of the child's experience (e.g., Axline, 1964). Second, therapists may be hesitant to direct a child to painful material due to the therapist's own counter-transference needs (such as the desire to protect the child or the therapist's own unresolved childhood trauma) (Boik & Goodwin, 2000; Rasmussen & Cunningham, 1995).

Group Art Therapy and Sandplay for Adolescent Survivors of Sexual Abuse

It may be difficult to engage adolescents in therapy as they often lack the necessary motivation and insight needed for more adult-type talk therapy, and are often reluctant to engage in play therapy strategies suitable for younger children (Gil, 1996). Emerging sexuality and peer acceptance are central themes for all adolescents, thereby compounding the problems of providing effective therapy for sexually abused youth (McLellan, 1993).

Harnessing adolescents' natural creativity and expressive potential, as in the creative arts therapies, may establish and sustain a good therapeutic relationship (Pifalo, 2002). In addition, some of the major struggles of adolescence revolve around peer interaction and self-expression, so a combination of expressive approaches and group therapy may make a particularly effective approach to treatment (Brown & Latimir, 2001).

Group art therapy. Some art therapists have argued that art-based groups are ideal for adolescent survivors of child sexual abuse (e.g., Backos & Pagon, 1999; Brown & Latimir, 2001; Pifalo, 2002). The group format addresses the needs of adolescents to belong, and the art modality facilitates the group process; in combination, it can be both healing and exciting. Using art materials contains an element of play, so an art therapy group has the potential to incorporate the fun aspect of play without losing sight of its other, more serious, purposes. This opportunity for playfulness in no way trivializes or minimizes the serious work of exploring one's traumatic issues; in fact, it may even help make the journey possible (Pifalo, 2002). Two studies that reviewed the use of art therapy based group therapy for sexually abused adolescents will be outlined later in this paper.

Group sandplay. Group sandplay was developed by De Domenico (1999), and she reports having used it successfully with various populations, including adolescents with anger issues. However, the present author could not find any published material on the application of this modality with child or adolescent survivors of sexual abuse.

CHAPTER V

Developmental Considerations

Along with developing a solid understanding of the potential therapeutic implications of sexual abuse, the clinician must have skill in assessing symptom severity. In order to achieve this goal, therapists must have solid understanding of the developmental markers for healthy growth along with the clinical signs of trauma. As Zinni (1997) pointed out, increasing caseloads for therapists working with troubled children can leave them to lose sight of what constitutes typical, healthy play, and what indicates emotional difficulty. The risk of normalizing the play of troubled, but less severely traumatized children can become a reality. Consequently, these children may be prematurely terminated from treatment.

To be able to assess for pathology, therapists are starting to recognize that “knowledge of the usual is essential for the recognition of the unusual” (Harris, 1963, p. 19). In other words, to be able to assess symptom severity and treatment progress we must be able to determine how the sandplay and artwork of sexually abused children in treatment differs from healthy, non-abused children.

In order to gain an accurate understanding of a child’s world, adults are well-advised to approach children from a developmental perspective. Often, children lack the cognitive and emotional developmental growth to communicate verbally and accurately their inner thoughts and feelings (Johnston, 1997). Further, they will perceive the world and themselves from within the logic of their current developmental framework (Donovan & MacIntyre, 1990). Since the adult therapist no longer inhabits the

developmental framework of the children with whom she works, errors of communication and interpretation are likely (Gil, 1991).

Consequently, working with children's artwork and sandplay is different from working with the artwork and sandplay of adults. Many therapists who use sandplay and artwork with children make interpretations without feedback from the child, and most case studies do not reflect serious considerations to children's stages of development or how these may affect their creative expression (Hagood, 2000). For example, as the four-year-old girl in Briggs and Lehmann's (1989) long-term case study became older, she started to draw hands and arms. They interpreted this as a sign of empowerment, although this is a normal developmental milestone for pre-school children.

In addition, trauma such as sexual abuse often has a developmental impact on the abused child. The trauma may cause a developmental disruption, shifting the child to an earlier developmental stage or preventing the full movement through the current and subsequent developmental stages (Finklehor & Browne, 1985). Thus, when a child's creative expression appears much like that of a child in an earlier developmental stage, it may indicate that some developmental disturbance has occurred (Gil, 1991). Of course, the mere presence of a developmental lag does not in any way indicate that a specific trauma such as sexual abuse has occurred (Hagood, 2000). For example, Gil (1991) describes the artwork of two school-aged children. Both children made undifferentiated paintings with blobs of colours blended together, more typically indicative of the art production of toddlers (Lowenfeld & Britain, 1987). One of the children had recently experienced the death of his mother, while the other was coping with family violence.

Two comprehensive studies explored how children's developmental stages influence their creative expression. Lowenstein and Britain (1987) studied the developmental parameters for children's art expression, and Jones (1986) explored how children's sandplay changes as they mature developmentally. The results from both studies indicated that children's creative expression is consistent with Piaget's (1977) principles and chronological stages of cognitive development. Structural complexity of the sand tray creations and artwork increased with age in accordance with Piaget's (1977) developmental sequences, although young children can express complex subjective meaning. These developmental stages are expressed differently within each medium. Some brief summaries are provided below. (See Appendix A for a summary of these two studies in greater detail.)

Developmental Indicators in Children's Art Production

This section outlines the results of Lowenfeld and Britain's (1987) comprehensive, longitudinal study on developmental parameters in children's art production. The strengths and limitations of this study are outlined. This particular study was chosen because it is more recent than other studies, because it summarizes data spanning nearly 5 decades, and because it uses the Piaget's theory of cognitive development as the guide for developmental markers in art production. Piaget's theory was also the basis for the sandplay developmental study (Jones, 1986) outlined later, increasing the ease of comparison between the two studies.

Lowenfeld and Britain's developmental study. Lowenfeld and Britain (1987) summarized the developmental stages of children's artwork based on Piaget's (1977) theory of cognitive development. Their work published in 1987 was the eighth (and

latest) edition of their work originally published in 1956. This original work built on Lowenfeld's study published in 1939. In this time-span, their work had been continually revised and refined. The summary published in 1987 included observations of the artwork of thousands of children spanning a period of nearly 50 years. Below is a brief summary of their findings, and the Appendix includes a table with more comprehensive information.

Lowenfeld and Britain (1987) discovered that when children are infants and young toddlers (birth to age three), the scribbling they produce is largely unintentional, as they are primarily exploring and learning about their own motor skills. In later toddlerhood (age three to four), children start to connect the marks on the paper with their own actions, and the pictures start to have subjective meaning. In the preschool years, children experiment with various ways of illustrating different figures and actions. Figures tend to be floating with no baseline, and symbols used are flexible and constantly changing. Human figures are represented with limbs in approximate places; however, often limbs, hands and feet are missing, as are facial features.

In the early elementary school years, representations are still two-dimensional, but proportions become more accurate. Children have learned to use fixed symbols to represent similar items, but will vary these symbols when a specific meaning is intended. Limbs tend to be placed in more correct positions, but hands and feet are often still missing. Children often use multiple baselines in the same drawing. In the later elementary school years, there is less distortion, exaggeration and omission of body parts. Young children still show little understanding of shading and shadows. The use of a baseline disappears and skyline comes down to the horizon.

Adolescence marks the end of spontaneous art activity. In teenagers' artwork, typically only important elements are drawn in detail. Correct proportions, joints, and body actions appear in human drawings. Drawing cartoons is very popular, and people can be represented by less than the total figure. Later in adolescence, exaggerated detail is included for emphasis, satire is included, along with greater realism. Statements about society, religious themes, individual justice or the expression of love and hate predominate.

As this study illustrated, accurate depiction of experience takes cognitive and psychomotor skill. Younger children will use their art expression to communicate, but their representations are limited by their developmental stage. Hence, it becomes imperative to learn from the children what they mean by their drawings, and to sift the adult therapist's interpretations through the age appropriate developmental filter of the child in question.

One of the greatest strengths of Lowenfeld and Britain's (1987) study is the multi-generational span of data collection. They examined a large number of drawings, of many children, over many years, and they worked to discover patterns and trends from a large body of information. However, each separate study used different research assistants to gather the data using slightly different standards, thereby limiting some of these findings. Whenever there is variation in research procedures, some degree of error is included in analysis (Mertens, 1998). In this instance, the exact nature of the errors are unclear, but is likely unwise to consider the study definitive.

Developmental Indicators in Children's Sandplay

This section outlines Jones's (1986) study on developmental indicators in children's sandplay, and summarizes the strengths and limitations of the work. Jones's (1986) study was chosen because it is the most recent such study the present author could find, as other studies examining this topic are much earlier (e.g., Buhler, 1951; Lowenstein, 1939) with less rigorous research methodology.

Jones' developmental study. Jones (1986) investigated whether a child's chronological age is connected to the types of pictures produced in the sandworld. She also questioned the relationships between age differences and their consistency with Piaget's (1977) developmental principles and chronological ages.

Jones (1986) analyzed the initial sand-worlds of 185 children ranging from 11 months to 18 years. The sample included 10 children (five boys and five girls) at each age level, except for the one-year old category where there were 15 children (six girls and nine boys). The children were predominantly Caucasian from middle- and upper-middle-class families.

Traditional sandplay equipment and toys (including a sandtray with the bottom painted blue, and a wide selection of miniatures) were used. The children's play was recorded using the following dimensions: the figures used, the sequence of the figures, use of the sand, interaction with the observer, and finished picture. The finished pictures were recorded by diagram and photograph to later determine if the productions were consistent with Piagetian developmental stages.

Three therapists were trained to score the collected data on scales that measured comprehensive and generalized evaluations of the sand-worlds as well as on checklists of

more specific evaluations. The scales and checklist all had a high degree of inter-rater reliability (.93-.95). The results of the study are summarized below, and the Appendix includes a more detailed outline of the findings.

The results of the study indicated that the structural complexity of the sand-worlds increased with age in accordance with Piaget's (1977) developmental sequences, but psychological complexity in terms of subjective meaning started to appear in toddlerhood. Similar to the observation made by Lowenfeld and Britain (1987) about very young children's approach to art materials, Jones's (1986) study indicated that children under the age of two do not show any intention in their sand world expression. Instead, they are exploring their own kinesthetic capacities, tend to use figures in random ways, show little conception of the sandtray boundary, and play freely throughout the room.

For example, in toddlerhood, children start to use the figures with some intentionality, as shown through momentary situations and partial connections. There is still a chaotic massing of figures, and the child does not always stay within the boundaries of the tray. There is lots of burying and unburying of figures, and it is not uncommon to only have parts of the tray used.

During the pre-school years, children increasingly start to depict various relationships and storylines. The children generally stay within the boundary of the tray, and most of the tray is used. Dramatic groupings are simple, but interpersonal and functional elements are depicted. Dramatic play is used to express the meaning of the sandtray creation. Expression of personal boundaries begins.

In elementary school years, there develops a coherent worldview, often with a single concrete theme that brings together increasingly complex parts. Dramatic play is often used to enhance the story. Objects are grouped in meaningful relationships that include a sense of symmetry. Figures are entirely within the tray, and most of the tray is used. The orientation of figures is intentional, and scale and placement become important. Personal boundaries become clearer.

During adolescence, symbolic and realistic worlds are formed. Intentional orientation of figures is clear--figures are altered (placed in seated or prone positions to increase drama, for example) and bridges over water are used. No dramatic play is used; instead groups of figures are complexly organized in a creative way to show dramatic movement. Sand is extensively shaped to create land and water forms, as well as definitive boundaries.

Jones's (1986) study also suggested that the fundamental process of structuring sand-worlds is similar for boys and girls, with two important exceptions. First, fewer boys shaped the sand itself, especially between the ages of seven and thirteen. Second, boys tended to engage in play showing battles and aggression, and to represent that confrontation through dynamic play. In contrast, girls tended to focus on dyadic relationships and family interactions emphasizing cooperation.

