

The Effects of Sandplay Therapy on Improving the Self-Differentiation, Depression, and Mother-Child Relationship of Mothers with Teenage Children

So-on Kim

Sandplay Therapist & Psychotherapist, the Voice of the Well Psychological Development Center, Suwon, Korea

The purpose of this study was to identify the effects of sandplay therapy on decreasing the depression of mothers with teenage children, enhancing their self-differentiation, and improving their mother-child relationship. To this end, this study's subjects were divided into a test group of five people and a control group of five people, which consisted of mothers who had teenage children. Sandplay therapy was conducted on these groups for ten weeks in fifty-minute sessions. The study's tools included tests for the Differentiation of Self Scale, Beck Depression Index and Mother-Child Relationship Index. The Wilcoxon signed-rank test and the Mann-Whitney U test were performed to process the data. This study's results showed that sandplay therapy enhances the self-differentiation of mothers with teenage children, decreases their depression, and facilitates harmonious mother-child relationships.

Keywords Sandplay therapy, Depression, Self-differentiation, Mother-child relationship

INTRODUCTION

Mothers with teenage children by the nature of their ages undergo a number of biological, social, and psychological changes. Along with physiological changes, their physical ability is reduced due to aging, and they lose confidence in their looks and feel isolated in their social relationships, which are otherwise limited to their husband and children. In particular, mothers in Korea often settle for the role of wife and mother while giving up their own career despite high levels of education. Therefore, their sense of crisis is likely to be more serious compared to that of mothers in other countries (Kim, 2011).

Received: Apr 30 2014 Revised: Jun 10 2014 Accepted: Jun 15 2014

Correspondence: So-on Kim

Sandplay Therapist & Psychotherapist, Voice Well Psychological Development Center, the Voice of the Well Psychological Development Center, 509-1 Yeongtong-ro, Yeongtong-gu, Suwon 443-809, Korea
Tel: +82-31-712-1685 Fax: +82-031-716-1685
E-mail: on1sos@hanmail.net

Copyright © 2014 Korean Society for Sandplay Therapy.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited

To Korean parents, the existence of children is their future and implies the potential to realize their unfulfilled dreams and goals. Most mothers do their best to support their children psychologically and economically until they enter a university. On the other hand, teenagers live their lives relying on their parents due to the excessive emphasis in middle and high schools on the goal of entering university, while delaying other developmental tasks that should be realized during this period. In addition, mothers also consider their life cycle in accordance with the ages of their children or the cycle of their family life, and then experience the period of "an empty nest" after their children leave home. At this time, they ask themselves, "What have I accomplished in my life?" As this shows, the mother-child relationship that emphasizes a deep emotional bond can become an important element in the psychological development and social adaptation of individuals.

Jung (1954), the founder of analytical psychology, held that the developmental phases of human beings last for the duration of their lifetime and adulthood is the most important period in human development. Entering their forties, an important turning point in life, human beings undergo the process of individuation through which they find their real self and have their own life by turning their attention from the outer to the inner world. This is the work of finding one's true self and the process of build-

ing a healthy individual. Therefore individuals strive independently to be differentiated from their environment. However, midlife is the period when individuals evaluate what they have accomplished. Therefore, when individuals during this period perceive that they have not properly demonstrated their productivity, they feel psychological pain such as a sense of emotional crisis, anxiety about the future, the loss of objectives and direction, a fear of new changes, and depression and loneliness. Consequently, it can be predicted that the psychological difficulties of mothers with teenage children will largely influence their family and form a transitional period during which they experience confusion and troubles.

Considering this aspect, the symptoms of depression in mothers with teenage children require psychological support. In particular, the causes of depression in mothers with teenage children can be viewed from three aspects. Physiologically, as they approach middle age, they suffer from a sense of loss and depression as women, along with various symptoms of menopause. Female hormones influence not only reproduction, but also emotions. Therefore, middle-aged women complain of the “empty nest syndrome” and their sense of despondency and betrayal regarding all their previous efforts turns into depression. Relationally, they experience conflicts with their husband, children, and in-laws and lose the meaningfulness of life to sustain their existence as individuals. This exacerbates the women’s sense of loneliness, isolation, and psychological instability (Baek, 2009).

In addition, they are not independent in their mother-child relationship that has not realized healthy psychological development, and rather increases dependence. This keeps them from accepting the independence and freedom of their children, and therefore, they either control their children more deeply or suffer from a sense of loss.

Margaret Mahler reported that in a stable mother-child relationship, when a mother serves the role of showing sympathy and love to her children and helping them so that they can continue the process of separation and independence, the children can live a well-organized and differentiated life and have the ability to overcome losses or wounds. Otherwise, they find it difficult to connect with other people emotionally and live an isolated life (Kim, 2008).

