

Sand & Play: Using Expressive Interventions in Child & Adolescent Eating Disorders



Alexandra Meyers-Ellett, PhD, LPC, RPT
Therapist
Laureate Eating Disorders Program

Alexandra Meyers, PhD, LPC, RPT, completed her Bachelor of Science degree in psychology at Cameron University and her Master of Science degree in clinical mental health counseling at North-eastern State University. She earned her doctorate through the University of Arkansas, with dissertation focus on exploring the therapeutic impacts of group therapy. She joined the Laureate Eating Disorders team in 2010 as a psychiatric technician and returned to the adolescent program in 2017. Dr. Meyers has presented locally and nationally about topics relevant to the treatment of eating disorders.

She uses person-centered, family systems and experiential approaches in her practice. She is a nationally Registered Play Therapist and enjoys integrating play therapy and expressive techniques to help individuals uncover difficult emotions, manage anxiety and increase their self-esteem and sense of self-worth.

“They grow up way too fast these days.”

“Let them be little.”

“They are always on their phones.”

If you’ve ever been in a room full of adults talking about young people today, you may have heard one of these statements. Go outside. Explore. Make something. Essentially, these statements support the idea that young people do not get enough play. They may be right.

Although we now live in a technology-obsessed world, the growing child brain still looks to play as a major resource for learning and development. It would seem only appropriate that play and creativity be included when working with children and adolescents in psychotherapy. Unfortunately, play in therapy is often completely ignored or even forgotten.

When children engage in play, they use their instinctual desire for exploration to gain mastery of their environment. Play can promote creative thinking, encourage healthy relationships, and serve as a catalyst for the release of strong emotions



(Homeyer & Morrison, 2008). As children transition into adolescence, their style of play also transitions into the form of art and creative expression. Research has found that many adolescents naturally turn to arts-based methods of coping such as playing musical instruments, writing in a journal, collaging or painting (Perryman, Moss, & Cochran, 2015).

Since children and adolescents intuitively gravitate toward play and creative activities, it may be

important to consider integrating expressive and play interventions with traditional cognitive-based models in the treatment of child and adolescent eating disorders. Integrating expressive and play interventions doesn't mean tossing all cognitive theory and skills out the window, but rather meeting young people where they are developmentally, emotionally and cognitively.

Body Image & Self-Esteem

Issues related to body image and self-esteem are topics frequently discussed in individual and group therapy for eating disorder clients. Children and adolescents may be reluctant to disclose their concerns due to fear of judgment, discomfort and embarrassment. Using traditional talk therapy as the only method of intervention when working with children and adolescents has been found to be generally unsuccessful (Green & Drewes, 2014). Young people may be more willing to verbalize body image and self-esteem concerns if they can use creative expression as a voice for their concerns.

Commonly used techniques such as "Body Tracing" and "The String Activity" are examples of expressive techniques used in eating disorder treatment that directly address issues of body image and body distortions. In these exercises, the client is asked to draw an outline of their body or instructed to cut a string to represent measurements of how they believe their body looks. The counselor then works with the client to challenge these distortions by providing actual measurements and tracings for

comparison, and gives the client the opportunity to process any feelings that arise during the experience.

Expressive and play activities can also be beneficial in a group therapy setting. A play-based activity can help to get group members talking, interacting, and using their creativity while processing difficult issues.

Consider the use of dramatic role play in group therapy. It is essentially a more "grown up" version of childhood imaginative play that can be easily applied to adolescents with eating disorder issues. The group leader can break members into small groups and ask each group to create a realistic scenario of a potentially triggering situation they may face at school that puts their self-esteem and body image at risk. Clients can then work as a group to problem solve potential solutions to scenarios they fear will happen to them, while simultaneously challenging their own anxieties about judgment and performance in front of their peers.

Sand Tray and Sand Play

A supplemental intervention to consider using with children and adolescents with eating disorders is sand tray therapy. Margaret Lowenfield created sand tray therapy in 1939 specifically for those who may lack the verbal ability or emotional maturity to express their thoughts and feelings fully. Sand tray allows clients to gain alternative perspective and insight into their issues while having the opportunity to blend memories, fantasies, wishes and emotions without verbal constraints (Rae, 2013).



Like play therapy, where toys serve as a representation of the child's words, miniatures or figurines are used in sand tray therapy to help a client "speak" about difficult issues (Homeyer & Sweeney, 2017). The client's process develops through the selection, thought, and placement of miniatures in the sand that create a picture or story of the problem (Taylor, 2009). With appropriate facilitation of a sand tray, young clients may practice viewing their problem as an outside observer and gain insight into how their life has been negatively impacted by their eating disorder.

In a sand tray session, directive prompts can be used as a guide to help the client focus on specific areas of concern related to their eating disorder. Examples of directive prompts that may be easier for children or adolescents to understand could be:

"Create a tray showing how you believe others see you in your body."

"Show me what life in your eating disorder looks like in the sand."

"Make a tray that represents your relationship with your body now and the relationship you want to have with your body."

"Show me what your world might look like without an eating disorder."

Choose Play

Eating disorder treatment for children and adolescents can be complicated. There are several factors to consider before implementing certain therapeutic techniques since young clients may be at critical stages of emotional, cognitive and physical development. Expressive and play interventions can help children and adolescent clients understand and communicate their issues in a language that they speak naturally. Counselors may discover they are better able to assist young clients in their struggle with eating disorders by using play and expressive methods in therapy.

References

- Green, E. J., & Drewes, A. A. (2014). *Integrating expressive arts and play therapy with children and adolescents*. Hoboken, NJ: Wiley.
- Homeyer, L. E., & Morrison, M. O. (2008). Play Therapy Practice, Issues, and Trends. *American Journal of Play*, 1(2), 210-228.
- Homeyer, L.E., & Sweeney, D. S. (2017). *Sandtray therapy: a practical manual*. New York, NY: Routledge.
- Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls. *International Journal of Play Therapy*, 24(4), 205-220.
- Rae, R. (2013). *Sandtray: Playing to heal, recover, and grow*. Lanham, MD: Jason Aronson
- Taylor, E. R. (2009). Sandtray and solution-focused therapy. *International Journal of Play Therapy*, 18(1), 56-68.