The methodological design of Jones's (1986) study was reasonably rigorous. She developed standardized checklists for evaluating the children's sand-worlds. To avoid rater bias she used outside raters and trained them to use the instrument. Inter-rater reliabilities were high. However, since the checklist was developed for this study, and otherwise untested, the reliability of this instrument was not substantiated by other

researchers. Other problems include the relatively small numbers of children studied in each age group, and the lack of representation of more economically and racial diverse children. It is possible that that a more inclusive study would have produced different results.

In addition, Cockle (1993) pointed out that sandtrays tend to evolve in complexity as the child's sandplay process continues across multiple sandtrays. Consequently, she cautioned against using only the first sandtray as the indicator of the child's therapeutic needs and developmental process. Given her observations it is not unreasonable to expect that, as their sandplay deepens and becomes more complex, younger children will manifest some of the sand tray skills and behaviours that Jones (1986) attributed to older children. Only studying the initial tray may not accurately represent the depth and complexity of which younger children are capable.

CHAPTER VI

Sexual Abuse Indicators

Sometimes children are referred to therapists because there is a suspicion they have been sexually abused, but they have not disclosed any such abuse (Gil, 1991). At other times, children have disclosed sexual abuse, but there is concern about the veracity of their claims (Malchiodi, 1997). In addition, sometimes children are able to “tell” about their sexual abuse through their art or sandplay expression when they cannot yet do so verbally (Murphy, 2001). Knowledge of what specific depictions and creative expressions may be indicative of sexual abuse may help support the therapist’s assessment of each individual case, and may be helpful for the therapeutic process. However, researchers caution therapists to not consider sexual abuse indicators in the children’s creative expression to be proof of sexual abuse (Grubbs, 1995; Hagood, 2000).

Sexual Abuse Indicators in Children’s Art

Trowbridge’s literature review. Trowbridge (1995) conducted a literature review to evaluate critically some of the previous empirical studies of the presence of graphic indicators of sexual abuse in children’s drawings. Each of these studies is briefly described and ranked in one of the following three categories: exemplary, strong, or weak. One of the most important findings presented by Trowbridge (1995) is the necessity for therapists to scrutinize the methodology used by researchers. Strong inter-rater reliability and the use of raters blind to hypotheses and subject information are imperative to reduce the effects of researcher bias. As Trowbridge (1995) stated, “results gained without stringent research methodology are little more than speculative, and remain in the category of clinically observed graphic indicators of sexual abuse” (p. 491).

Based on the results of various studies, Trowbridge (1995) suggested that the presence of the following indicators of in children's drawings warrants further investigation into the child's emotional status, especially if two or more of the following indicators are present: genitalia, hands omitted, fingers omitted, or the head only is drawn. In particular, drawn genitalia appear to be the most valid indicators. "However, findings reviewed here showed that although drawn genitalia occurred more often in drawings of sexually abused children, they occurred very rarely" (Trowbridge, 1995, p. 491).

Cohen and Phelps's study. Cohen and Phelps (1985) was one of the studies outlined in the Trowbridge (1995) literature review. These researchers compared sets of drawings of 166 children, ranging in age from four to 18 years of age. Eighty-nine subjects were known to have been sexually abused and 77 subjects were children treated for other emotional problems. Each child was asked to draw three pictures: a House-Tree-Person (HTP) drawing, a Kinetic Family Drawing (KFD) and a free-choice drawing. The information was gathered from three sites: two universities and one mental health clinic. Certain features such as red house, one window only, one window different from the rest, phallic tree, phallic chimney, face coloured in, person hidden on enclosed, obvious violent content, absence of colour, absence of house in HTP drawing and absence of child in KFD were rated.

Statistically significant differences ($p < .04$) were found in that sexually abused children drew more of the rated features in the HTP drawings. The mean number of rated features for the sexually abused group was 1.28 per drawing, while the mean for the control group was .80. However, inter-rater reliabilities were relatively very low (.35-

.50), possibly due to the vague descriptions of each feature. Consequently, the authors considered the findings as inconclusive.

Hibbard and Hartman's study. Hibbard and Hartman (1990) compared matched groups of 109 children (experimental group) alleged to have been sexually abused with 109 children (control group) who had been screened to determine that there was no known history of sexual abuse. The children's ages ranged from three to eight. Each child drew two pictures: a picture of a man, a picture of a woman, and completed two outlines: the outline of a large mature person and the outline of a smaller immature person. The comparison group was matched for age, sex, race and level of education. The results indicated that 5.5% ($n = 109$) of sexually abused children drew genitalia, while only 0.9% ($n = 109$) in the non-abused group did so, and these differences were statistically significant ($p < .05$). These findings support the assertion that while drawings depicting genitalia are rare, it is more likely to occur in sexually abused children. It is important to note that due to the small number of children in each category that any such conclusions should be interpreted with caution.

Hagood's study. A very interesting study was conducted by Hagood (2000) who perceived a lack of a developmental perspective in most of the previous studies. In her study, Hagood (2000) attempted to control for developmental stages, and developed a list of sexual abuse indicators that non-abused children rarely or never included in their drawings.

She conducted a longitudinal research design that included 306 drawings from 34 normal, non-abused children between the ages five to 10. Data were collected at three six-month intervals and analyzed to determine "whether and to what extent

characteristics alleged to be linked to sexual abuse might appear in drawings on non-abused children” (Hagood, 2000, p. 239). The scoring chart was comprised of certain characteristics expected at various stages of development. These tend to become more complex and detailed as the child matures (Lowenfeld & Britain, 1987).

The analysis of the data identified 14 different characteristics, which according to Hagood (2000), have been repeatedly listed in the literature as being linked with sexual abuse to be more accurately associated with ordinary cognitive development. The chart below summarizes these 14 indicators (Hagood, 2000):

Table 1 <i>‘Sexual abuse indicators’ as features of normal development</i>	
<ul style="list-style-type: none"> • hands absent • fingers absent • head disproportionately smaller • neck absent • eyes with crossed pupils • legs apart • one finger disproportionate • linear nose 	<ul style="list-style-type: none"> • legs apart or legs pressed together • phallic arms • exaggerated full lips • puppet mouth • large circular eyes • head detached • phallic like nose

In her study, Hagood (2000) discovered that in drawings produced by non-abused children the presence of these so called sexual abuse indicators decreased with age. For example, non-abused children aged five to six drew eight of the fourteen indicators, children aged seven to eight drew five indicators, and children aged nine and ten drew

three of these indicators. It is important to note that at no age range did non-abused children completely stop drawing these signs, thus making them questionable indicators of sexual abuse.

Conversely, Hagood (2000) discovered that some sexual abuse indicators discussed in the literature were not found in the drawings of the non-abused children in her study *at all*, or “so rarely that it was probably due to chance (less than 5%)” (Hagood, 2000, p. 241). The charts below summarizes these indicators (Hagood, 2000):

Table 2 <i>‘Sexual abuse indicators’ that never occurred in drawings of non-abused children.</i>	
<ul style="list-style-type: none"> • Head absent • Head only, or head and neck only • Triangular neck • Legs repeatedly redrawn (more than two legs) • Phallic shaped legs 	<ul style="list-style-type: none"> • Tongue protruding • Complete absence of facial features • Crossed out, shaded out, or scribbled out face • Entire person or body crossed out or scribbled out • Trunk drawn from waist up only

Table 3

'Sexual abuse indicators' that rarely occurred in drawings of non-abused children

<ul style="list-style-type: none"> • Eyes as wedges • Eyes with angular pupils • Eyes with vertical pupils • Hands hidden • Phallic-shaped hair • Hands with no fingers • Neck disproportionately long • Minimal genital area 	<ul style="list-style-type: none"> • No mouth • Mouth wide open • Jagged lip line • Mouth turned downwards • Teeth exaggerated • Question-mark nose • Clown instead of person
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From these findings, Hagood (2000) concluded that the presence of the above indicators in the drawing of children are reasonable pointers the children may have experienced sexual abuse. However, since the study only examined drawings by non-abused children, we do not know which indicators above are signs of abuse in general, and which are specific to sexual abuse.

Since the study depended on five trained assistants to rate the children's drawings, Hagood (2000) focused on inter-rater reliability. To ensure good inter-rater reliability, Hagood (2000) established carefully crafted verbal definitions and showed raters pictorial illustrations of items to be scored as variables. These results indicated that inter-rater reliability was high (.95). However, the sample used was relatively small which limits the generalizability of these findings.

In addition, Hagood (2000) did not indicate how she screened the ‘normal, non-abused’ (p. 239) children in her study. Consequently, we cannot ascertain whether these children had experienced physical abuse, neglect, or any other trauma. Assuming that ‘normal, non-abused’ means no form of abuse at all, we do not if the some of the ‘sexual abuse indicators’ are in fact indicators of trauma or abuse in general.

Despite these limitations, the study is important in that it was reasonably successful at teasing out more genuine indicators of abuse. As Hagood (2000) pointed out, she herself had frequently assumed that developmentally appropriate drawings were indicators of abuse, and this is an error that needs to be researched and reported to prevent others from developing similar misinterpretations.

Comparisons and contrasts. Hagood’s (2000) findings supported Trowbridge’s (1995) conclusions that a child’s drawing depicting a head only may be indicative of sexual abuse. Hagood’s (2000) findings, however, did not support the Hibbard and Hartman (1990) study that concluded depictions of genitalia were very rare in drawings made by non-sexually abused children. In Hagood’s (2000) study, for example, male genitalia appeared in 10 drawings made by six non-abused children (17.6%), which is much higher than the percentages found in the Hibbard and Hartman (1990) study. She noted that drawings of genitalia appeared more frequently in drawings made by older children, and suggested this was a function of imminent puberty. Since Hagood (2000) did not indicate how she screened her non-sexually abused participants, and it is possible that the children who drew these pictures of genitals were mislabeled as ‘non-abused’ when they in fact had been sexually abused.

It is also important to note that Trowbridge's (1995) conclusion that omitted hands and fingers may be indicative of sexual abuse, were not supported by Hagood's (2000) findings. That is, in Hagood's (2000) study these omissions were shown as features of normal development in all but late elementary and high school children.

Sexual Abuse Indicator's in Children's Sandplay

Presented below are two studies that examined how sexually abused children's sandplay differ from that of other children.

Harper's study. Harper (1991) conducted a quantitative correlational study of the sandplay characteristics of 40 children, aged three to 10. The general hypothesis explored was that there would be statistically significant differences in the sandplay of children depending on their abuse history (physical abuse, sexual abuse, physical and sexual abuse, or no abuse). All children completed four sequential sandtrays, and these sandtrays were classified according to content and theme. The categorization procedures conducted were blind in that the researcher was not told about the abuse history of any child until after the classification had been completed.

On the basis of case history material, the children were subsequently divided into four groups. Ten of these children had been sexually abused, 10 children had been physically abused, and 10 children had been both physically and sexually abused, while another 10 children in the control group had been neither physically nor sexually abused. Harper (1991) spent four years completing this study to ensure children were very well-matched according to sex, age, and socioeconomic background. There was an equal representation of boys and girls in each age group. The children in the study had either been remanded

into the custody of child protective services and living in residential care, or attended a non-profit daycare and after-school care program.

Two raters classified each sandworld created according to specific criteria indicative of themes such as aggression, sexuality, need for nurturance. These raters included the primary researcher and a child protection social worker with no knowledge of the research project. Overall, inter-rater reliabilities were high at .88.

There were few statistically significant differences among the sandtrays of the four groups. In terms of themes, the need for nurturance and the need for protection significantly ($p < .01$ and $p < .02$ respectively) defined the play of the sexually abused group, while a theme of fantasy wish fulfillment ($p < .01$) defined the play of the control group children. In addition, the sand-worlds of the children in the sexually abused group were significantly ($p < .01$) more closed (fenced with no exit) than other groups. There were no other statistically significant differences.

To compensate for the small sample size limiting formal statistical analysis, Harper (1991) used histograms representing frequencies of themes to give a descriptive picture of differences between the groups. These histograms revealed that the themes of the sexually abused children's sandplay focused on sexuality (32.5 % of responses), need for protection (27.5%), and need for nurturance (20%). The only other group that expressed themes of need for nurturance was the control group (5%), and the only other group expressing a theme of sexuality was the group of children who had been both sexually and physically abused (8.1%). All abused children expressed a need for protection (Sexually abused group: 27.5%, physically abused group: 16.2%, physically and sexually abused group: 13.5%, control group: 0%).

