

RESEARCH ON INTERVENTION EFFECT OF GROUP SANDPLAY ON PSYCHOLOGICAL BLOCK OF UNDERGRADUATES

Qi Xiang Sun*

Xiao Jiang Chen*

Abstract: To research the influence of group sandplay therapy on improvement on undergraduates' mental health and promotion of personality development, counseling group and control group were established and self-rating symptom scale test was done. The effect of group sandtray therapy was verified by comparing the difference between counseling group and control group and difference of counseling group before and after test, with result showing the mental health of counseling group students before counseling was significantly lower than that of the control group, while no significant difference exists after counseling; the counseling group students' psychological block was dramatically ameliorated after treated with group sandtray therapy.

Keywords: Group sandplay; psychological block intervention; undergraduate

* *Jiangsu Agri-animal Husbandry Vocational College, Taizhou City, Jiangsu Province, China*

The deepening of Chinese reform and opening has unprecedentedly transformed the running ideas of higher education, students recruiting scale and teaching media. However, the increasing pressure of competition for undergraduates more highlights psychological block, accompanied with augmenting of the number of events of contravening laws due to psychological block. Survey found that undergraduates' psychological block has become the first cause for their study weariness, suspension of schooling, quitting schooling and committing crime[1]. The problems of poor students, sex, career development, network dependence and suicidal have an uptrend year after year. From the perspective of mental development, undergraduates are a special social group which is maturing yet not mature[2]. From the perspective of social responsibility, they have high expectation from families and society on shoulders[3]. Therefore, the large number of mental conflicts, proneness to mental disorders and psychological block have a strong impact on their development and performance of education work in colleges[4].

1 Research object and method

1.1 Research object

The members of group sandplay were composed of 15 callers of freshmen, sophomores and seniors in our school, who are plagued by environmental discomfort, interpersonal interaction, emotion and sleep, etc. and have participated in two counseling, who came under counseling group. The control group members were randomly selected 15 students with normal psychological test result.

1.2 Research technique

This research used self-rating symptom scale as research tool, designed tests for counseling group and control group before and after test. The counseling group received counseling of group sandplay weekly, 16 in total. The control group subjected to no intervention.

1.3 Implementation of group scheme

The rules for group sandplay are as follows: everyone is only allowed to perform one action each time, such as placing a toy, digging a river, or piling a mountain; the members are not allowed to talk to each other through the whole manufacturing process; shall not take away the sand articles put by others or oneself or place them back to sand article shelf, but can move the sand articles

put by oneself or others, which is accounted as one action; the group members are allowed to choose to give up in a certain round in the manufacturing process without any action.

Operational procedure of group sandplay: first confirm the order of placing sand articles, put sand articles in sequence, perform 6 rounds at least; every one shares one word to talk about the feeling and emotion from sandplay; narrates own process of putting sand articles; perceives the whole sandtray from the perspective of the first sand article; talks about the relation among the sand articles put by oneself, and the relation between the sand articles put by oneself with the whole sandtray world; transposes to the opposite to feel the whole sandtray.

1.4 Statistical treatment

To compare the treatment effect of sandtray group, applied SCL-90 scale to measure the counseling group and control group for 2 times for each, with the first measurement conducted before group counseling (called pre-measurement), and the second measurement conducted after group counseling (called post-measurement); then used SAS statistical software for data analysis[5].

2 Result

2.1 Verification of differences between pre-measurement and post-measurement for the counseling group

Used Kolmogorov-Smirnov verification method and SAS software to make test of normality for the data to find that the pre-measurement data of factor of interpersonal sensitivity was in abnormal distribution, and the rest factors were all in normal distribution with regard to 10 factors of depression, anxiety, hostility, fear, somatization, obsession, interpersonal sensitivity, paranoia, psychotic, etc. made t test for paired data for the factors in normal distribution, compared whether there were significant differences between the conditions before and after counseling, to judge whether the treatment effect of sandtray group was obvious. Made sign test for the factors in abnormal distribution (interpersonal sensitivity), the post-measurement mean for all factors of counseling group was obviously lower than pre-measurement mean, and only the differences between pre-measurement and post-measurement for the two factors of

somatization and fear are insignificant ($P>0.05$). The differences for pre-measurement and post-measurement for the rest factors were significant ($P<0.05$), especially for the six factors of obsession, interpersonal sensitivity, hostility and psychotic, $P<0.01$, indicating the differences between pre-measurement and post-measurement were very significant, i.e. the effect of sandtray group treatment was very remarkable.

2.2 Verification of differences for intergroup post-measurement between counseling group and control group

Used Kolmogorov-Smirnov verification method and SAS software to subject the post-measurement data for the counseling group and control group to normality test, finding that each factor was in normal distribution. Used F test and SAS software to make homogeneity test of variance for the data of all the factors for counseling group and control group, with result being verification of somatization, obsession, interpersonal sensitivity, hostility, others, total average score and positive items average ($P>0.05$), indicating the variance of these factors was equal, while verification of depression, anxiety, fear, paranoia and psychotic ($P<0.05$), indicates the variances of these factors were unequal. The somatization, obsession, interpersonal sensitivity, hostility, others, total average score and positive items average score were in normal distribution and met homogeneity of variance. Thus, used Pooled verification method to verify them. While though the depression, anxiety, fear, paranoia and psychotic were in normal distribution, yet not meeting homogeneity of variance, so we used Satterthwaite verification method to verify them.

