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### **Sandplay Therapy as a Priority in Art Therapy for Reducing Stress in Children**

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**Abstract:** *The article discusses the implementation of art therapy classes using sandplay. Its relevance stems from the increasing number of children who experience psychological trauma and require psychological support. It aims to clarify such concepts as “art therapy” and “sandplay therapy”. It also explores practical approaches to art therapy, while highlighting the effectiveness of sandplay therapy. Research methods include a detailed analysis of relevant scientific sources and a systematic review. The findings reveal that prolonged emotional exhaustion and stress negatively affect the human psyche. In turn, art therapy has proven highly effective as a universal method for psychological intervention across different age groups and mental conditions. Its mission lies in identifying psychological problems and helping the child release outdated or repressed emotions. This can be achieved through symbols, images and metaphors, thereby processing information at the unconscious level of the psyche. Sandplay therapy supports the development of memory, attention, spatial imagination, communication skills, and fine motor abilities.*

**Keywords:** *art therapy; sandplay therapy; psychological trauma; classes; child.*

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## **1. Introduction**

Russia's war against Ukraine presents unprecedented challenges for the psychological support system and underscores the need for scientific research. Each day, the conflict claims the lives of civilians, including children, whose developing psyches are increasingly exposed to trauma and chronic stress. Therefore, it is especially relevant to support children in overcoming psychological trauma, particularly in the context of contemporary stressors affecting children and adolescents, including excessive digital device use and related psychosomatic symptoms (Osser et al., 2025).

Breuer and Freud (2001) were among the first to investigate psychological trauma. They adapted the term "psychological trauma" from medicine to a psychological context. The researchers also demonstrated that prolonged emotional exhaustion and overload can cause significant harm to the human psyche.

First, it is important to specify the concept of "art therapy". According to Ramirez (2016), art therapy involves the use of artworks to resolve emotional conflicts, manage behaviour and addictions, enhance social skills, reduce anxiety, and increase self-esteem. Similarly, Kalka and Kovalchuk (2020) view art therapy as one of the most effective methods for working with clients of any age and with various psychological disorders.

This article aims to clarify the nature of such concepts as "art therapy" and "sandplay therapy". Considerable attention is given to practical methods of art therapy, especially of clinical utility and play therapy. Sandplay helps children relieve emotional tension, improve coordination, and enhance communication skills. Furthermore, it has been associated with improvements in creative skills and imagination. Thus, sandplay therapy is beneficial for children of all ages, including those experiencing anxiety, aggression, shyness, or children with special needs.

## **2. Scientific Foundations and Practical Research in Art Therapy**

The problem in question has been widely examined by Ukrainian and foreign researchers (Benito Herce et al., 2024; Hill, 1945; Kalff, 2003; Kalka & Kovalchuk, 2020; Lowenfeld, 1935; Muliavina & Halii, 2019; Ramirez, 2016; Voznesenska, 2015).

For the first time, Hill (1945) used the term "art therapy" to emphasise the healing benefits of such activities. In one of his manuals, the military artist employed images of various trees, such as beeches, elms, and pines, as a method for conducting art therapy sessions. He devoted a section to interpreting symbols, composition, style, patterns, and texture. This, in turn, enabled psychologists to assess one's psychological state and assist in overcoming trauma.

Adrian Hill (1945), a successful artist, was suddenly admitted to a sanatorium with a diagnosis of tuberculosis (Winnicott, 2016). The negative effects of long-term isolation led him to adopt drawing as a coping strategy. He observed that visual art not only provided distraction but also enhanced self-regulation and reduced anxiety. After this experience, the artist continued drawing during his free time and encouraged soldiers who had survived the horrors of war (Winnicott, 2016). In his book "Art versus Illness" (Hill, 1945), he emphasised the effects of art therapy on the healing process, which required managing one's own inner world. Today, this approach helps people globally to process complex emotions, overcome stress, and restore psychological balance.