Children who have been both sexually and physically abused produced the most diverse sandtrays. There was considerable variation in themes, including considerable aggression (40.5%), conflict (24.3%), withdrawal (13.5%, no other group expressed this theme) and sexuality (8.1%). Physically abused children's sand-worlds were the most aggressive (51.35%) and the most disorganized (24.32%); themes included conflict (29.7%) and chaos (27%).

According to Harper (1991), none of the children who had experienced any type of abuse depicted domestic themes, while 42.5% of the sandtrays created by the control group included this theme. She did not appear to have calculated if this difference was statistically significant, however. In addition, it is difficult to know what she meant by this interpretation as she described how one child who had been both physically and sexually abused built four sequential scenes involving a house with a large family living in it, which would not unreasonably be named a "domestic" scene.

A particular strength of Harper's (1991) study is in the area of group identification (Mertens, 1998). Harper spent four years ensuring a careful match of gender, age, and socioeconomic status in each group and across groups. Consequently, developmental considerations were factored into the analyses of the data. In addition, she worked at establishing a degree of objectivity in two ways. First, the children's abuse history was not known at the time their sandtray creations were classified. Second, the second rater of the sandtrays was not told about the purpose of the study.

One shortcoming of this study is Harper's (1991) lack of reporting of her classification system. While inter-rater reliabilities were good at .88, in the published article Harper (1991) did not elaborate on her criteria for the various categories in her

classification system. This lack of elaboration seems especially unfortunate in the depicted theme of “sexuality” in that it would have been valuable to know what sandplay variables were included in this thematic category.

Another shortcoming, as noted by Harper (1991) herself was the small sample size, which precluded many of the between group differences from being statistically significant. Consequently, the noted differences may at best serve as approximate guidelines.

Grubbs's study. The findings of Harper's (1991) study are partially supported by Grubbs (1995). Grubbs (1995) conducted a qualitative comparative analysis of the sandplay process of sexually abused and non-clinical children. This qualitative study investigated the primary hypothesis that sexually abused children create a sandplay series or processes that were significantly different from children who have not been abused.

The five children (aged 9-11) that participated in the study were recruited through flyers, newspaper ads as well as through personal communication with schools, therapists, and child abuse centres. These latter ways of recruiting may indicate a lack of random selection, but this is not a concern for qualitative studies (Mertens, 1998). This age group was chosen because children at this age tend to depict specific and consistent themes that remain constant within each session (Bowyer, 1970; Jones, 1986).

Both sexually abused children in this study were boys. These boys exhibited symptoms characteristic of children who have been sexually abused by parental figures such as depression, low self-esteem, family or peer conflicts and acting-out behaviour (Herman, 1997). However, they were not acting out sexually. In addition to past sexual abuse, both boys also experienced ongoing neglect and emotional abuse. Grubbs (1995)

expressed disappointment at not being able to find sexually abused girls for the study within the time-frame required, and she recognized this limited the transferability of her findings.

The three children (two girls and one boy) from the control group did exhibit some minor emotional issues. One of the girls was concerned about her mother remarrying, while the other had some minor posttraumatic symptoms after a recent earthquake, and the boy expressed missing having an active father in his life. Grubbs (1995) described these three children as having supportive, caring parents, but she did not elaborate on what this meant.

Grubbs (1995) created a Sandplay Categorical Checklist (SCC) to be used as the primary data collection instrument. The checklist is designed to measure thematic content, the creator's personal story, and the progressive and regressive changes that occur from one scene to the next.

Through the analysis of the completed SCCs, Grubbs (1995) noticed differences between the both groups. The sexually abused boys created scenes with considerably more violence, and families were portrayed rarely. The scenes were chaotic and destructive, involving themes of evil. Personal boundaries were rigidly defined, strongly defended and isolated. In contrast, the non-clinical children family and community were central to their play, and were generally portrayed in life enhancing, positive ways. The non-abused children also played out aggressive confrontations and periodic wars in their scenes, but these were considered minor and less violent with resolutions that followed shortly afterward. Personal boundaries of the non-abused children were clear, well-defined, and appropriate.

In terms of credibility, this study had many strengths. Grubbs' (1995) study was strong in the most important criteria in establishing credibility, that of incorporating the voice of the research subjects into the analysis (Mertens, 1998). The tool Grubbs (1995) created for this study, the SCC, placed considerable emphasis on the children's story about their sandtray creation.

Further, the SCC was pre-tested on two separate occasions by seven experienced, Kallfian-oriented sandplay therapists, adding to the credibility of using this instrument. All therapists in these trial runs of the instrument reported that it was "comprehensive and relevant and it helped them focus on specific aspects of the sandtray that might usually be overlooked" (Grubbs, 1995, p. 430).

According to Mertens (1998) persistent observation strengthens credibility of a study. Grubbs (1995) analyzed the sandtray process for 12 consecutive trays, and eventually the children had used many symbols and told relatively in-depth stories about their creations. This helped to enrich both the quantity and the quality of the data Grubbs (1995) gathered. Further, Grubbs (1995) frequently consulted with other Kallfian sandplay therapists, discussing her findings, analysis, and conclusions, which also lent credibility to the study.

Confirmability is the qualitative equivalent to objectivity, and "means that the data and their interpretation are not figments of the researcher's imagination" (Mertens, 1998, p. 184). Since the clinician was also the researcher and a primary rater there was a potential for researcher bias. Grubbs (1995) attempted to control for this potential bias by having an experienced sandplay therapist independently evaluate each child's sandtrays

and sandplay process. This experienced therapist agreed with Grubbs analysis and conclusions, and this is documented.

In qualitative studies, the burden of transferability is on the reader to determine the degree of similarity between the study site and the reader's context (Mertens, 1998). However, it is up to the researcher to supply sufficient detail and multiple cases to enable the reader to make such judgments (Mertens, 1998). A serious limitation of this study was the absence of girls in the abused group, with a dominance of girls in the control group. Consequently, any resulting differences between these two groups may have been gender-related as well as trauma related (Zinni, 1997). As Grubbs (1995) pointed out, further research should include larger sample sizes and include both male and female children in the clinical and control groups. At this time, these findings are limited to sexually abused boys who have also experienced other traumas.

Other Studies Exploring the Expression of Trauma in Children's Sandplay

Since the present author could locate only two studies exploring the sandplay of sexually abused children, two additional studies exploring the sandplay of children who have experienced some kind of trauma (including sexual abuse) were also included.

Cockle's study. Cockle (1993) studied the differences in the sandplay of children who had difficulty coping with those that coped well. This qualitative study included 10 elementary school children identified by the school counsellor and teachers. A coping child was defined as one who gets along well with teachers and peers, and who shows average developmental mastery of learning skills. A difficulty coping child was defined as one who fails to get along with teachers and peers and fails to master the works skills necessary at the child's grade level.

These children ranged from seven to nine years of age. There were four girls and one boy in the coping group, and three girls and two boys in the difficulty coping group. The participants lived and attended school in an urban, working-class area. Each child was asked to complete four sandtrays.

When a child completed the sandplay, the sand world was photographed and the child was asked to describe the creation. The entire process was videotaped. Data were collected and patterns were determined with the use of the Sandbox Observation Scale for Children (SOSC) (Reed, 1975), and in accordance with Buhler's (1951) clinical characteristics and, Harper's (1991) world themes.

The DCG created scenes with more struggle, disorganization and destruction. Fewer people were depicted, and fewer domestic scenes. Stories were frequently switched in the middle of creating a tray, objects were buried more often, and dramatic, active play was consistently used. In contrast, the CG children used more people, more domestic scenes, and more scenery. Themes in the CG were more likely than the DCG to depict safety, dependence, and empowerment. The sandtray compositions were more balanced, more organized, and static depiction was primarily used.

According to Cockle (1993), both the DCG and CG groups progressively created sandtrays depicting deeper emotional concerns. By the fourth session, deeper level issues had clearly surfaced for each child. For instance, some CG children completed initial sandtrays with stories about minor conflicts, and in later sessions depicted themes of loyalty conflicts and approval seeking. Similarly, for example, some of DCG depicted scenes of conflict and aggression in the first tray, and moved to scenes of betrayal and

hurt in later sessions. Consequently, Cockle (1993) suggested the need for a minimum of four sessions to obtain meaningful assessment information.

Cockle (1993) discussed the differences in the sandtrays of DCG and CG children. She noted that these children had difficulty coping because they were experiencing significant emotional concerns such as abuse, family conflict, or loss. These kinds of traumas often cause developmental disruptions (Herman, 1997). Hence, Cockle (1993) did not find it surprising that the difficulty coping group showed sandtray behaviour such as burying, using primarily animals, switching topics, straying outside the boundaries, and using dramatic play more commonly seen in pre-school children (Boywer, 1970; Jones, 1986).

The use of figures and their narratives indicated to Cockle (1993) that the children in the DCG view the world as more threatening and dangerous. The children in the CG showed consistent themes of dependency, suggesting that the sandplay process highlights this developmentally appropriate need of children to rely on others to guide, support, and lead them (Gil, 1991). The children in the DCG did not display such themes, possibly indicating a learned behaviour of not relying on others to support, help, and guide them (Herman, 1997).

Overall, the credibility of this study was high, with several strengths and one significant weakness. As stated earlier, the most important aspect of credibility according to Mertens (1998) is that the participants of the study were consulted about the meanings construed, and this was well-accomplished by Cockle (1993). In this study, an important aspect of how she rated the sandtray themes involved the children's stories about their sandtray creations.

Credibility is further strengthened if the researcher makes ample use of triangulation, gathering information from many sources (Mertens, 1998). In selecting participants based on the criteria of difficulty coping and coping, Cockle gathered data from numerous sources including discussions with school staff and by accessing children's personal files containing psychometric testing reports, previous report cards and Individual Education Plans (IEPs). Cockle also evaluated the children's sandtray creations using several different tools focusing on different aspects of the process and content.

In qualitative studies a degree of subjectivity is expected, as the researcher is the primary tool of the study, but it is helpful if the researcher takes steps to address this (Mertens, 1998). In this study, the assignment of subjects into either the coping group (CG) and difficulty coping group (DCG) was not revealed to the researcher until after the data collection was completed. This practice helped strengthen the credibility and confirmability of the study, as well.

Credibility is improved when the subject of the study is observed for a prolonged period of time (Mertens, 1998). Although Mertens (1998) pointed out that there are no hard and fast rules about what constitutes a sufficient length of time, it can be argued that four sessions is not sufficient.

In qualitative studies, the burden of transferability is on the reader to determine the degree of similarity between the study site and the reader's context (Mertens, 1998). Cockle (1993) attempted to improve the transferability of the findings by using a purposeful sampling strategy of typical case selection to assign members to groups. Typical case selection refers to the process of selecting participants that represent as close

as possible the norm of any given group. As stated earlier, Cockle (1993) used multiple sources to locate children that represented these typical cases.

In terms of applicability to this the topic of this paper, it is important to note that effective coping behaviours are not necessarily an indicator of presence or absence of trauma. Some traumatized children become masterful at overcompensation and repression, appearing quite healthy and functional with peers and in school, while experiencing considerable inner turmoil (Herman, 1997). Consequently, some of the children in the Coping Group may well have experienced trauma, including sexual abuse.

Zinni's study. Zinni (1997) conducted a quantitative, correlational study to investigate whether differences exist between experimental and control children at one age group in terms of how they undertook a sandtray task. Fifty-two 10- and 11-year-old children participated in the study, with 26 children assigned to the experimental and control groups evenly. Within each group, there were equal numbers of boys and girls, and each child completed one sandtray. The experimental group consisted of children who had completed recent intake applications at an outpatient mental health clinic in an urban area. The children in the control group of children were solicited through area newspapers.

