Guidance Officer and Counsellor Perspectives on Using Expressive Therapies to Support Students

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This study investigated guidance officer and school counsellor perceptions of the effectiveness of expressive therapies as used in Australian schools. The question was posed as to whether the use of expressive therapies (ET) can be effective in promoting positive emotional and behavioural outcomes for student clients. The literature and the results of this study point to the overall effectiveness of ET, with significant increases noted in positive emotional and behavioural outcomes and in motivation to attend counselling. Improvements, after the implementation of ET, were also apparent in the counsellor and client relationship.

The study investigated the proposal that experiential, expressive therapies can support positive emotional and behavioural changes for primary and secondary school students. The perceptions and opinions of guidance officers and school counsellors were gathered through interviews and a written questionnaire. Questionnaires were then analysed and content developed into prevalent themes.

Participants in the project were practising guidance officers and school counsellors working in Australian primary and secondary schools. A focus group of four guidance officers was followed by seven individual interviews with guidance officers and school counsellors. Twenty written questionnaires were completed by participants, each of whom had, within the last 5 years, completed a 15-day training course in expressive therapies.

Expressive Therapies in Australia

The style of Expressive Therapies discussed here is a synthesis of client-centred expressive counselling principles, modalities and exercises for supporting adult, child and adolescent clients. It has been developed in Australia by Pearson, Nolan, Wilson and others since 1987 (Pearson, 1997, 1998; Pearson & Nolan, 1991, 1995; Pearson & Wilson, 2001). At present ET as an integrated counselling system, is practised only in Australia and South-East Asia.

ET aims to support positive changes in behaviour, beliefs and attitudes, and to improve both the self-relationship and relationships with others, through catalysing "emotional healing" (Pearson & Wilson, 2001) in both the conscious and unconscious levels of the psyche. ET provides many experiential exercises that promote self-awareness, self-esteem, cognitive clarity, release of troubling unresolved emotions, emotional and physical integration, and opportunities for creative problem solving. Similar to the Humanistic approach (Rogers, 1951; Ginnott, as cited in Porter, 1996), developed in the late 1940s, ET is client-centred and values and supports client empowerment and self-discovery.

ET modalities used with children have an activity base designed to utilise a wide range of the intelligences identified by Gardner (1983), and focus on developing intrapersonal awareness, emotional stability, integration and creative application of insights. The ET modalities include

emotional release process work, body focus, dreamwork, bioenergetics, energy release games, journal writing, use of self-discovery worksheets, expressive artwork, creation of mandalas, sandplay therapy, symbol work, visualisation, gestalt role-play, relaxation and meditation. Some of these modalities and exercises have been adapted from traditional modes of expressive therapies, and many were created by the founders of ET.

ET has a psychodynamic focus. Some of the underlying theoretical frameworks and modalities have emerged from Jungian psychology (Jung, 1964; Sidoli & Davies, 1988), sandplay therapy (Kalff, 1980; Mitchell & Friedman, 1994; Pearson & Wilson, 2001), Gestalt psychology (Oaklander, 1988; Perls, 1969), primal therapy (Janov, 1973, 1990), bioenergetic therapy (Lowen, 1975; Lowen & Lowen, 1977) and transpersonal psychology (Grof, 1988, 2000). ET with children also has close parallels with play therapy (Axline, 1964, 1989; Landreth, 1987, 1991), psychodynamic counselling Jacobs, 1988) and humanistic psychology (Rogers, 1951).

Literature
The literature revealed few current journal articles on expressive therapies research, but a significant number of texts, publications and older journal articles do refer to it.

Research on ET
Despite evidence of research and documentation on the effectiveness of most of the modalities used in ET, this project is the first to study the effectiveness of ET as a counselling system for student support in a school setting.

Documented success in testing ET methods appears in the article, "Time Travellers - An Experiential, Peer Support Group Process for Children Dealing with Separation or Divorce" (Tereba, 1999). O'Brien's (1999) doctoral research also represents a major contribution to validating the use of sandplay therapy and associated ET modalities for counselling in Australian school settings.