Junne and Zipfel (2016) offer a comprehensive analysis of art therapy as a healing method in mental health care. Art is viewed both as a leisure activity and as a tool for improving mental health. The semiotic mechanisms of artistic perception highlight its rehabilitative potential. Moreover, art promotes social engagement through self-expression.

The mission of art therapy lies in identifying psychological problems and helping the child release repressed emotions. This process can be achieved through symbols, images and metaphors, which allow information to be processed at the unconscious level of the psyche (Kalka &

Kovalchuk, 2020). Individuals convey their perceptions of the world through creative activities, thereby internalising inner experience in a safe and symbolic way.

Muliavina and Hali (2019) further emphasise the role of psychological therapy in psychocorrectional work. Voznesenska (2015) believes that traumatic events significantly damage the mental state and require extraordinary efforts to overcome. At the same time, the destructive power of psychological trauma depends on several factors: 1) individual perception of the event; 2) level of personal resilience; 3) previous experiences of success or failure in overcoming obstacles; and 4) timely support and assistance.

Many individuals who experience life traumas can eventually cope with the consequences without specialist intervention. Thus, the psyche represents a system that requires self-organisation and relies on the potential of the subconscious.

### **3. Key Features, Forms, and Therapeutic Potential of Art Therapy**

The main forms of art therapy include colour therapy, fairy tale therapy, and sandplay therapy (Faichuk & Hrossu, 2025). In the context of ongoing war, it can be viewed as an effective method of psychosocial support for children experiencing psychological trauma.

According to Ramirez (2016), art therapy is designed to help adults and children overcome negative traumatic memories, improve mental health, and prevent behavioural disorders. The most prevalent method is drawing, which can be accomplished using various materials (e.g., paints, pencils, sticks, fingers, and sand). The primary goal is to create an image that expresses thoughts and feelings, followed by describing the content of the artwork. In addition to drawing, art therapy primarily involves visual modalities such as painting and sculpture. However, it should be conceptually distinguished from the broader field of creative arts therapies, which includes disciplines such as music therapy, dance and movement therapy, and drama therapy, each with its own theoretical and methodological framework. Clinicians tend to recognise art therapy as a method allowing both diagnosis and treatment (Bazyl, 2024). The duration of the rehabilitation process may extend over several weeks, depending on the target population, diagnosis, and type of intervention. In some structured programmes, short-term interventions may last up to four weeks. Key benefits of art therapy include: (1) the ability to express one's thoughts consciously and confidently; (2) improved social communication, which helps reduce loneliness; and (3) reduced anxiety. Luzzatto and Gabriel (2007) analyse the use of art therapy in medical contexts, including cancer treatment. They argue that art therapy enables patients to express their thoughts, understand others, and develop emotional awareness through symbolic representation.

### **4. Sand Therapy as a Safe Environment for Self-Expression**

Benito Herce et al. (2024) indicate that psychological trauma can trigger feelings of fear, horror, and helplessness. It usually involves re-experiencing the event, hyperarousal, and cognitive changes. Therapy with children is usually more complex than with adults, as young children may not have fully developed language skills, making verbal communication difficult. In turn, play therapy allows children to process psychological trauma by means of symbolic play.

Sandplay therapy was developed by Lowenfeld (1935), who observed that children respond more effectively to emotional work when using objects and sand. Lowenfeld (1935) referred to her approach as "the world technique". She prepared boxes containing wet and dry sand, while placing figures of animals, plants, people, vehicles, and other objects on open shelves. Children were provided with shovels, watering cans, and sieves and encouraged to experiment. Importantly, the technique employs appropriate methods to explain and interpret children's creations in the context of a therapeutic framework.

Kalff (2003) further advanced sandplay therapy in her research. She claimed that children construct their own worlds using sand, stones, and shells. Kalff (2003), together with her students, founded the International Society for Sandplay Therapy, which now has branches in multiple

countries. She applied Jung's analytical psychology (2014) to the creation of images, which is why her approach is often referred to as Jungian sandplay therapy.