The children in the experimental group were primarily victims of emotional, physical, sexual abuse, or abandonment (82%), or those who experienced emotional distress related to other issues such as loss or major life change (18%). Zinni (1997) did not screen the children in the control group to exclude those with a history of abuse or neglect, but rather had all parents (both control and experimental group) complete the Achenbach's Child Behaviour Checklist (CBCL) (Achenbach, Edelbrock & Howell,

1987) to determine the child's level of behavioural and emotional problems, along with level of task and social competency. The CBCL is a widely used, standardized, empirically based parental report instrument designed to assess behavioural problems and competencies of children ages between four and 18 years (Daugherty & Shapiro, 1994). A large longitudinal study of children with at least one 'sign of disturbance' on the CBCL parent report form found high predictive value for later social, academic, emotional and behaviour problems (Stanger, Achenbach, & McConaghy, 1993), suggesting that the CBCL is a valid and reliable indicator of clinically significant behavioural dysfunction.

The scores on the CBCL did not correspond perfectly with the experimental/control division, thus creating four overlapping groups. To summarize, most of the children in the experimental group scored within the High Problem, Low Competency range on the CBCL checklist, but six of these children scored within Low Problem, High Competency range. Similarly, most control group children scored in the Low Problem, High Competency range of the CBCL, but six of the control group children scored in the High Problem, Low Competency range.

Once the children had completed their sandtrays, they were asked to give their sandtray a title and tell a story about it. The sandtray was photographed for later scoring of its content, theme, and how the children approached the sandtray task. Four trained assistants were used to score these different dimensions, and inter-rater reliabilities were good at approximately .90.

Statistically significant differences ($p < .05$) were reported in the results. All the children in the experimental group, and the children in the control group who scored in the Low Competency, High Problem range on the CBCL created scenes with more chaos

and disorganization. In addition, they made fewer domestic and community scenes, used a more haphazard approach to the process, used more dynamic play, switched stories in the middle of the scene, and were less likely to stay within the boundaries.

Strengths of this study included Zinni's (1997) efforts to control for gender and age differences by recruiting children of the same age, and using the same number of boys and girls in each group. Further, Zinni (1997) attempted to control experimenter effects by ensuring that neither she nor any of the assistants scoring the sandtrays were the therapists for these children, and by using a standardized process for explaining the sandtray study to children and parents. The CBCL is a well-recognized instrument, especially noted for its ability to recognize clinical concerns in a population of children (Daugherty & Shapiro, 1994). Zinni's (1993) use of the CBCL to determine the degree of behavioural and emotional problems in both the experimental and control group was an effective way to control for sampling errors (Mertens, 1998). Interestingly, the children in the experimental group who scored in the High Competency/Low Problem range still showed signs of disturbance in their sandtray process.

Limitations of the study included Zinni's (1997) choice of scoring instruments for the sandtray process. Zinni (1997) did not outline empirical support for the tools she used to rate the themes and content of the children's sandtrays. The tool measuring how children approached the sandtray task was created for this study, and Zinni (1997) did not discuss what processes she undertook to evaluate the instrument's construct validity. Nonetheless, inter-rater reliabilities for all these tools were high at .90, supporting the reliability of the instruments (Mertens, 1998). In addition, the small sample size further limits the generalizability of these findings (Mertens, 1998).

Comparison of studies. The abused boys in Grubbs's (1995) study, the difficulty coping children in Cockle's (1993) study, the children in the experimental group, the children in the control group scoring in High Problem, Low Competency range in Zinni's (1997) study, and the physically abused children in Harper's (1991) study created very similar sandtrays. These children produced sandtrays illustrating scenes of chaos, disorganization and struggle. There were few depictions of family and domestic scenes, and the children tended to predominantly use dynamic play in the creation of the sandtrays.

However, the sandtrays of the children in Harper's (1991) study who had only been sexually abused or physically *and* sexually abused also included a theme of sexuality. This theme was not present in Grubb's (1995) study of sexually abused boys, nor in the Zinni's (1997) study where some of the children in the experimental group had been sexually abused. Unfortunately, Harper (1991) did not elaborate on what kinds of indicators a theme of sexuality included.

Consequently, the results of these research studies are mixed or inconclusive. From these studies it appears that children who have experienced some emotional difficulties, be it due to any trauma such as abuse or loss, tend to create sandtrays containing certain specific themes. However, there appears to be limited consensus about specific sexual abuse indicators in children's sandplay.

CHAPTER VII

Indicators of Progress

This section will explore the effectiveness of art therapy and sandplay with sexually abused children and adolescents, as indicated in the literature surveyed. In addition, an outline of how progress may be evaluated when using art and sandplay will be developed.

First, the literature describing art and sandplay with individual children will be summarized and evaluated, and indicators of progress will be outlined. Despite rigorous search using many different search engines, the present author was able to find only numerous anecdotal case examples and a few qualitative studies. The following case examples summarized below were selected because they detailed the information about the processes and the applicability to specific client groups. Further, the case examples below represent treatment of a cross section of children, of different ages and both genders, presenting with a variety of symptoms. The children described in these case studies had experienced a range of sexual abuse, from relatively short-term sexual abuse by non-family members to ritualized, sadistic long-term abuse. Some general limitations concerning anecdotal case examples will be outlined in the following section. Finally, some of the recent research describing art therapy with adolescents in group settings will be summarized and evaluated.

Limitations of Anecdotal Case Examples

Anecdotal case examples can be helpful to highlight the processes of specific therapeutic interventions (Boik & Goodwin, 2001). The study of several such case examples can help the therapist gain a better understanding of how a modality works, and

the kinds of situations where the treatment has been effective (Gil, 1991). Similar to qualitative studies, when a case example contains considerable detail about the client, the context in which the client lives, and the process of the therapy, this improves the ability to determine if similar interventions would work with their clients (Mertens, 1998).

Nonetheless, there are some general limitations to anecdotal case examples. In all the anecdotal case examples outlined in this review, no explanations were given of why these particular cases were chosen. We do not know, for instance, if they chose to report the results of their most successful cases, representative cases, or randomly selected cases from their referral base. Like with qualitative studies, this lack of “thick description” (Mertens, 1998, p. 180) limits the transferability of these studies.

Secondly, in all of the case examples the authors were also the therapists of the children, which introduce an element of bias into their evaluation of the therapeutic processes and outcomes. If this kind of bias is acknowledged and discussed, this helps improve the credibility of the case example (Mertens, 1998), but in the case examples outlined below no such practices were undertaken.

Indicators of Progress in Individual Art Therapy

This section looks at research exploring the efficacy of art therapy with sexually abused children. As stated above, due to the shortage of empirical studies, three of the four studies outlined are of anecdotal case examples. In addition to the general issues concerning anecdotal case studies outlined above, particular strengths and weaknesses of each of examples will be outlined. The qualitative case study (Drucker, 2001) will be evaluated on the criteria of credibility, transferability, confirmability, and authenticity (Mertens, 1998).

Two of the case examples (Peake, 1987; Clements, 1996) and the qualitative study (Drucker, 2001) used non-directive approaches, while Bissonett (2001) used a combination of both non-directed and directed strategies in her case example.

Peake's case example. Peake (1987) used art therapy in a long-term intervention with a severely sexually and physically abused boy. David was a bright seven-year-old Caucasian boy who had two older brothers. They were reported to have been sexually abused by their father, who was reported to have a mental illness. The sexual torture included infliction of severe pain on the genitals and forced participation in inflicting pain on each other. The mother was physically abused by her husband (the children's father), and although aware of his abuse of the children she did not seek help or intervene. Once David was placed in foster-care, he was brought into therapy.

During the first part of therapy, David's artwork had a destructive pattern. As therapy progressed, his creations vacillated between violence and hope for peace. Toward the middle and end of therapy, David repeatedly drew a rainbow that he described as a sign that "God would not do something bad again" (Peake, 1987, p. 46).

Peake (1987) concluded that David became increasingly able to respond to his environment and improve his relationships with others through the art therapy process. For instance, prior to his last meeting with his natural mother, he drew a picture about a rocket defending itself against danger, speaking about the power of the rocket. After the meeting, his enuresis stopped, and he started to draw pictures indicating hope for the future such as a sun protecting buried treasure.

Strengths of this case example include the detailed description of David's process, along with considerable data about positive changes in his everyday life. Further, David's

drawings of the rainbow and other symbols attest to the potentially strong symbolic meaning of children's drawings (Gil, 1991).

In addition, this case example illustrated the interconnected and circular processes of art therapy (Malchiodi, 2001). For example, in David's pictures the progress in his artwork often happened after the positive changes in his life. For instance, when David was told the social worker was trying hard to find suitable adoptive parents for him, he stopped drawing mutilated, partially destroyed objects.

In addition to the general weaknesses of case examples outlined above, there are some questions about interpretation. For instance, Peake (1987) described the image of a tree as "an inverted castrated phallus" (p. 43) and took that drawing to be representational of the sexual abuse David experienced. The literature on indicators of sexual abuse does not support such an interpretation (e.g., Johnson, 1987; Hagood, 2000).

Clements's case examples. Clements (1996) described two single case examples. Rebecca, age nine, was referred to Clements (1996) by her schoolteacher because she had problems with peer relationships and was often "intolerably rude" (p. 189), which was observable in both school and home settings. She had experienced sexual abuse by an older brother, who still occasionally visited. She presented in therapy as an intelligent, talkative, and determined girl. As therapy progressed, it became clear to Clements (1996) that Rebecca was also sad, anxious and confused about her self-identity and family situation. Rebecca had very low self-esteem, constantly saying, for example, "I am not good enough" and "nobody loves me" (Clements, 1996, p. 191). She often questioned the therapist about her self-worth. Clements's (1996) impression was that Rebecca was hiding her distress behind a mask of willful and clownish behaviour.

Her artwork process showed her struggle with her feelings about her home situation. In some pictures she depicted “a mess” (Clements, 1996, p. 192) and described the abuse she experienced at home when asked to tell a story about the pictures. In other pictures, she drew herself as smiling, and writing, “I am happy” (Clements, 1996, p. 192) or drew pictures of her “happy family” (Clements, 1996, p. 193). Over time, as she became more comfortable with expressing her angry and vulnerable feelings, she went back to these pictures and changed them to depict more accurately the truth of her experience. Through this process, she became able to confront her parents about her feelings about her home situation and her brother’s abuse and requested to go to a boarding school. They agreed, and she was placed in boarding school that specialized in helping vulnerable children.

The strength of this case study includes the detailed descriptions of the process, and the clear evidence of positive changes in the child’s life. In particular, this case study illustrates the theoretical assertion that art therapy may help children to learn tolerance of difficult and painful emotions, and be more able to accept the totality of their experience (Malchiodi, 2003). In this case, the consequences of that increased affective tolerance was that the child was able to clearly ask for what she needed. Weaknesses in addition to those general shortcomings outlined earlier include lack of information about the length of treatment.

Clements’s (1996) second case study described how the art therapy process can help children find the courage to disclose extreme abuse. Steven, aged eight, had been the victim of ritual abuse where he had experienced considerable physical, sexual, and emotional tortures. After social services staff noticed signs of neglect in his appearance

along with his disruptive behaviour in school, Steven was placed in foster care. The effect of the abuse on Steven was profound (Herman, 1997). Steven was described as violent, sadistic and malevolent, enjoying inflicting pain, and would frequently try to both sexually and physically abuse his younger brother. He was frightened of many things, slept very little and suffered from frequent night terrors. He was described as “hypervigilant and hyperactive” (Clements, 1996, p. 195).

In the beginning of therapy, Steven made “messes” (Clements, 1996, p. 195) out of paint, and dripped these messes on the therapist. When she did not get angry, but asked him to reflect on what it was like for her to have this done to her, and established the boundary that any mess he made outside of the art table he would have to clean up the behaviour stopped. In the next phase, Steven painted sadistic scenes of torture and violence, checking continually for the therapist’s reaction. As he started to paint these pictures, his behaviour in the foster home escalated with frequent and violent displays of temper. When the therapist did not react in an adverse manner to the content of his images, Steven eventually found the courage to begin to verbalize his experiences. As he became more able to verbally express the abuse, his negative behaviours decreased.