Kalff and Neumann stated that in the initial phase of all psychological development, Self develops thorough the mother-child unity and relationship. The quality of the mother-child relationship becomes the foundation of their relationship with themselves, other people, objects, and events. In addition, a sense of stability obtained from the mother-child relationship forms the basis for emotional relationships with other people (Turner, 2005).

Based on this understanding, the study intends to facilitate the stagnant process of mental development through sandplay therapy. The core foundation of this approach is that the psyche is

born with inner balance, order, and a therapeutic nature, and has an autonomous tendency to grow wholly through self-healing (Jung, 2007). Sandplay therapy is the encounter of consciousness and subconsciousness through fantasies, dreams, and creative imagination. It involves the process of healing and growth. By expressing their unconscious inner world in sandtrays and making it conscious within a free and protected space, individuals can confront their unconsciousness and recover their relationship with consciousness, thereby discovering their true self, and growing and strengthening their ego (Turner, 2005).

In recent years, case studies about healing adults have also been published by Korean practitioners of sandplay therapy. These mostly present the cases of clients who complained of depression. A previous study conducted by Hwang (2007) reported that after middle-aged women showing the symptoms of depression were treated with sandplay therapy, their sense of depression was reduced and their anxiety and physical symptoms were relieved, and as a result, sandplay therapy helped reestablish their self-identity. Moon (2008) presented a case in which a middle-aged woman showing depression due to her husband’s affair was able to heal her wounded self and establish a healthy self-image. Chang (2009) showed that a client who had fear and anxiety due to the lack of motherhood during her childhood and her exhausting marital life resolved the negative motherhood through sandplay therapy and underwent a self-realization in midlife. As these studies show, sandplay therapy provides a “free and protected space,” in which clients can freely express themselves while benefiting from the acceptance and warm support of therapists.

Therefore, this study aims to identify the effects of sandplay therapy in terms of whether it can enhance the mother-child relationship by reducing the depression of mothers with teenage children and facilitating their healthy self-differentiation. These therapeutic outcomes will help them review the first half of their lives, which were characterized by extroverted attitudes and also achievement and goal-oriented lifestyles, and instead focus on their inner world, thereby resolving the task of forming self-identify for the latter half of their lives. To achieve this objective, the following research questions were established:

First, can sandplay therapy enhance the self-differentiation of mothers with teenage children?

Second, can sandplay therapy reduce the depression of mothers with teenage children?

Third, can sandplay therapy improve the relationships between mothers and their teenage children?

METHODS

Subjects

The study’s subjects were mothers aged 48 to 52, who have teenage children and reside in Suwon, Korea. After measuring the

scales of self-differentiation, depression, and mother-child relationship, a test group of five people and a control group of five people that obtained similar scores were organized. The results of comparing the general characteristics of mothers in the test and control groups that participated in sandplay therapy showed no statistically significant differences in the variables of general characteristics, such as age, occupation, the existence of religion, education, and the number of children (Table 1).

Research Tools

Differentiation of Self Scale

To measure the levels of self-differentiation in mothers with teenage children, this study used Je's Differentiation of Self Scales (1989), modifying it to suit Korea's environment, based on the family system theory of Bowen (1976). This scale consists of five lower-level domains and a total of thirty-six questions. Each question is based on a five-point Likert scale ranging from "not at all" to "very much." The sum of the points of each lower-level scale indicates the total level of self-differentiation, and a higher score denotes a corresponding higher level of self-differentiation (Table 2).

Beck Depression Inventory

This study was conducted using the Korean version of the Beck Depression Inventory (1967; Korean trans. 1991) to measure the levels of depression in mothers with teenage children. This uses a self-reporting type of questionnaire to measure the cognitive, emotional, motivational, and physiological symptoms of depression and consists of a total of twenty-one questions, including the domain of symptoms. The reliability coefficient (Cronbach's α) of the modified Beck Depression Inventory was .79.

Mother-Child Relationship Scales

To measure the mother-child relationship of mothers with teenage children, this study used the Mother-Child Relationship Harmony Scales (Lee & Kim, 2012) to develop the harmony scale of mother-child relationships for teenagers and parents. This scale is based on a five-point Likert scale, including "not at all" (one point), "mostly not agreed" (two points), "half and half" (three points), "mostly agreed" (four points), and "very much" (five points) (Table 3).