According to Tiahur (2015), sandplay therapy creates a safe environment in which children are free to make mistakes. Once children dip their hands into the sand, they instinctively sift, draw, and build, immersing themselves in play and temporarily setting aside their personal concerns. In this regard, they develop their skills in observation, concentration, and determination.

Children experiencing insecurity and anxiety tend to choose specific figures when engaging in sandplay. Integrating fairy tales into this activity provides both cognitive and emotional benefits. Children can analyse negative aspects of their personality, while the stories always conclude positively. Ideally, these tales feature a limited number of characters, a calm and gentle plot, and emotions that both engage and soothe the child. As a result, they support the protection and development of the child's inner world.

Tararina (2017) defines sandplay as a therapeutic approach that involves the use of sand, spatial organisation, and symbolic figures to provide psychological assistance to clients. The researcher identifies several areas, including sensory games and therapeutic work with sand.

Sensory activities aim to develop the child's sense of touch. The child's hands must be clean and intact, and they should be willing to engage in the session. Before the session, the psychologist familiarises the child with the sandbox and its materials. Participation requires parental approval, and the toys are handled only with adult supervision. During the session, the psychologist uses the names the child gives to the figures, and the toys are returned to their places afterwards. These practices create a sense of order, predictability, and safety.

Thematic work in sand therapy commonly focuses on creating houses, imagining a place where the child would like to be, representing elements of nature, travelling, and constructing personal stories. Interaction with the sand may take various forms. These include working on the surface of the sand, creating convex or rounded shapes, making imprints, immersing the hands into the sand, and using wet or coloured sand. Additional materials can be introduced to broaden sensory and symbolic expression. These may include coloured and white clay, as well as grains such as rice, millet, or buckwheat.

It is recommended to use a sandbox measuring approximately  $50 \times 70 \times 8$  cm. This allows the psychologist to observe the child's movements and symbolic constructions. Such boundaries function both as a regulatory framework and as a protective psychological space. Accordingly, the psychologist does not interfere with the child's actions, and the sandbox becomes a projection of their inner world.

Before the session, the child explores figures that represent both real and imaginable worlds. They may include people, animals, plants, vehicles, and fairy-tale characters. The psychologist should invite the child to choose personally meaningful figures. In this regard, the child manages to externalise emotional experiences in a symbolic form. When required, the activity is followed by verbal interaction.

Within the sandbox, the child expresses vulnerabilities, emotional strengths and coping resources. The psychologist's task is not to interpret or control the child's actions, but to observe attentively, identify manifestations of resilience, and support their further development. An empathetic therapeutic position underpins the process. It creates conditions in which the child can express emotions without fear or pressure.

Sand therapy sessions typically last 45–50 minutes and include both active work in the sandbox and a short discussion of the created images. They are usually held once or twice a week, depending on the severity of the child's psychological trauma. Short-term intervention may involve 8 to 12 sessions aimed at emotional stabilisation, while deeper corrective work may require 25 sessions or more. Sand therapy can be conducted in an individual format, which is particularly recommended for trauma-focused work, or in small groups of up to four children when the goal is to develop social skills.

For the effective implementation of sandplay therapy, certain technical requirements must be met. The sandbox should be made of wood or plastic and painted blue on the inside, symbolising water and sky. The therapeutic setting requires finely sieved sand, with wet and dry materials prepared separately. The miniature collection should include human and animal figures, buildings, transport, and elements of the natural environment. Thus, sandplay therapy contributes to children’s psychological healing through creative expression and experimentation.

A detailed structure of sandplay therapy sessions is presented in Table 1 (see below).

*Table 1. A detailed structure of sandplay therapy sessions*

Stage	Actions of the teacher/psychologist	Expected child response
1. Preparation	Introduction to the rules (e.g., “the sand is not scattered”, “the toys are not broken”). Creation of a calm and safe therapeutic environment.	Sensory familiarisation with the material (immersing hands in the sand, tactile exploration).
2. Creation	Instruction: “Create in the sandbox whatever you wish at this moment.” The facilitator observes silently, without intervention.	Selection of figures, their placement, and modification of the landscape.
3. Processing	Non-evaluative questions: “What is happening here?”, “Who is this character?”	Storytelling and metaphorical expression of emotions and inner experiences.
4. Completion	Ritual of leaving the play situation. Photographing the composition (with the child’s consent).	Return to reality and a sense of emotional control and safety.