This case example is noteworthy in that it documents how art therapy can help children come to terms with the abuse they experienced. Through the process of externalizing the pain onto the art image, the child reconnects with the resources to make positive behavioural changes (Pifalo, 2002). The case example also highlights how temporary behavioural setbacks outside of the therapeutic setting can occur as the therapy deepens (Gil, 1991). Similar to other anecdotal case studies, however, generalizability is limited due to potential bias and lack of knowledge about why Clements (1996) chose

this particular case to describe. Further, there is no information about the duration of treatment.

Bissonnet's case example. Bissonnet (2001) used a combination of directed and non-directed strategies in her treatment of a six-year-old sexually abused girl, Hannah. Hannah's oldest brother, who had been removed and placed in foster care, had reportedly sexually abused her. The middle brother had witnessed the abuse, and told their mother, who brought Hannah into therapy. Hannah's mother, who presented as a passive woman with low-self esteem, reportedly had also been sexually abused as a child. Primarily, Hannah explored her confusing and complex feelings toward her brother and resolved her self-loathing through the process.

Her first picture was a stylized drawing taught her by her sexually abusive brother, and she expressed considerable pride in having been taught this picture by him. In later sessions, and through her work with clay, Hannah started to talk about her anger and sadness toward her brother. Later, Bissonnet (2001) directed her to express these complex feelings in a salt sculpture using different coloured salts to represent both her positive and negative feelings and memories of him.

Often, sexually abused children are given the message to not trust their own senses and feelings, resulting in a feeling of inherent badness and low self-worth (Herman, 1997). Bissonnet (2001) noticed that Hannah would sometimes take quick tastes of glue and clay, as if she was in doubt as to what tasted good, and thought that Hannah needed an opportunity to regain trust in her senses. Consequently, Bissonnet (2001) directed a process of sensory exploration in which Hannah and her therapist spent some time tasting different kinds of foods with their eyes closed, guessing what they

were, and deciding if they liked them. Over time, Hannah's opinions became more assured and she "rejoiced in announcing that she definitely did or did not like what was offered" (Bissonnet, 2001, p. 137). After these interventions, Hannah stopped depicting herself in negative ways, and started disclosing more details about the abuse.

A strength of this study was the blend of non-directive and directive interventions. For instance, the fluidity of interventions from art projects to an experiential intervention of tasting different foods was sophisticated and innovative. In addition, Bissonnet's (2001) conclusions were supported with examples of Hannah's behavioural changes within the sessions.

A short-coming of the study was that Bissonnet (2001) did not connect the changes in Hannah's therapeutic expressions to changes in her behaviour outside the therapy hour, except with the vague statement that the "adults around her were able to feed back their confidence that she could return to an uninterrupted routine" (p. 137). Consequently, we do not know if the gains seen in the therapy room actually carried through into the child's everyday life.

Drucker's qualitative case study. Drucker (2001) used a qualitative approach to study the effectiveness of art-therapy in the resolution of preverbal trauma. According to trauma theory, pre-verbal children encode memory through visual and sensorimotor channels rather than through cognitive processes (van der Kolk, 1987). Because art therapy accesses these visual and sensorimotor channels, it may be effective in the resolution of early trauma (Malchiodi, 2003).

The subject for the study, Ann, a ten-year-old girl, was referred to Drucker (2001) by the staff psychiatrist at a mental health clinic, because it was thought that art-therapy

might help her overcome the effects of early abuse. While Ann had been in a stable and caring foster home since age five, it was also known that she had been sexually and physically abused for the first three years of her life. Presenting symptoms included destruction of property at home and at school, stealing of money and food, and aggression toward other children. In addition, she was easily distractible and had a very difficult time concentrating at school.

Drucker (2001) used personal reflection, case notes, information gathered from other professionals, school staff, Ann's foster parents, and Ann herself to support her interventions and evaluations of progress.

Throughout the yearlong treatment, art therapy was augmented with creative role-plays initiated and directed by Ann. In the beginning of therapy, her artwork centered on safety (painting a herself in a safe space on the beach) and sense of ambivalence and loss toward her natural mother (a picture of her mother with a whole in her stomach where Ann "should be" (Drucker, 2001, p. 104). Toward the middle of therapy, as Ann started to feel safer, her images changed, and she started to process the early trauma. During a discussion of how her dad had "hit her and done rude things" (Drucker, 2001, p. 111), Ann drew a picture of a monster in a cave. She insisted the monster represented herself, and that she was "out of control" (Drucker, 2001, p. 111). Ann had internalized her father's monster and his loss of control as her own (Herman, 1997).

After these pictures were drawn, corrective individuation and separation processes began to appear with Ann sharing images of the "evil dad" (Drucker, 2001, p. 112) and with expressions of both love and hatred toward him. Ann's behaviours were also reported to have improved at school and with her peers. For example, she developed

friendships and even had a sleepover with a friend. At school, although she still acted poorly at times, she started to take responsibility for her behaviour, and stopped lying or blaming others. She arranged a supervised meeting with her father, where she demanded that he apologize for his abuse of her.

A period of regressed play and mess making occurred as Ann revisited painful memories in greater depth. At the end of this period, newfound self-esteem and problem solving abilities appeared. Ann drew herself a certificate for “being honest, mature and not listening to the bully” (Drucker, 2001, p. 119), and she later became much less aggressive at school. At the end of treatment, Ann was a calmer, happier, more attentive child. She still had difficulties with trust toward her foster parents, and closeness with her friends. Accordingly, as she was entering puberty, issues around sexuality started to become more apparent.

In terms of credibility, this study is quite strong. One of the most important components of credibility is a frequent consultation with the subjects of the study and with other sources of information (Mertens, 1998). Drucker (2001) frequently consulted with Ann, and regularly consulted with school staff and foster-parents to help guide therapeutic directions and gauge progress. Further, Drucker (Year) acknowledged her own subjectivity, which further adds to the credibility of her study.

In qualitative studies, the researcher’s job is to include sufficiently thick description of the subject and the process of the study for the reader to be able to make the determination of transferability (Mertens, 1998). Drucker (2001) included considerable information about the personality, presenting problems, context and therapeutic process for the reader to be able to make this determination.

The study was strong in area of authenticity as well. Ontological authenticity considers the degree to which the research subject's "world became more informed or sophisticated" (Mertens, 1998, p. 185). In this study, Ann made significant gains in that she became calmer, happier, more able to focus in school, and more able to have friends.

A weakness of this study was in the area of confirmability. This criteria looks at how well the conclusions of the study are supported by the data (Mertens, 1998).

Although Drucker (2001) argued that art-therapy was a particularly effective modality in this case as it allowed the child to access pre-verbal memories, without a doubt the supportive therapeutic alliance created over a year of individual counselling also helped the child move toward resolution and health (Gil, 1991). The relative contribution of art-therapy versus the effect of a good therapeutic alliance remains unknown. However, the positive behavioural changes in Ann occurred after she drew pictures of the monster, and started connecting that monster with her father rather than herself. Consequently, art therapy did contribute to Ann's improvement.

Summary of art therapy progress indicators. To summarize, progress in art therapy is observed through changes in the theme and content of the images. Images change from messy, simplistic, destructive and bleak images to more hopeful, complex, and positive images. These changes in the artwork match the changes in the children's description of themselves (Bissonett, 2001; Clements, 1996; Peake, 1987), and changes in their behaviour outside the therapy room (Clements, 1996; Drucker, 2001; Peake, 1987).

Several authors (e.g., Clements, 1996; Drucker, 2001; Peake, 1987) also noted that children may regress prior to a noticeable progress forward. This regression indicated

by increased aggression or disruptive behaviours at home and school and/or less detailed and messier art work productions more typical of younger children.

Indicators of Progress in Individual Sandplay

The present author endeavored to find a representative cross-section of case studies for this literature review. Consequently, the below case studies describe the therapeutic process with sexually abused children of different ages, different presenting symptoms, living in different contexts, and having experienced abuse of different degrees of severity and duration.

The literature exploring the indicators of efficacy in sandplay outlined below includes qualitative case studies (Carey, 1993; Grubbs, 1994; Mathis, 2001) along with an anecdotal case example (Boik & Goodwin, 2000). Different types of therapeutic orientations are included, from the combination of non-directed and directed sandplay approach of Boik and Goodwin (2000), to the purely non-directed approaches of Grubbs (1994), Carey (1993), and Mathis (2001). Strengths and limitations of each study are discussed.

Boik and Goodwin's case example. Boik and Goodwin (2000) described an anecdotal case example in which they used a combination of non-directed sandplay to build safety, and directed "trauma trays" to resolve the trauma with a sexually abused girl. In a directed trauma sandtray process, the client is asked to recreate the traumatic incident as it occurred. Her babysitter's husband reportedly had abused Beverly, age 10, for three years on weekends while her single-parent mother worked. According to reports obtained from the child's mother, over the past year, the friendly, outgoing child had become more and more withdrawn, and at present spent much of her time alone in her

room. Beverly would awaken frequently screaming at night. The school was also concerned because her grades had dropped and she no longer spent time with her friends.

Beverly's first sandworld, non-directed, portrayed an idyllic world full of soft fuzzy animals and beautiful flowers and trees near a lake. She did not include any human figures. Over several non-directed sessions, a black spider started to appear in the sandtray, but was not part of Beverly's story about the sandworld. First, the spider was hidden among rocks and trees, but over a few weeks, the spider came out in the open, and Beverly began to talk about the spider. It became apparent to the therapist that the spider represented the man who had abused her.

At this point, the therapist thought she was ready to complete a trauma tray process. The key indicators for readiness were that the spider had come out into the open, and Beverly was talking about the spider. Seven sessions were spent in this directed trauma tray process. In the first trauma tray contained a large spider, and ET (a figure of the extra-terrestrial named "ET" in the 1980s movie of the same name) dressed in a girl's dress. Beverly explained that the spider was the abuser, and she was the ET figure. After she gave voice to the actual abuse, her scenes changed rapidly. Although the spider remained, it became smaller and smaller. During a family session, Beverly's mother related that Beverly still had periods of intense fears that the man would "come and get her" (Boik & Goodwin, 2001, p. 216). At Beverly's next individual session, the therapist asked her to create a movie in the tray that would show how she could make the man less frightening. She recreated the usual scene, but at this time took a normal looking girl figure (as opposed to the ET figure) and had it pounce on the tiny spider and grind it into the sand. Then, at the therapist's direction, she made spider out of Play-dough, placed it

on the floor, and smashed it with her foot. For several sessions that followed, she created a bug out of Play-dough and stomped on it, yelling and screaming. Her fears and nightmares gradually disappeared.

According to Boik and Goodwin (2001), starting with non-directed sandplay and then moving to directed sandplay was effective. The non-directed work allowed Beverly to build sufficient safety to deepen the therapeutic process, and the directed sandplay gave Beverly the opportunity to objectify and work through the trauma both visually and tactilely. These researchers believed it moved the child from feeling like a “victim” to being a master of the experience in a relatively shorter time than in a purely non-directive process.

Boik and Goodwin (2001) advised that directed trauma trays can be used with clients as young as seven years old if they are maturationally capable of understanding the therapist’s directions. However, as illustrated in this case example, these researchers also stressed that if the children feel threatened by guided play focused on the trauma, then it is best to let them create non-directed sand-worlds for as long as they need to before proceeding to directed play.

It is interesting to note that no other case studies described in the present literature review used directed strategies targeting focused exploration of traumatic incidents in the art therapy or sandplay with sexually abused children. The present author was not able to find such other such directed art-therapy or sandplay studies, despite a focused search for published literature on the topic.

Some potential reasons for this may be that the reported case studies primarily described complex abuse situations where a parental figure was the abuser, and/or the

non-offending parent was not protective (e.g., Grubbs, 1994; Mathis, 2001), which can be differentiated from the Boik and Goodwin (2000) case example in which the abuser was a babysitter and the parent was very supportive once she learned of the abuse. As suggested by Boik and Goodwin (2000), it is possible that the children described in these complex abuse situations were not safe enough to tolerate a directed exploration of the trauma. It is also possible that the published therapist/researchers favoured non-directed approaches when directed strategies could have been equally effective.

