Sand Art Feeling Jars
By Maura Jenkins

Treatment Modality: Individual

Goals:
- To give children a concrete way to begin getting in touch with the emotions that they are currently experiencing
- To promote conversation about how the child is feeling in a creative, non-threatening, and indirect manner
- To provide a sensorimotor activity that engages children in the therapeutic process
- To give children a visual piece of art that they can take with them and use as a means to understand their feelings

Materials:
- 8 large jars
- 8 labels of emotions
- 8 different colors of sand
- A selection of small jars
- Funnel

Preparation:
- Each of the 8 large jars should be labeled with an emotion. Emotions include the four positive emotions of excitement, happiness, hope, and love; and the four negative emotions of anger, confusion, fear, and sadness.
- Each labeled jar should have its own corresponding color of sand: orange (excitement), green (happiness), yellow (hope), purple (love), red (anger), brown (confusion), black (fear), and blue (sadness).

Description:
The practitioner should have all 8 jars displayed in a line for the child. The child can choose his or her own small jar. The child will be instructed to read the labels (or have labels read to them) and choose which emotions they are currently feeling. The practitioner should ensure that the child is not choosing the jar based off of sand color, but rather the emotions that the child is truly feeling at the time. The child will then be asked to use the funnel and pour in different layers of those identified emotions, and that the proportion of each layer should correspond to the extent in which he or she is experiencing the given emotion.

Once the child fills up their jar with the emotions that he or she is feeling, the practitioner should give the child the opportunity to discuss the jar that they have made. The child will be asked to describe each emotion that they have chosen and explain what events in his or her life is causing each emotion that they are feeling.
The practitioner should take a picture of the jar for the clinical file, and the child is to keep the jar that he or she has made.

This is an activity that can be repeated throughout the counseling process, and is particularly helpful to be used during an initial session and then again during the termination process.

Discussion:

Children tend to have difficulty talking about their emotions due to developmental level and verbal limitations. This activity is a creative way for children to visualize and learn how to get in touch with the emotions that they are currently experiencing. A core component of empirically supported trauma-focused protocols is a psychoeducational portion that focuses on identification and labeling of feelings (Cohen, Mannarino, & Deblinger, 2006). In addition, the sensorimotor aspect of this activity is therapeutic, as experiential and sensorimotor expressive activities have often been found by research to enable survivors to access trauma memories and facilitate their trauma narratives (Cohen, et al., 2006). The technique can facilitate the expression of emotions that might not otherwise be expressed in standard play or talk therapy.

To give an example of how this activity benefitted a client I worked with, I would like to describe a jar that 8-year old Alex made. Alex had been removed from his home by Child Protective Services 3 months prior to making the jar. Alex was a child who internalized his feelings and rarely discussed his own emotions. In the jar he made, Alex put happiness (green), hope (yellow), excitement (orange), confusion (brown), and anger (red). He explained that he was happy and excited because he was having a visit with his parents the next day. He reported being hopeful that he would end up going home with his mother soon, but was confused because he was unsure about whether or not that would actually happen. He also reported being angry because he was not currently home with his parents, and has been away from them for 3 months. This activity was one of the first instances in the 3 months that I had been working with him in which he was able to express the emotions that he had been feeling. This was a breakthrough moment in the therapeutic process, and led to very valuable conversation in which I was able to validate his feelings, reinforce his expression of emotions, discuss with him what the removal from his home was like, and prepare him for the possibilities of not being able to return home.

Another valuable example of the utilization of this technique was with 7 year-old Jordan. He and his siblings had been removed from his home by Child Protective Services because his sister had been sexually abused, which Jordan was unaware of. In his jar, he put in every emotion (happy, excited, love, hope, anger, sadness, confusion, and fear). Jordan reported being happy and excited because he was having a visit with his parents the next day, and put in love because he had so much love for his mother and father. He said that he was hopeful that he would go home with them soon, and was sad because he was not already home with them. He reported being angry because he felt as if he was one of the only children in the group home who behaved and he was angry that the other children chose not to behave. He articulated anger towards his sister, as he believed that the removal was her fault, in addition to the intense
worry and fear that he had been experiencing since the removal. He also discussed anger
towards his father, who had been promising that he would take the kids home soon, but then
was not able to follow through with those promises. He was almost at the brink of tears when he
looked at me and said “moms and dads don’t lie, but he broke this promise to me”. He
described his confusion about why he had been placed in out-of-home care. He described his
fear that he would not be able to go home with his parents and that he would never be able to
see them again. Jordan was able to describe his familial role to me, in which he was supposed
to look out for and take care of his two younger siblings, and the heavy burden that this
responsibility had placed on him.

This session was highly valuable, as I was able to validate his feelings and experiences
that he had been through. We were able to address his confusion about the removal, and I was
able to explain to him that the removal was not his sister’s fault, and that we just wanted to
ensure his and his siblings’ safety. We were able to discuss some of the trauma associated with
the removal from his home, and talked about the possibilities of not being able to go back home.
I believe that this activity facilitated his openness and was a non-threatening mode to allow him
to discuss what was going on for him emotionally. As we left the session, he smiled at me, held
up the jar, and said to me “maybe I’ll give this to my sister.”

About The Author
Maura Jenkins is currently a doctoral student at Regent University, working on her Psy.D. in
Clinical Psychology. She graduated in May, 2015 with her Master’s of Science degree in Mental
Health Counseling from the State University of New York at New Paltz. She has experience as
a Mental Health Counseling intern working at the Children’s Home of Poughkeepsie located in
Poughkeepsie, New York, under the supervision of Clinical Director, David A. Crenshaw. During
her time at the Children’s Home, she did relational and supportive counseling with foster care
and residential populations of children ages 0-21. In addition, she has experience doing
personal counseling with young adults at both the Psychological Counseling Center and Career
Counseling Center on campus at the State University of New York at New Paltz.

Reference:
Cohen, J., Mannarino, A., & Deblinger, E. (2006). Trauma-Focused CBT with Children and
Adolescents. New York: Guilford Press.

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