Research Procedures and Analysis Methods

This study first measured the Differentiation of Self Scale, Beck Depression Inventory, and Mother-Child Relationship Scale, and

Table 1. Characteristics of the subjects

Category		Test group (n=5)		Control group (n=5)		χ^2
		n (%)	n (%)	n (%)	n (%)	
Age	45 to 49	4 (80.0)	3 (60.0)			.48
	50 to 54	1 (20.0)	2 (40.0)			
Occupation	Teachers (directors of educational facilities)	3 (60.0)	0 (.0)			4.33
	Service workers	1 (20.0)	3 (60.0)			
	Office workers	1 (20.0)	2 (40.0)			
Existence of religion	Yes	4 (80.0)	3 (60.0)			.48
	No	1 (20.0)	2 (40.0)			
Education	Graduated from high school	0 (.0)	2 (40.0)			2.50
	Graduated from university	5 (100.0)	3 (60.0)			
No. of children	1	0 (.0)	3 (60.0)			5.20
	2	3 (60.0)	2 (40.0)			
	3	2 (40.0)	0 (.0)			

Table 2. The composition of questions and reliability for the lower-level variables of self-differentiation

Lower-level variables	No. of question	No. of questions	Reliability coefficient (Cronbach's α)
Cognitive intelligence vs. Emotional intelligence	*1, *2, 3, *4, *5, *6, *7	7	.56
Self-integration	8, 9, 10, *11, *12, 13	6	.78
Process of family projection	*14, *15, *16, *17, *18, *19	6	.70
Emotion severance	20, *21, *22, *23, *24	5	.58
Family regression	*25, 26, 27, 28, 29, 30, 31, 32, *33, *34, *35, *36	12	.69
Total points		36	.76

then formed a test group of eight people and a control group of five people by selecting thirteen people who had obtained similar scores.

The test group was treated with sandplay therapy for ten weeks in weekly fifty-minute sessions. The control group did not receive any treatment while the test group was undergoing sandplay therapy. Of the eight people in the test group, three people who were absent from the sandplay program for at least three sessions were eventually excluded. Ultimately, five people participated in this study.

The sandplay therapy was conducted from April to July 2013. The researcher explained the study's purpose and necessity to the participants individually and informed them that the contents of their sandplay therapy would be noted and recorded. In addition, the researcher explained and reassured them of their anonymity and confidentiality. After the subjects' willingness to

participate had been confirmed, sandplay therapy was applied individually to them according to their schedules. The location of sandplay therapy was an office, and the subjects visited it themselves and received the therapy there.

Data Processing Methods

Test data from this study was analyzed with the statistical program SPSS 18.0. First, the values of frequency and percentage were calculated, and the χ^2 test was performed to compare the sociodemographic characteristics of mothers in the test and control groups.

Afterwards, in order to examine whether sandplay therapy was effective in reducing the depression of mothers with teenage children and enhancing their self-differentiation and relationship with their children, the Wilcoxon signed-rank test and the Mann-Whitney U test were performed. The statistically significant level was set at $\alpha = .05$.

Table 3. The composition of questions and reliability for the lower-level variables of mother-child relationships

Lower-level variables	No. of question	No. of questions	Reliability coefficient (Cronbach's α)
Harmonious body	1, 2, 3, 4, 5, 6, 7	7	.53
Harmonious behavior	8, 9, 10, 11, 12, 13, 14	7	.82
Harmonious cognition	15, 16, 17, 18, 19, 20, 21	7	.79
Harmonious emotion	22, 23, 24, 25, 26, 27, 28	7	.87
Total points		28	.82

RESULTS

Can Sandplay Therapy Enhance the Self-differentiation of Mothers with Teenage Children?

The results of testing Question 1 ("Can sandplay therapy enhance the self-differentiation of mothers with teenage children?") are shown in Table 4. Before the test, mothers in the test and control group were confirmed to have the same quality of self-differentiation levels. Therefore, the effects of sandplay therapy on enhancing their self-differentiation were verified by comparing the pre-

Table 4. The verification of differences in self-differentiation scores between the test and control groups

Category		Test group (n = 5)	Control group (n = 5)	Z
		M (SD)	M (SD)	
Cognitive intelligence vs. Emotional intelligence	Pre	17.00 (1.00)	17.80 (2.77)	-.32
	Post	17.80 (.45)	17.80 (2.77)	-.11
	Z	-1.41	.00	
Self-integration	Pre	10.60 (1.14)	10.60 (1.14)	.00
	Post	15.20 (.84)	9.00 (2.55)	-2.64*
	Z	-2.07*	-1.36	
Process of family projection	Pre	15.00 (2.00)	14.40 (1.82)	-.32
	Post	15.40 (2.41)	14.40 (1.82)	-.54
	Z	-1.00	-.00	
Emotional severance	Pre	10.00 (.71)	9.80 (1.30)	-.78
	Post	10.60 (1.52)	10.00 (1.22)	-.76
	Z	-1.00	-1.00	
Family regression	Pre	29.00 (2.74)	28.40 (1.14)	-.21
	Post	29.60 (3.05)	28.40 (1.14)	-.53
	Z	-1.00	-.00	
Total points	Pre	81.60 (2.88)	81.00 (3.39)	-.11
	Post	88.60 (2.07)	79.60 (3.65)	-2.63*
	Z	-2.03*	-1.28	

* $p < .05$.