Grubbs's case study. In a qualitative case study, Grubbs (1994) explored of the healing power of sandplay through the description of the inner world expression and process of one sexually abused boy's sandplay. The boy, Adam, in this case study was part of a larger study of sandplay described elsewhere in this literature review. Adam was an 11-year-old boy who reportedly had been sexually abused by his father during parent visitations over a six-year period (from when Adam was age two until age eight). The nature of the sexual abuse was not disclosed in this study. At the time of the study, Adam's father was serving a jail term for the sexual abuse and he was living with his mother, his stepfather, and two younger half-siblings (boy and girl). The stepfather was reportedly an alcoholic and emotionally abusive who often called Adam a "baby" (Grubbs, 1994, p. 195) and told him he was "gay" (Grubbs, 1994, p. 195) because he had been sexually abused by his father. Adam's mother was more nurturing, but tended to avoid conflict and opted to minimize or deny Adam's continuing emotional abuse at home. Adam's mother described Adam as immature with low self-esteem. She said he had few friends, and often fought in defense of the teasing of his peers. Adam occasionally stole money from his mother's purse and did not cooperate at home, and he

described his home as “a crazy house” (Grubbs, 1994, p. 196) and said that it was “crazy” (Grubbs, 1994, p. 196) in the outside world as well.

In the beginning of Adam’s 12-tray sandplay process, his sandtrays were chaotic with masses of figures with no use of boundaries such as fences. Each sand tray depicted several disconnected and rapidly changing smaller scenes. The stories Adam told about the sandtrays were disjointed and often incoherent. Several scenes involved considerable violence, and the stories he told about the pictures described cruelty toward smaller, weaker, and more innocent figures.

Starting in the sixth session, Adam created a series of sandtrays showing confrontation and killing of various threatening (monsters) and seductive (male hula dancer) figures. Grubbs (1994) interpreted these figures as symbolizing his natural father. She called these kinds of trays “wound trays” (Grubbs, 1994, p. 198). According to Grubbs (1994), these wound trays depicted the central wound of the client’s psyche along with a way of resolving this wound. She viewed the appearance of these trays as good prognostic signs. After these wound trays, Adam created a centered Mandala like tray depicting a beautiful and enchanted forest. In accordance with Kalff’s (1980) sandtray theory, Grubbs (1994) interpreted this centered, Mandala like image to be a Self-tray (depicting an image of Adam’s deepest resources), and viewed its appearance as profoundly positive. The sandtray was interpreted to mean that Adam had re-discovered a safe and enchanted world within himself.

Following completion of these wound-trays and the Self-tray, Adam created sandworlds with clearer boundaries such as fences and other barriers. The scenes became more unified, depicting one coherent story during each session. In addition, the scenes

started to involve more peaceful and compassionate resolutions, where the weaker, smaller figures received help from stronger creatures. Grubbs (1994) interpreted these trays to signify resolution of inner chaos, increased internal ordering, and the development of internal resources.

Because Adam's sandtrays and his stories about them had clearly indicated his difficulties with his stepfather and the lack of protection offered by the mother, Grubbs (1994) started parenting sessions with the mother and step-father toward the end of Adam's 12-session sand tray process. Adam's stepfather stopped attending after the second parenting session. During the third family session, Adam's mother disclosed that his stepfather had been sexually abusing their five-year-old daughter. Grubbs (1994) reported this situation to child protective services, and eventually Adam was placed in foster care.

Grubbs (1994) concluded that she believed Adam did the therapeutic work of exploring intimately the inner chaos and wounding of his psyche. She viewed the change in his sandtray expression as indicative that "Adam may have developed greater psychological resources in responding in a more constructive way to conflict" and that this was illustrative of the natural healing impulse: "without interference or direction from me, his Self knew how to heal and in what direction to take him" (Grubbs, 1994, p. 208). Interestingly, Grubbs (1994) believed that Adam was able to make these positive internal changes despite the fact that he lived under unsafe (emotionally abusive and neglectful) circumstances for the bulk of the therapy.

As stated earlier, qualitative studies are evaluated on the basis of credibility, transferability, dependability, confirmability, and authenticity (Mertens, 1998). Overall, this was a fairly strong qualitative study.

Grubbs's (1994) use of detailed descriptions of Adam's personality, his home life, and his sand-tray process meet the criteria of a sufficiently thick description (Mertens, 1998), and thus allow the readers to determine how transferable the process and results are to their specific situations.

In terms of confirmability, Grubbs's (1994) elucidated on the logic she used to interpret the data, and used the peer review process to determine that her conclusions were supported by the data.

In addition, based on the information Grubbs (1994) was gathering in the sandplay sessions, she suspected on-going abuse in the home. This was supported by the disclosures of the mother, and resulted in Adam being placed in a foster-home. This is an example of "catalytic authenticity" (Mertens, 1998, p. 185) in that positive action was stimulated by Grubbs's (1994) research.

However, with respect to credibility, Grubbs (1994) did not substantiate her claims that Adam has progressed in therapy with evidence from his life, nor did she discuss her interpretations with him. Consequently, we do not know if the progress witnessed in the sandtrays actually translated into changes in Adam's self-concept and behaviour. This is problematic since verifying the researcher's conclusions with the subject of the research, and checking the interpretations with other sources are the most important criteria for establishing credibility (Mertens, 1998). However, her use of persistent, well-documented

observations over twelve sessions, and her use of extensive peer debriefing with another Kalfjian sandplay therapist add to the credibility of the study.

Carey's case study. Carey (1993) published a qualitative case study exploring the nature and efficacy of a sandplay process with one child. The study looked at sandplay themes over a period, and linked these themes to past and current events in the child's life. Carey (1990) used photographs of sandtrays, discussions with the child, mother and teacher, comparison of sandtray symbols used with previous literature and personal impressions of quality of sandplay and the emotional tone in the room as tools to explain her interpretations and interventions.

In Carey's (1993) six-month study, nine-year-old Jack presented with multiple problems (including enuresis, encopresis, and pica), and a history of traumatic experiences. Jack was in the class for neurologically impaired children and had a history of speech and language disorders. His father had died suddenly about a year before, and his mother had just taken a full time job. Jack's mother had disclosed that his brother was "touching Jack's private parts" and Jack "wanted him to stop" (Carey, 1993, p. 199). In addition, these boys had been watching pornographic movies while their mother was away at work. Jack's history also revealed significant traumatic physical problems requiring extensive hospitalizations.

According to Kalfjian's (1980) theory, children with learning disabilities, and children with enuresis and encopresis, tend to choose a dry sandtray in the beginning of treatment. Jack chose the dry sandtray for the first four months of therapy. After his first wet sandtray, his mother reported that his enuresis had not returned. After the fifth month of therapy, during which time Jack was using one or both sandtrays together, Jack's

teacher reported more concentration in school, no more episodes of encopresis, enuresis or pica, and his peer relationships had improved.

Jack's sandplay scenes moved from more aggressive, chaotic scenes with war, wild animals, and burying of people and animals to organized scenes with bridges unifying parts, scenes of courageous warriors peacefully meeting with dinosaurs, wounded knights being placed in ambulance, and increasing use of domestic animals.

After six months of sandplay, Jack's presenting symptoms had gone away. He no longer suffered from enuresis, encopresis, or pica. He was concentrating better at school, had better peer relations. His nightmares had ended, and he was more appropriately assertive at home with his older brothers. In addition, Jack said he felt better about himself.

This qualitative study had several strengths. For instance, Carey (1993) met the credibility criteria of prolonged, substantial engagement, persistent observation and triangulation well (Mertens, 1998). She worked with Jack over many months, and consistently gathered information from him and other sources (mother, school) to support her conclusions. In addition, she used data gathered from multiple sources (interviews, photographs, literature) to support her interventions and interpretations.

In addition, she met the criteria of transferability well by creating a thick description through detailed accounts of Jack's personality, homelike, and sandtray process (Mertens, 1998).

Concerns about this study occurred in the areas of authenticity and confirmability, especially around Carey's (1993) evaluation that Jack had not been sexually abused. The criteria of authenticity require an element of fairness. This means

the researcher must honour the opinions and value structures of the research subject (Mertens, 1998). Carey (1993) concluded that Jack had not been sexually abused despite his overt disclosure that his brother “touches my private parts and I want him to stop” (Carey, 1993, p. 200), and despite his assertion that they were watching pornographic movies when their mother was at work.

The criteria of confirmability require that a peer be able to review the data and determine that the conclusions are supported by this data (Mertens, 1998). Carey (1993) concluded that Jack had not been sexually abused because in his *first* sandplay she “looked for clues to possible sexual abuse that did not seem to be apparent. With children who have been sexually abused, it is often observed that the figures are buried in the sand from the waist down. This was not the case in Jack’s picture” (Carey, 1993, pp. 201-202).

Carey (1993) did not, however, cite any research to support her assertion that figures buried in the sand from the waist down is an indicator of sexual abuse, nor any support for her idea that if this indicator is not present then that means sexual abuse did *not* happen. Carey’s (1993) conclusion is in direct contradiction to Grubbs’s (1995) observation that the sexually abused boys she studied did not use any specific indicators of sexual abuse in their sandplay, but rather focused their sandplay on developmental consequences of such abuse.

Perhaps because Carey (1993) did not evaluate Jack’s current experiences as sexual abuse but rather “sexual over-stimulation” (p. 199), she took limited steps to address his safety. For example, she encouraged Jack to tell his mother about these experiences and was told by the mother that she “put an immediate stop” (Carey, 1993, p. 200) to these activities. Carey (1993) concluded this intervention by saying the mother

“seemed able to enforce this even when she was not at home” (p. 200), without elucidating on the details. Other therapists may have implemented a safety plan and taught Jack what to do if further inappropriate behaviour happened, and then reported the situation to child protective services (e.g., Gil, 1991; Grubbs, 1994).

Mathis's case study. Mathis (2001) conducted a qualitative case study describing the 36-session sandplay process of a seven-year-old sexually abused boy, David. He was referred to the researcher/therapist as one of her internship clients. Since sandplay has a reputation for being an effective non-verbal therapy (Kalff, 1980), Mathis (2001) elected to do this study with this particular boy because he was primarily non-verbal and very focused on sandtray work in his sessions.

A therapist reflection journal, regular supervision with Dr. Eliana Gil, a well-known play therapist, interviews with foster parent, session progress notes, information about David's family and developmental history via forms that his mother completed were used to complement the data gathered in the sandplay sessions.

As suggested by Cockle (1993) and Grubbs (1995), Mathis (2001) examined the content, process and therapist-child interactions. Examining the content included looking at the types of miniatures and the number of miniatures used in the sandplay. In the process category, Mathis (2001) examined the overall process of making the tray and the specific process-oriented behaviours within the sandtray. The degree of therapist-child interaction was classified into three categories: withdrawn (no eye contact or verbal statements), minimally engaged (presence of either eye contact or verbal statements), and engaged (both eye contact and verbal statements).

David's father was serving a prison sentence for reportedly having sexually abused both David and his older brother. Although David did not disclose any abuse, the older brother reported that his father showed the boys pornography, masturbated in front of them, fondled them, and attempted to anally penetrate them. David's mother described him as a "quiet boy who liked to be alone" (Mathis, 2001, p. 10). David's mother observed that after the sexual abuse was disclosed, David seemed even more quiet and withdrawn. His mother also noticed some sexualized and sexually intrusive behaviours; in particular, his mother observed him kissing his younger sister on the lips.

His mother did not bring David to many of the earlier scheduled therapy appointments, and regular attendance did not occur until an in-home worker was assigned to the family. The in-home worker brought David to the remainder of his therapy sessions until he was placed in foster care. Mathis (2001) observed that while living at home, David often looked unkempt, smelling of sweat and wearing dirty clothes. Once he was placed in foster care, Mathis (2001) noticed David's clothing and hair was clean, and he "smelled clean" (p. 12).

The duration of the sexual abuse was not reported in this study. Three months into therapy, David's older brother disclosed that he and David continued to participate in sexual activities with each other and their younger sister. At home, interventions were attempted, but David's mother was unable to enforce the established safety rules, and inappropriate sexual behaviour continued. David's older brother disclosed this fact, and David and his older brother were removed from home and placed in separate foster care.