*Source: The authors’ own conception*

To ensure the relevance and reliability of the study, the specialist is required to complete *an observation protocol sheet* after each session, including the following components:

- *Sandbox Map*: representing the zones in which the child placed the figures (e.g., centre, corners).
- *Toys*: selecting the main categories of figures (aggressive, protective, neutral).
- *Emotional Trajectory*: *assessing the child’s anxiety level at the beginning of the session, at the peak of play, and at the end, using a five-point ordinal scale designed to capture observable changes in emotional intensity.*
- *Analysis of Verbal Markers*: analysing key phrases or statements attributed by the child to the characters during play.

Importantly, the methodological accuracy depends on the invariability of the therapeutic environment (the same room and identical set of figures). Emphasis is also placed on the therapist’s stable position, understood as an active presence involving emotional engagement without direct intervention.

#### SANDPLAY THERAPY SESSION PROTOCOL

*General Information:*

Date: “\_\_”\_\_\_\_ 202\_\_

Child code/Name: \_\_\_\_\_

Age: \_\_\_\_\_

Session No.: \_\_\_\_ (from a course of \_\_\_\_ sessions)

Duration: \_\_\_\_ min

Facilitator: \_\_\_\_\_

*1. Diagnostic assessment (before the session)*

Emotional background: [ ] Calm [ ] Anxious [ ] Aggressive [ ] Apathetic

Tension level (1–10 scale): \_\_\_\_\_

Child's request / Verbalisation of state: \_\_\_\_\_

## *II. Sandplay process*

### 1. Interaction with materials:

Choice of sand:  Dry  Wet  Separate use of water

Sensory manipulations:  Hand immersion  Sifting  Levelling  Burying objects

### 2. Spatial arrangement (figure layout):

Sandbox capacity:  Empty  Harmonious  Overloaded

Zones:  Centre (Self)  Left side (Past / mother)  Right side (Future / father)

### 3. Toy analysis (quantity and type):

People / Characters: \_\_\_\_\_

Animals: \_\_\_\_\_

Houses / Protective elements: \_\_\_\_\_

Aggressors / Weapons: \_\_\_\_\_

Natural resources (stones, shells): \_\_\_\_\_

## *III. Story and symbolism*

Title of composition (given by the child): " \_\_\_\_\_ "

Main conflict: \_\_\_\_\_

Key phrases / metaphors of the child: \_\_\_\_\_

Role of therapist in play:  Observer  Assistant  Participant in the story

## *IV. Results and conclusions (after the session)*

Emotional changes:  Catharsis  Stabilisation  Increased anxiety (re-traumatisation)

Tension level at the end (1–10 scale): \_\_\_\_\_

Progress / Dynamics: \_\_\_\_\_

Recommendations for the next session: \_\_\_\_\_

Facilitator signature: \_\_\_\_\_

Recommendations for use are the following:

Photo documentation: It is recommended to include a photo of the finished sandbox (taken from above) for further analysis of dynamics.

Confidentiality: In academic publications, children's names should be replaced with codes (e.g., Client A, 7 years old).

Ethical consideration: Always indicate in articles that the analysis of protocols was conducted with parental consent.

## *Figure collection guidelines for effective sandplay therapy*

A diverse collection of figures allows the child to accurately represent their inner state – from fear and aggression to hope and calm.