Table 5. The verification of differences in depression scores between the test and control groups

Category		Test group (n=5)	Control group (n=5)	Z
		M (SD)	M (SD)	
Depression	Pre-test	16.60 [3.05]	18.60 [4.62]	-.78
	Post-test	10.40 [.89]	21.40 [4.28]	-2.69*
	Z	-2.06*	-1.89	

* $p < .05$.

test and post-test results between the test and control groups.

When examining the lower-level variables of self-differentiation, “self-integration” showed a statistically significant difference ($z = -2.64, p < .05$). However, statistically significant differences were not exhibited in “cognitive intelligence vs. emotional intelligence,” “process of family projection,” “emotional severance,” and “family regression.” However, the results of verifying a difference in the total points of self-differentiation exhibited a statistically significant difference between the two groups ($z = -2.63, p < .05$). These results indicated that sandplay therapy was effective in enhancing the self-differentiation of mothers with teenage children.

Can Sandplay Therapy Enhance the Depression of Mothers with Teenage Children?

To verify Question 2 (“Can sandplay therapy enhance the depression of mothers with teenage children?”), the pre-test and post-test scores of the test and control groups were examined, and the results of the analysis of their differences are shown in Table 5.

Mothers in the test and control groups were confirmed to have the same quality of depression levels before the test. The results of verifying the differences between the test and control groups after the depression test revealed a statistically significant difference ($Z = -2.69, p < .05$). This indicated that sandplay therapy was effective in reducing the depression of mothers with teenage children.

Can Sandplay Therapy Improve the Relationship Between Mothers and Their Teenage Children?

In regards to Question 3 (“Can sandplay therapy improve the relationship between mothers and their teenage children?”), this study examined the pre-test and post-test scores and the results of the analysis of the differences are shown in Table 6.

As presented in Table 6, the mothers in the test and control groups were confirmed to have the same quality of mother-child relationship levels. The results of the examination of the lower-level variables of mother-child relationships are as follows. Statistically significant differences were observed in “harmonious behavior” ($z = -2.03, p < .05$) and “harmonious cognition” ($z = -2.11,$

Table 6. The verification of differences in the mother-child relationship scores between the test and control groups

Category		Test group (n=5)	Control group (n=5)	Z
		M (SD)	M (SD)	
Harmonious body	Pre	17.20 [2.28]	18.20 [3.27]	-.53
	Post	17.40 [2.88]	18.00 [3.54]	-.21
	Z	-.27	-1.00	
Harmonious behavior	Pre	24.60 [1.95]	23.40 [4.45]	-.87
	Post	29.20 [1.64]	22.80 [4.15]	-2.03*
	Z	-2.03*	-1.73	
Harmonious cognition	Pre	16.60 [2.97]	18.00 [1.22]	-1.16
	Post	22.60 [3.78]	17.80 [1.30]	-2.11*
	Z	-2.02*	.00	
Harmonious emotion	Pre	18.60 [4.67]	17.60 [5.64]	-.31
	Post	21.00 [5.74]	17.00 [5.70]	-.95
	Z	-1.84	-1.32	
Total points	Pre	77.00 [6.86]	77.20 [4.09]	-.52
	Post	90.20 [9.50]	75.60 [5.94]	-2.19*
	Z	-2.03*	-1.32	

* $p < .05$.

$p < .05$). However, statistically significant differences were not found in “harmonious body” and “harmonious emotion.” Consequently, total points in the mother-child relationship showed a statistically significant difference ($z = -2.19, p < .05$). These results suggest that sandplay therapy is effective in enhancing “harmonious behavior” and “harmonious cognition” in the mother-child relationship of mothers with teenage children.

CONCLUSION

The purpose of this study was to verify whether sandplay therapy can enhance the mother-child relationship of mothers with teenage children by facilitating their self-differentiation and reducing their depression. The research findings were as follows:

First, it was found that sandplay therapy was effective in enhancing the self-differentiation of mothers with teenage children. Among the lower-level variables of self-differentiation, while the test group did show a statistically significant increase in “self-integration,” it did not exhibit statistically significant differences in “cognitive intelligence vs. emotional intelligence,” “process of family projection,” “emotional severance,” and “family regression.” This indicates that the participants who were under emotional stress from other people or their surrounding environment were positively influenced by sandplay therapy in the domain of self-integration that could measure how well they were maintaining their beliefs and values.