Similar to abused children in other case studies, David's initial sandworlds were barren (e.g., Zinni, 1997), and there were themes of aggression and cruelty (Cockle,

1993) in which boundaries were inflexible or insufficient (Grubbs, 1994). From the beginning to the end of the 36-session sandplay process, there were many observable changes in the content and process of the child's play.

The therapy sessions were divided into three phases that were tied to significant life events. In Phase One of David's sandplay, while the continuing sibling abuse remained undisclosed, he was primarily engaged in post-traumatic play (Gil, 1991). In this stage, his play was filled with constant repetition and use of one miniature category only (e.g., cars). He often appeared trance-like in the sessions and appeared cut off from reality.

In Phase Two, after his brother had disclosed ongoing sexual abuse between the siblings, but before he was removed from home, David showed increased aggression and liveliness in his play. Many scenes of war were depicted with considerable aggression and destruction. He used more categories of miniatures, the sandplays started to have a story line, and the degree of repetition decreased.

In Phase 3, corresponding to him moving into a safe, supportive foster home where he received much individual attention, his use of people and animals increased. Themes of loss or grief (e.g. sandplay with a lone animal separated from the other animals by a fence) along with themes of hope and reconnection (e.g. sandplays with people and animals playing together) began to emerge. The categories of miniatures the child used also increased from one predominant category in the first phase to four or more miniature categories in the third phase, and the play became largely dynamic in this phase.

Although David's level of communication did not increase in his therapy sessions, David's foster mother reported that David talked and laughed more frequently with her. Mathis (2001) observed similar interactions in the waiting room, as well. Further, David

started to build friendships while in foster care, and he would often get together and play with them. He did not have any friends during the first two phases of therapy.

Mathis (2001) considered these changes in the amount of vitality and interaction in David's sandtrays as indicating a changed perception of the world, and attributed this changed perception of the world directly to his changed circumstances:

...when he lived at home he experienced abuse and neglect, painting a bleak, lifeless and threatening perception of the world for David. However, the transition to a safe environment, with one-on-one attention from an adult brought about many new opportunities for David to see the world as full of life and growth. (p. 40)

This study contained several strengths. First, the criteria of credibility were well met. Mathis (2001) observed the David over a long period, and made frequent use of case-consultation to support her analysis and conclusions. Mathis (2001) made regular use of a journal to monitor her subjective responses to David, and reflected on those responses in developing her interventions and her analysis of the process. Because David was non-verbal, she could not readily verify her interpretations with him. However, she did gather data from multiple sources to support what she observed in the sessions.

Moreover, Mathis's (2001) detailed descriptions of David's personality, life circumstances, and sandplay process lent support to the transferability of the conclusions drawn. In addition, the logic used to interpret the data was made explicit, supporting the criteria for confirmability.

A particular weakness of the study was in the area of authenticity. Catalytic authenticity looks at the degree "to which action is stimulated by the inquiry process"

(Mertens, 1998, p. 185). In this study, changes in David's sandplay process occurred *after* changes in his day-to-day life, and in contrast to Grubbs's (1994) study those changes were *not* stimulated by data gathered in the sandtray process. Thus, it is possible to argue that this case study did not support the efficacy of sandplay as a therapeutic tool, but rather as an assessment tool for understanding the state of a child's moment-to-moment internal experience of their world.

Summary of indicators of progress in sandplay. To summarize, progress in non-directed sandplay is noticed when the sandtray creations change from barren, disorganized, chaotic, unpeopled and hostile to more lively, resourceful, peopled, and organized creations (Carey, 1993; Grubbs, 1995; Mathis, 2001). As indicated in Mathis's (2001) work with David, expressions of deeper emotions such as grief occur when the child is feeling safer. These three case studies all described sandplay with abused boys. Consequently, we do not know if the non-directed sandtrays of abused girls show similar patterns, or if there are variations according to gender.

Boik and Goodwin's (2000) directed sandplay more overtly targeted the trauma of the sexual abuse. Progress was noted in the sandplay as the symbol for the abuser got smaller and the symbol for the abused child changed from an extra-terrestrial to a girl. In this process, the child expressed her conflicting and confused feelings, and symptoms abated outside the therapy room.

Indicators of Progress in Group Art Therapy for Adolescents

All of the previous case studies explored art therapy and sandplay with younger children. The literature on expressive therapies with adolescents focused primarily on

group therapy, using directive approaches. This section outlines and evaluates two studies exploring art therapy based groups for adolescents.

Backos and Pagon's study. Backos and Pagon (1999) described an eight-week art therapy group for adolescents aged between 13 to 17 years. Three families participated in this study, so the adolescent group was very small, consisting of three girls (and two facilitators). In addition to the eight weeks of group for the youth, the non-offending parents also attended two separate support sessions with the other non-offending parents of the other youth. Two of the girls were Caucasian and one was African-American. All families were self-referred, middle class, and living in the suburbs of a mid-Western urban centre. These researchers did not discuss potential impact of the clients' socio-economic status on the results of the study.

They used a semi-structured approach, starting each session with a check-in Mandala drawing in which the youth were asked to describe "Myself," tonight. Then, themes for the rest of the session emerged from those drawings. Each session ended with a check out ritual (e.g., lighting a candle, reading a poem), as well. Some of the themes that emerged included being aware of and comfortable with ones emotions, dealing with and expressing anger, and evaluating the past in the context of the present and future. Collages and painting with various materials were used to help the youths express and explore these issues.

Backos and Pagon (1999) considered a social constructionist and feminist stance to the resolution of sexual abuse, defining the societal factors around sexual abuse as a "rape culture" (p. 126), and included an exploration of the social myths surrounding rape. Backos and Pagon (1999) believed that social action is a powerful tool toward personal

healing, and consequently the last sessions were spent creating posters about sexual abuse and rape to be displayed in the window of the local rape-crisis centre. These message posters included statements such as, “Please believe women when we are raped” and “Why me? Don’t be a rapist. There is hope for victims” (Backos & Pagon, 1999, p. 130).

Backos and Pagon (1999) used changes in the youths’ check-in mandala drawings as the primary indicators of change. These researchers noted that during the eight weeks the youths’ check-in mandalas changed from pictures depicting jagged and jumbled abstract images to pictures showing smiling faces and flowers.

A strength of this study was in the area of authenticity. Ontological authenticity requires that the study participant’s develop a more informed worldview (Mertens, 1998). The youth’s creation of posters and banners educating others about the problem of sexual abuse and rape is potentially indicative that this kind of increase in sophistication has occurred. Verbal reports from the group participants would have lent strength to this conclusion.

This study was weak in the area of credibility. Backos and Pagon (1999) failed to make use of member checks and multiple sources (triangulation) (Mertens, 1998). The authors did not support their conclusions with any examples of verbal descriptions of improved self-esteem by the youth, nor did they provide any behavioural observations from the parents. In addition, the lack of detail about the girls’ history, personality and living environment limit the transferability of the conclusions.

Pifalo pilot study. Pifalo (2002) conducted a quasi-experimental pilot study to examine the effectiveness of group art therapy with sexually abused adolescents. Quasi-

experimental designs are those that are “almost” true experimental designs except that the participants are not randomly assigned to groups (Mertens, 1998).

Thirteen sexually abused girls (aged 13-16) were involved in the study, all receiving the same ten-session art therapy based group therapy intervention. The Briere Trauma Symptom checklist (TSCC) for children (ages 8-16) (Briere, 1996) was used as the pre- and post-test measure. This instrument was chosen because it was designed for the assessment of children who have experienced many kinds of trauma, and the scale covers issues such as dissociation, numbing, hypervigilance, anxiety, depression, sexual concerns, and post-traumatic stress. In terms of reliability, Briere’s (1996) reports high internal consistency for five of the six clinical scales with reliability coefficients ranging from .82 to .89. In addition, Briere (1996) found significant intercorrelations between the TSCC and the Youth and Parent Report versions of the Achenbach Child Behaviour Checklist (CBCL) (Achenbach, 1985), and the Children’s Depression Inventory (CDI) (Kovaks, 1995). In the area of construct validity, one large-scale study found that respondent’s experience of stressful life events were associated with and predicted by significant amounts of variance in all TSCC scales (Singer, Angling, Sung, & Lunhofer, 1995).

The art-therapy curriculum included drawing, painting, three-dimensional clay work, and construction of puppets combined with verbal processing of the issues relevant to child sexual abuse. Exercises included building a group Mandala, creating a box with feelings kept hidden on the inside, and feelings shared with other on the outside, drawing of roadmaps of their journey, puppet making and puppetry role-plays about sexual abuse, and clay work for addressing anger. Pifalo (2002) noted that the art images were

powerful vehicles to convey the rage, grief, pain, and loss of the participants. Sharing these images in the group may have helped to break the “stultifying bonds of silence and secrecy” (Pifalo, 2002, p. 21).

The participants completed the TSCC at the beginning of each group, and repeated the checklist two weeks after the groups ended. The TSCC scores showed statistically significant ($p < .05$) changes in the items measuring anxiety, post-traumatic stress, and dissociative symptoms. In addition, these participants showed a decrease in symptoms of depression, anger, and sexual concerns, although these decreases were not large enough to be statistically significant. Pifalo (2002) suggested that these findings might indicate that the participants experienced a reduced sense of threat of harm, a diminished sense of traumatization, and a greater capacity for coping with such threats through self-protective behaviours.

As Pifalo (2002) observed, the data obtained in this study were preliminary. A more rigorous research design and larger sample size was suggested. A control group, matched for age and ethnicity, but having no history of sexual abuse, should be included in a future study. Nonetheless, the results of this study were encouraging, and helped to give credence to the use of art-therapy in groups with this population.

Group Sandplay

As stated earlier, group sandplay has been developed by De Domenico (1999), and has been used successfully with various populations, including adolescents with anger issues. At present, however, the present author could not find any published material on the application of this modality with child or adolescent survivors of sexual abuse.

CHAPTER VIII

Summary and Implications

This chapter summarizes the findings of this paper, highlighting research support for the theoretical foundations of sandplay and art therapy. In addition, limitations of the research explored in this review will be summarized. Implications for practitioners working with sexually abused children will be emphasized, along with suggestions for further research.

Summary

The literature on sandplay and art therapy outlines many similar therapeutic benefits for sexually abused children, and the case studies summarized in the present literature review support many of these claims. Both therapies appear to help clients to discover and express their personal meaning of their experience and ability to change that meaning (Backos & Pagon, 1999; Kalff, 1980). For instance, in Peake's (1987) case study, David expressed his hope through the metaphor of the rainbow that he repeatedly drew, and this allowed him to start processing more traumatic material. Through a series of sandtrays that showed a confrontation and symbolic killing of his natural father, and the discovery of a safe and enchanted world within himself, Adam, in Grubbs's (1995) study, was able to connect with his feelings and discover his own resources.

Both sandplay and art therapy interventions encourage the expression of tacit knowledge, and through the use of symbols, metaphors and stories, these help support the clients in transforming those implicit knowings that are no longer serving them (Greenhalg, 1994; Malchiodi, 2003). In Drucker's (2001) case study, Ann was able to access, through the metaphor of the monster in a cave, the abuse she experienced as an

infant. Through a series of pictures her internalized anger started to be directed toward its rightful target (her dad), and she started to view herself in more positive light. David, in Mathis's (2001) study, expressed leave-taking from his destructive and chaotic family in a series of sandplays depicting a lone animal separated by a fence from other animals. After these sandtrays, David became more talkative and happy in his foster home, and even started to have friends for the first time.

Because both sandplay and art therapy may access many areas of the brain (Malchiodi, 2003), self-organizing capacities appear to be enhanced and accelerated (Earle et al., 1995; Riley, 2001). Bissonett (2001) described how Hannah, who was only seven years old, was able to find a way to live with the complex emotions of anger, disappointment and love toward her sexually abusive older brother through the creation of various art products on this topic. Similarly, in Carey's (1990) sandplay case study, Jack was able to resolve many traumatic experiences by working through a series of sandtrays starting with chaos and destruction, and ending with scenes of bridges unifying opposites and peaceful meetings. As a result, his presenting symptoms of encopresis, enuresis, and pica had completely abated.