According to Pooled verification method, we obtained verification of somatization, obsession, interpersonal sensitivity, hostility, others, total average score and positive items average score ($P>0.05$), While verification of depression, anxiety, fear, paranoia and psychotic ($P>0.05$) was obtained by Satterthwaite verification method ($P>0.05$), It could not be concluded that the factors for counseling group and control group in all factors after counseling had significant difference. The same method was used to compare the intergroup pre-measurement result for counseling group and control group. Normality test found that the distribution of interpersonal sensitivity factor in pre-measurement data in counseling group was not normal, thus, t test still cannot be applied to comparison of this factor, instead, we selected Wilcoxon rank sum test and SAS software analysis to conclude that verification $P = 0.0135$, smaller than 0.05, indicative the interpersonal sensitivity factor for counseling group and control group before counseling had

significant differences. The rest of factors were all in normal distribution. Conducted t test after homogeneity test of variance to find that the 6 factors of obsession, depression, anxiety, hostility, paranoia and psychotic had significant differences, While the depression, anxiety, paranoia and psychotic achieved extraordinarily significant differences. The somatization, fear and other three factors had no significant difference.

In self-rating symptom scale test, the counseling group and control group had significant difference in seven factors before counseling. After counseling, the 10 factors all had no significant difference, proving that before counseling, the mental health of counseling group students was significantly lower than the control group, while after counseling, there was no significant difference. The result of pre-measurement and post-measurement for counseling group showed that the sandplay group delivered very satisfactory effect in treating the 6 factors of obsession, interpersonal relationship, depression, anxiety, hostility and psychotic and achieved good treatment effect for paranoia and other two factors, proving group sandplay can realize good effect in unleashing the depressed and hidden mental energy, giving vent to inner displeasure or passive experience, expressing fear, discomfort, anxiety, and other negative emotions, releasing aggressiveness, sharing members' mental resources and viewpoints, ameliorating obsessive thoughts, promoting members' self-integration, and promoting harmonious interpersonal relationship, while no significant differences were found in two factors of somatization and fear for pre-measurement and post-measurement, which may be because of inadequate counseling times.

3 Discussion

The interior mechanisms for application of the group sandplay therapy to intervention in undergraduates' mental health include: the mechanism of relationship between attitude and atmosphere, mechanism of translation between unconsciousness and consciousness, autonomic mechanism of excitation and introspection, projection mechanism of symbol and identification, control mechanism of rules and restriction, migration mechanism of virtuality and reality.

3.1 The mechanism of relationship between attitude and atmosphere

Lack of confidence in deep unconsciousness is an important cause for mental health problems. Generally the sufferers will not actively seek medical attention. The face-to-face exchange between the clients and counselors in common counseling is prone to build up pressure on the clients, while in group sandplay, the clients need not to be provided with special craft in making sandtray works, nor do they depend on precise verbal expression, thus producing no pressure of verbal expression or feeling of incompetency and inferiority complex of failure to make works. Meanwhile, the counselor's attitude of acceptance, empathy and no judgment, as well as respect and support of group members also enable the clients to be completely plunge in making sandtray works without scruples in this "free and protected space", to unleash emotions in the process, effectively manifest the conflicts hidden in inmost place, and fully show the emotion of anxiety[6].

3.2 Mechanism of translation between unconsciousness and consciousness

The counselor gets a deep understanding of the group and the attitude and reaction shown by the individuals, and knows the mentality of other members by empathy participation in the group game activity and close-in inspection, and fully and effectively feeds this accepting and understanding attitude to the group members. In such a safe and attention-focusing atmosphere, the unconsciousness among the group members is diffusing and defenseless. Thus, they mutually understand and support each other on the layer of unconsciousness to promote the unconscious content of the whole group to display gradually, the counselor participates in the common game and gives no supervision or comment, and understands and accepts even the negative emotions they show, understands the sufferers considerately from the perspective of sufferers, to convey this empathy feeling to members, who will be feeling this acceptance in the meanwhile. What is more important is to lead them to walk freely into deeper sub consciousness, so as to externalize the deeply depressed content in the sub consciousness to sandtray. The process of making unconsciousness a kind of consciousness will produce a sudden enlightenment and change, finally restructuring and integrating the personality[7].

3.3 Autonomic mechanism of excitation and introspection

The students with psychological block tend to have a low sense of self-worth. The excitement, respect and appreciation among the members of group sandtray and the restrictive rule of group sandtray create a free, respecting and secure space by the member and counselor. When making and experiencing own works, the members can silently think reflectively, or exchange feeling with other members of the group, or modify works. In fact, the scene of each sandplay game is part of the efforts of corresponding to past and current hurt. The members find out other perceiving angles for the works from the playmate's understanding, thereby promoting adjustment of wrong precondition, assumption and attitude in cognition of unconscious layer, which all finds expression in generalization of works theme and change of explanation of connotation for one certain toy in sandtray. In this way, the sufferers can get a feeling of autonomous control through game mode, so as to restructure an active sense of self-worth[8].