Second, sandplay therapy showed a statistically significant difference in reducing the depression of mothers with teenage children. This indicates that the cognitive, emotional, motivational,

and physiological symptoms of depression were reduced by sandplay therapy.

Third, sandplay therapy was effective in enhancing the mother-child relationship of mothers with teenage children. First, in the test group's mother-child relationship, statistically significant differences were found in the domains of "harmonious behavior" and "harmonious cognition," but no statistically significant differences were detected in the domains of "harmonious body" and "harmonious emotion." This shows that in their relationship with children, the mothers were realizing the harmony of their cognition, emotion, behavior, and body. Based on this harmony, they would be able to form mutually helpful mother-child relationships in the long term while respecting the uniqueness of such relationships.

These findings are consistent with those of studies by Hwang (2007), Moon (2008), and Chang (2009) on midlife, the developmental phase of mothers with teenage children. This supports the report that participants who touched sand or expressed symbolic objects through metaphorical methods, and regressed to their childhood through protected emotional interactions with therapists and expressed their pain and sorrow during this period experienced a reduction in their depression and were relieved of their anxiety and physical symptoms. As a result, they were helped to reestablish their self-identity.

Kalff expressed the relationship between clients and therapists in sandplay therapy as "mother-child unity." This means that the relationship between therapists and clients is identical to the image of the relationship between mothers and children in that those clients who are weak and vulnerable are supported and protected (Turner, 2005). This can also be compared to the process of integrating the unconscious, which has been neglected by living a consciousness-centered life until one's midlife, into the conscious. Therefore, sandplay therapy that provides this insight may be highly meaningful to participants. This study yielded positive results despite a relative short treatment period of ten sessions. However, it also revealed the limitations of short-term treatment as overall improvements were not realized in the domains of self-differentiation and the mother-child relationship. If the reports of children are measured in the mother-child relationship test in future studies, more precise measurements will

be obtained. In particular, due to the autonomous characteristic of sandplay therapy, individuals may experience their own different periods of inner concentration, instability, regaining order, and reestablishment. Therefore, a range of studies on sandplay therapy should be conducted in the future to consider this aspect.

REFERENCES

- Baek, S. C. (2009). *A Christian Middle-aged Woman's Melancholia, Diagnosis and Healing: A Scholastic Study of Pastoral Counseling*. (Unpublished master's thesis). Hoseo University, Asan, Korea.
- Beck, A. T. (1967). *Depression: Clinical, Experimental, and Theoretical Aspects*. New York: Harper & Row.
- Chang, H. S. (2009). A Case Study of Sandplay Therapy for Self-actualization of an Anxious Middle-aged Woman with Low Confidence. *Korean Journal of Play Therapy*, 12(1), 79-102.
- Hwang, Y. S. (2007). Application of Sandplay Therapy in a Case of a Middle-aged Woman of Depressive Tendency. *Korean Journal of Play Therapy*, 10(4), 81-95.
- Je, S. B. (1989). *The Relationship between Differentiation of Self and Dysfunctional Behavior*. (Unpublished doctoral dissertation). Pusan National University, Busan, Korea.
- Jung, C. G. (1954). *The Development of Personality*. New York: Pantheon.
- Jung, C. G. (2007). *Analysis of Unconsciousness*. Seoul: Hongsin.
- Kim, C. K. (2011). A Phenomenological Study on Psychological Experience Appearances of Middle-aged Women. *Journal of Special Education & Rehabilitation Science*, 50(3), 25-51.
- Kim, Y. S. (2008). *Family Therapy*. Seoul: Hakjisa.
- Lee, S. M., & Kim, S. H. (2012). The Development of a Parent-child Relations Harmony Scale for Adolescents' Parents. *Korea Journal of Counseling*, 13(5), 2345-2361.
- Lee, Y. H., & Song, J. Y. (1991). A Study on the Reliability and Validity of BDI, SDS, and MMPI-D. *The Korean Psychological Association*, 15(1), 98-113.
- Moon, C. L. (2008). The Case Study of Sandplay Therapy for a Middle-aged Woman with Depression. *Korean Association of Human Ecology*, 17(3), 439-455.
- Turner, B. A. (2005). Neurobiology and the Sandplay Process. *Journal of Sandplay Therapy*, 14(2), 99-112.