In building a sandworld, or creating an art image, the client may externalize difficult material, thus creating the psychic distance needed to safely approach the problematic issues (Boik & Goodwin, 2000; Pifalo, 2000). Boik and Goodwin (2000) described how Beverly was able to use a combination of spontaneous and directed sandtray creations to resolve her sexual abuse. By creating and working with scenes involving a menacing black spider that got smaller as the sandplay therapy progressed, she was able to transform her sense of helplessness and increase her safety. Similarly,

Steven, the boy in Clements's (1996) case study who had experienced considerable physical, sexual and emotional torture, was able to start expressing the horror of his experiences through art. In doing so, his hyperactive and very destructive behaviour decreased.

Although there are many similarities with sandplay and art therapy, there are some differences, as well. For example, sandplay requires less technical skill of the therapist, and because pre-made figures are used, symbolic communication between adult therapist and child is facilitated (Boik & Goodwin, 2000). While children's art expression is to some extent limited by their cognitive and motor skills (Johnston, 1997), manipulation of miniatures allows even young children to express very complex ideas and feelings (Grubbs, 1994). On the other hand, the ability of children to express themselves is limited in sandplay by the figures available, and for some children large numbers of miniatures is overwhelming (Zinni, 1997). Art therapy is more portable, which makes it a flexible option that can be used in many situations (Pifalo, 2002).

Developmental considerations are also very important in assessing the impact of sexual abuse on a child. First, children may complete artwork and sandtrays in ways that we as adults may consider pathological if we are not cognizant of what constitutes normal developmental behaviour. Second, traumatized children have often suffered developmental disruptions, and may engage in behaviours of much younger non-traumatized children. Consequently, when we see developmental behaviours that are significantly below a child's chronological age, this is a red flag that some developmental disruption may have occurred. (Appendix A outlines developmental parameters of both art production and sandplay.)

However, to conclude that these developmental disruptions are indicative of sexual abuse is a serious error, and one that should be avoided. Even Hagood (2000) who took great care to consider the impact of development in generating a list of sexual abuse indicators in art productions of children did not adequately control for other traumatic experiences such as physical or emotional abuse. Nonetheless, her list of sexual abuse indicators that non-sexually abused children never draw is possibly the most accurate such list developed to date, and her study was a significant improvement on earlier studies.

In contrast, Grubbs (1995), who researched sexual abuse indicators in sandplay, indicated less conclusive results. Other studies discovered similar indicators in wider populations of “difficulty coping children” (Cockle, 1993, p. 2) and “clinic children” (Zinni, 1997, p. 659) respectively. Harper (1991) discussed sexual themes and themes of nurturing predominant in her study of sexually abused children’s sandplay, but unfortunately did not elaborate on what indicators “sexual themes” included (p. 94).

Implications

Empirical studies on art therapy and sandplay focused on developmental issues and assessment considerations. The developmental studies had several strengths, such as using large quantities of data from large numbers of children. The main criticism of Jones’s (1986) study was the lack of ethnic and socio-economic diversity in the children studied. These studies exploring the reliability of art therapy and sandplay as assessment tools had frequent methodological flaws such as poor inter-rater reliability, poor definitions of features to be assessed, not controlling for normal development, not controlling for other trauma, small sample size, and lack of adequate control groups.

Hence, the reliability of their conclusions was often questionable. The one exception to this finding was Hagood's (2000) study on sexual abuse indicators in children's art, which concluded that there are 14 indicators of sexual abuse that non-sexually abused children never draw (she did not see any of these indicators in the 314 drawings made by non-sexually abused children), and 15 indicators that non-sexually abused children draw less than 5% of the time.

Despite focused search, the present author could only locate one quantitative study and four qualitative studies on the effectiveness of art therapy or sandplay. The anecdotal case example approach used in all of the other literature has several limitations including potential bias, authenticity problems, and limited generalizability. Therefore, there is a clear need for well-designed empirical studies that examine effectiveness of art therapy and sandplay with this population. Future assessment studies also need to be more methodologically sound to provide more conclusive findings about these sexual abuse indicators considered important in the artwork and sandplay of children.

Nonetheless, the information in this literature review can assist therapists in making clinical decisions about the children they encounter in their practice. By examining the developmental indicators of normal children, they can make evaluations about the degree of developmental disruption in the children with whom they work. With this information, they can more accurately assess the therapeutic needs of their clients. In addition, by reading the case study information, therapists can obtain some ideas of what therapeutic progress looks like in both modalities. Consequently, therapists using sandplay and art therapy with children can better assess the effectiveness of their own work.

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APPENDIX
 Developmental Indicators in Sandplay and Art Production

Developmental Stage	Indicators in Sandplay and Art Production
<p>Stage 1 (0-2 Years)</p> <p><i>Piaget's Sensori-motor Stage</i></p>	<p>Sandplay (Jones, 1986):</p> <ul style="list-style-type: none"> • No evidence of world view or cohesive perspective, parts and themes are scattered and fragmentary. • World extend beyond the boundaries of the tray (25% or less of figures are within the tray). • Figures are placed side by side while orientation is unintentional. • Little sense of focus or physical coordination, resulting in figures that are heaped and scattered across the room as well as the tray. • Sand is dropped and thrown inside and outside tray-figures are plunged in and out of it. • No boundaries are created within the tray <p>Art Production (Lowenstein & Britain, 1987) <i>Disordered scribbling stage.</i></p> <ul style="list-style-type: none"> • The child grasps tool with whole hand, and makes lines by swinging the arm, looking away while scribbling. • Kinesthetic pleasure is experienced. • Child does not connect marks paper with own activity.
<p>Stage 2 (2-4 years old)</p> <p><i>Piaget's Preoperational Stage</i></p>	<p>Sandplay (Jones, 1986):</p> <ul style="list-style-type: none"> • Emerging sense of perspective: momentary situations and partial connections are depicted. Still a chaotic massing of figures. • Most figures are placed within the boundaries of the tray, but often figures are also placed outside. • Most of tray generally used, but not uncommon to only have parts of the tray used. • Use and orientation may be either intentional or unintentional, depending upon involvement in simple dramatic play. • Lots of burying and unburying of figures. • No intentional boundaries. <p>Art Production (Lowenstein & Britain, 1987) <i>Controlled Scribbling stage (age 2-3.5).</i></p> <ul style="list-style-type: none"> • Child discovers there is connection between marks on the paper and own activity. • Starts to attempt to coordinate muscles, and begin to add to previous scribbles. • Enjoyment is still primarily kinesthetic. • The child is intending to move crayon, but little intention in

	<p>content of drawing.</p> <p><i>Named scribbling stage: (age 3.5-4.)</i></p> <ul style="list-style-type: none"> • Child places scribbles purposely, utilizes previous marks on page. • Relates marks to things known, but this identification may change in the process of drawing. Scribbles may be pointed out as being a person, and actions are starting to be depicted as scribbles and named. • No preconceived notion of what finished scribble will look like. <p>Good Art Materials (Hagood, 2000):</p> <ul style="list-style-type: none"> • Thick tempera paints with large brushes, large crayons, large felt markers
<p>Stage 3 (4-7 years old)</p> <p><i>Piaget's Preoperational Stage</i></p>	<p>Sandplay (Jones, 1986):</p> <ul style="list-style-type: none"> • Partial construction that is neither global nor diffuse reflects the beginnings of various relationships. • Sandworld generally created within the boundaries of the tray. • Most (91-100%) of the tray used. • Two figures are deliberately oriented as well as interpersonally and functionally related. • When there are more than two figures, the dramatic grouping is simple (such as two witches around a caldron) • Dramatic action between figures is clear through placement, action and relationship between figures. • Sand is used to create permanent structures, and clear though diffuse boundaries. <p>Art Production (Lowenstein & Britain, 1987)</p> <ul style="list-style-type: none"> • The greatest variety of form symbols are used to represent the same objects. • First attempts at realism. • Shapes of things are geometric, and loose their meaning when removed from the whole. • Placement and relationship between objects is subjective, and art becomes a communication with the self. • Objects seem to float around the page, and not in proportion to each other. • Child often rotates page or distorts objects to fit space available. <p><i>Characteristics of human drawings:</i></p> <ol style="list-style-type: none"> 1. Head feet symbol grow out of scribble. 2. symbols are flexible, constantly changing. 3. people are looking at viewer, normally smiling 4. gradual inclusion of arms (often from head), body, fingers, toes. 5. expectation of distortion and omission of parts 6. expectations of clothes, hair and other details at the end of this stage.

	<p>Good Art Materials (Hagood, 2000):</p> <ul style="list-style-type: none"> • Tempera paints with large brushes, start introducing smaller brushes, clay.
<p>Stage 4 (7-12 years old)</p> <p><i>Piaget's Concrete Operations Stage</i></p>	<p>Sandplay (Jones, 1986):</p> <ul style="list-style-type: none"> • There is a coherent worldview, often with a single concrete theme that brings together simple parts. Objects are grouped in meaningful relationships that include a sense of symmetry • Figures are entirely within the tray, and most of the tray is used. • The orientation of figures is intentional, and scale and placement become important. • Increased complexity of classification in which, for example, human neighbourhoods are clearly portrayed. • Sand is generally left untouched. • Either boundaries are somewhat clear, or there are no boundaries represented. <p>Art Production (Lowenstein & Britain, 1987)</p> <p><i>Schematic Stage (7-9 years)</i></p> <ul style="list-style-type: none"> • Form concept becomes constant. • This schema only changes when specific meaning is intended. • Organization of objects is 2-D. • Little or no over-lapping of figures. • X-ray drawings common. • Fusion of time and space. • Multiple baselines. • Arms and legs start to have shape and volume, and are more correctly placed. • Baseline and skyline drawn, with space in between showing air. <p><i>Gang Age (9-12 years)</i></p> <ul style="list-style-type: none"> • Human figures are drawn more stiffly. Growing awareness of clothing details. • Less distortion, exaggeration and omission of body parts. • Still no understanding of shade and shadow. • Baseline disappears and skyline comes down to the horizon. • Depth is shown by varying size of objects to indicate distance. • Overlapping increases. <p>Good Art Materials (Hagood, 2000):</p> <ul style="list-style-type: none"> • Schematic Stage: Oil pastels, coloured pencils, tempera paints, coloured chalk, collage materials. • Gang age: Pen and ink, felt markers, coloured paper such as tissue paper and sugar paper. Potters clay to make objects with.

<p>Stage 5 (12-18 years old)</p> <p><i>Piaget's Formal Operations Stage</i></p>	<p>Sandplay (Jones, 1986):</p> <ul style="list-style-type: none"> • Symbolic as well as realistic worlds are formed, characterized by a) a single theme encompassing complex parts, or b) an abstract theme uniting seemingly unrelated figures, or c) a single clear theme with parts exhibiting interdependence and integration. • Figures are entirely within the tray, and most of the tray is used. • Intentional orientation of figures is clear- figures are altered (placed in seated or prone positions to increase drama, for example) and bridges over water is used. • No dramatic play is used: groups of figures are complexly organized in a creative way to show dramatic movement • Sand is extensively used to create land and water forms, as well as boundaries. • Boundaries are also created by well-coordinated groupings of miniatures. <p>Art Production (Lowenstein & Britain, 1987)</p> <p><i>Pseudo-Naturalistic Stage (12-14 years)</i></p> <ul style="list-style-type: none"> • Children become more self-critical in their ability to do artwork. • End of spontaneous art activity. Only important elements are drawn in detail. • Correct proportions, joints, and body actions appear in human drawings. • Drawing cartoons is very popular, and person can be represented by less than the total figure. <p><i>Adolescent Art (14-17 years)</i></p> <ul style="list-style-type: none"> • Without further art instruction, drawing skill tends to remain at 12-year old level. • Perspective has been pretty well learned, awareness of atmosphere increases. • Exaggerated detail is included for emphasis, satire is included, along with greater realism. • Statements about society, religious themes, individual justice or the expression of love and hate predominate <p>Good Art Materials (Hagood, 2000):</p> <ul style="list-style-type: none"> • Can start introducing mixed media and watercolours. Training in using specific techniques more of an issue with client and therapist.
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