3.4 Projection mechanism of symbol and identification

The sandtray itself is a projection of people's subjective world[9]. The essence of being not language exchange for group sandtray enables the individuals with psychological block tendency to use toy model to make sandtray works. The exchange of members is not via language and words, but use symbols and game, eliminating the threat of harming image in language exchange. The essence of being not language exchange for group sandplay weakens the pressure and defense in group exchange. In the process of making group sandtray, the members silently observe, sincerely exchange and feedback, realizing own life experience is not unique and individual, thereby decreasing passive evaluation of oneself, and lowering defense and pressure to accept oneself. When one member finds another member adopts the toy chosen by himself/herself too to express the mentality which he or she also wants to express, he/she would be gratified and has a feeling of tacit understanding, feeling oneself understood and accepted by others, thereby mutually identifying, increasing sense of belonging and security.

3.5 Migration mechanism of virtuality and reality

Fully mine group power field, connect sandtray game experience and real world[10]. The group sandtray provides the members with more resources and viewpoints about spiritual life, fully mines the power field in group. The group sandtray enables the members to share the

personality of all members and psychological resources and viewpoints about corresponding mode, acquire more symbolic modes to express own inner heart, as well as more symbolic meaning of one certain image, to help them know the significance of sandtray world. The callers are encouraged to pay attention to how the problems in sandtray are presented in their daily life. Guided by counselor, the members gradually become able to connect the insufficiency and problems shown in own works to the reality, to help the members to understand and apply the realization that ascends to consciousness layer via sandplay, thereby obtaining integration and development of real personality

3.6 Control mechanism of rules and restriction

Group sandplay therapy is to conduct treatment in sandtray restricted by certain rules, which are to guarantee smooth therapy. While the restrictive factors in group sandplay therapy have constituted an important treatment dimension, and the compliance degree of group members to rules can show some characteristics of their personality, which are important aspects of analyzing and understanding group sandtray works[11].

4 Conclusion

In fact, group sandtray game for undergraduates is simulating and training the growing process of undergraduates' normal personality, and is also an effective and secure correction and treatment for the undergraduates suffering from psychological block. Group sandplay therapy is blazing undergraduates' introspection in the creative play course by dint of media of sandtray making, and using the experience of sandtray to promote group members' unconscious disturbance of interior personality clash and emotion; the group field power is used to promote deep exploration and thinking into ego, and give the group interior and each member self-healing ability; the undergraduates are guided to connect sandtray world with the real world, thereby promoting translation and migration of power relation in sandtray to the real life, in turn realizing changing of personality and finally achieve personality integrity and continual self-realization.

ACKNOWLEDGMENT

This work is supported by Philosophy and Social Science Research Fund Project support of Jiangsu Agri-animal Husbandry Vocational College. (Grant NO: SKZD1402).

REFERENCE

- [1] Carey L. Sandplay therapy with a troubled child[J]. *Arts in Psychotherapy*, 1990, 17(3):197-209.
- [2] Carey L J. Sandplay therapy with children and families[J]. *Rosenberg*, 1999,(1)
- [3] Zoja E P. Sandplay Therapy: Treatment of Psychopathologies[J]. 2004.
- [4] Pattis E. Sandplay Therapy: Treatment Of Psychopathologies [Paperback][J]. 2004.
- [3] Pouliot S. System and method for using sandboxes in a managed shell: US, US 7725922 B2[P]. 2010.
- [5] Ross E, Derouin A, Halstater B, et al. Can We Learn in the Sandbox Together? Interprofessional CaseConferences as Facilitation Tools[J]. *Medical Science Educator*, 2014, 24(1):83-91.
- [6] Tornqvist D. Exploratory Play in Simulation Sandbox Games: A Review of What We Know About Why Players Act Crazy[J]. *International Journal of Game-Based Learning*, 2014, 4(2):78-95.
- [7] Wang G J. On Application of Sandbox Therapy in School Mental Health Education [J]. *Journal of Dalian Education University*, 2013.
- [8] Niu J, Zhao J. A Research on the Characteristics in Initial Sandbox of the Community Inmates[J]. *China Journal of Health Psychology*, 2015.
- [9] Du M, University B. On the Intervention Mechanism of Parent-Child Sand Play Therapy of English Anxiety Disorder among School Age Children[J]. *Journal of Anhui Vocational College of Police Officers*, 2016.
- [10] Kets d V M F R. Get Back in the Sandbox: Teaching CEOs How to Play[J]. *Social Science Electronic Publishing*, 2012.
- [11] Wang D. Process and Effect of Sandplay Therapy on a Who Boy Suffered Peer Victimization[J]. *Chinese Journal of Clinical Psychology*, 2013.