### 1. People (social and inner world)

Family members: Men, women, children, infants, elderly (ideally from different professions and eras)

Fantasy characters: Kings, queens, wizards, witches, knights, pirates, superheroes

Professions: Doctors, police officers, soldiers, firefighters, teachers

Religious and spiritual symbols: Angels, deities, meditation figures

### 2. Animals (instincts and emotions)

Wild animals: Lions, tigers (aggression), elephants (strength), giraffes, monkeys

Domestic animals: Dogs, cats, cows, horses (symbol of free energy), pigs

Birds: Predatory (eagles, owls), peaceful (doves, swans), domestic (chickens, ducks)

Marine life: Sharks (threat), dolphins, whales, fish, crabs

Prehistoric and mythical creatures: Dinosaurs (archaic fear), dragons, unicorns

Insects and reptiles: Snakes, spiders, butterflies (symbol of transformation), beetles

### 3. Houses and structures (safety and boundaries)

Residential buildings: Rural houses, modern apartments, castles, palaces

Special buildings: Schools, hospitals, churches, prisons (sense of restriction)  
Individual elements: Fences (boundaries), bridges (transition, connection), stairs, doors

#### 4. Transport (movement and change)

Land: Cars, trucks, ambulances, trains, bicycles

Air: Planes, helicopters, rockets

Water: Boats, ships, rescue vessels

#### 5. Landscape and nature objects (resources)

Vegetation: Trees of various types (coniferous, deciduous, flowering), bushes, flowers

Natural materials: Real shells, sea stones, crystals, twigs, cones

Elements: Miniature fires (or red glass), caves, artificial water bodies

#### 6. Household objects and “trash” (everyday life and chaos symbols)

Furniture: Beds, tables, chairs (for recreating home scenes)

Food: Miniature food, utensils

Treasures: Coins, beads, “gold”, chests

Aggressive items: Weapons (knives, cannons), cages, grids

#### *Technical Recommendations for Figure Collection*

Material: Figures should be made from various materials – plastic, wood, metal, ceramic.  
Different textures provide different tactile feedback.

Size: Optimal figure height is 3–12 cm. They should not overcrowd the sandbox.

Neutrality: Select figures with a range of facial expressions. Avoid only “smiling” toys – children need the opportunity to express sadness or anger.

Storage: Figures should be displayed on open shelves, grouped by category so that the child can see all options at a glance.

Art therapy has been widely recognised as an effective approach for working with clients across different age groups and a range of psychological conditions, while contemporary rehabilitation research increasingly emphasises the importance of non-invasive therapeutic interventions in improving functional and psychosocial well-being (Ilia et al., 2025). It builds the child’s confidence and stable self-esteem, and promotes harmonious emotional development. It also helps overcome psychological trauma related to parental separation, loss of loved ones, grief, or conflict (Tiahur, 2015).

## 5. Conclusions

The relevance of this article lies in addressing clinical and humanitarian needs. In particular, it presents the authors’ methodology aimed at overcoming childhood trauma during wartime. In addition, the article traces the origins of sandplay therapy, starting with fundamental principles (Lowenfeld, 1935; Kalff, 2003) and extending to current perspectives. At the same time, special emphasis is placed on an interdisciplinary approach. This approach combines psychodynamic, play-based and neuropsychological frameworks, which allow the examination of sandplay therapy in different contexts.

Key contributions to the problem in question include studies by Ukrainian researchers (Kalka & Kovalchuk, 2020; Muliavina & Halii, 2019; Voznesenska, 2015), as well as international scholars (Benito Herce et al., 2024; Hill, 1945; Kalff, 2003; Lowenfeld, 1935; Ramirez, 2016).

The findings illustrate that prolonged emotional exhaustion and stress negatively affect the human psyche, while recent studies also demonstrate that technology-related behavioural patterns may contribute to physical and psychosocial discomfort among adolescents (Osser et al., 2025). Art therapy has been widely recognised as an effective approach for working with clients across different age groups and a range of psychological conditions. Its main goal is to identify underlying issues and help the child release repressed emotions through symbols, images and metaphors. Therefore, sandplay therapy significantly contributes to the development of memory, attention, spatial imagination, and communication skills.

## 6. Statement on the Use of Artificial Intelligence

The authors confirm that AI tools were used exclusively for editing purposes. At the same time, the authors alone are responsible for data interpretation and the formulation of conclusions.

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