Fox (2000) analysed four contributions that the theory and practice of ET could make to interaction between teachers and children. Holian (2001) investigated the effectiveness of three ET modalities - symbol work, journal writing and creative visualisation - to promote metacognition and enhance learning in an Australian secondary school.

Research Related to ET
The focus on emotion - as the title suggests - is central to ET. Greenberg (1998) argues for the central role of emotion in psychotherapeutic change. He argues that emotion "schemes" need to be activated in therapy in order to access intrapsychic information and make maladaptive components of the psyche available for change. This view is in harmony with the principles of ET (Pearson & Nolan, 1995) and with several of the writers on sandplay therapy (Kalff, 1980; Weinrib, 1983; Ammann, 1991). Greenberg (1998, p. 48) cites empirical support for the effectiveness of using a "complex integration of emotionally focussed intervention strategies" (Greenberg, Watson, & Lietaer, 1998; Paivio & Patterson, 1999; Paivio, Hall, Holowaty, Jellis, & Tran 2001).

McMain et al. (as cited in Dryden, 1996) advocate supporting the client in full expression of emotion, and recommend following this with an integration stage. Integration as a tool in counselling sessions is regarded as vital in ET. It represents one of the missing elements in research on catharsis. The absence of the integration phase in the release processes used for

research minimises the relevance - to counsellors - of the findings against the use of catharsis. Greenberg's process-experiential approach for adults has been well researched (Clarke & Greenberg, 1986; Elliott et al., 1990; Greenberg & Webster, 1982; Lowenstein) 1985; Wiseman, 1986; Paivio & Greenberg, 1992). Generally, these studies report significant clinical changes in clients beyond those found in clients treated with behavioural problem-solving methods. The work of Reich (1979), Pierrakos (1987) and Lowen (1975), with their focus on body-oriented aspects of therapy, forms the basis of the ET adaptation of bioenergetics for use with children, and the occasional use of breathing exercises.

Wilner (1999) described the application of Pierrakos' core energetics action methods in therapy which are becoming more widely used in the United States. A primary technique used in core energetics is breathing exercises. Deep breathing has been used for many years as an aid to relaxation in multiple-component cognitive-behavioural programs (Feindler & Ecton, *1986).* ET practitioners have found the introduction of occasional breathing exercises valuable in helping young clients develop greater emotional awareness.

Catharsis and Cognition
From analysing over 450 therapeutic methods, Guinagh (1987) identified two general patterns in psychotherapy: the cathartic approach, and the cognitive approach. As far back as 1895, Breuer and Freud described the beneficial effects of the expression of emotion (Guinagh, 1987). ET practitioners frequently allow and support cathartic expression as a way for clients to gain cognitive clarity.

The theory and practice of counselling in educational settings has focused primarily on the cognitive approach (Porter, *1996),* and largely left the treatment of
emotional problems for referrals outside the education system. The assumption that altering thinking can change emotion and behaviour has prevailed; however, this presumption of the primacy of cognition over emotion has been challenged by new findings in brain physiology (Brand, as cited in Anderson & MacCurdy, 2000; Greenberg, 2002).

 Some ET modalities have evolved from cathartic methods - developed largely from Janov (1973, 1990), Grof (1988, 2000) and Reich (1979) - but the ET system as a whole bridges both cathartic and cognitive approaches. The integration stage of ET exercises develops the cognitive component through encouraging clients to develop an extended language, to articulate their experience of the therapeutic exercises to the therapist, to identify their own resourcefulness and to participate in creative problem-solving (Pearson & Nolan, 1995).

The Value of Expressive, Experiential Counselling
Robbins (1980) sees one of the tasks of therapy as facilitation of the activation, organisation and release of emotional energy through verbal and nonverbal means. Oaklander's (1988) eclectic interventions evolved from Gestalt psychology and included drawing, finger and foot painting, clay modelling, sculpture, collage, storytelling, writing, puppets, sensory experience, drama, play therapy and sandplay.

Brand's (as cited in Anderson & MacCurdy, 2000) discussion of the primacy of emotions over cognition supports the claims of the ET foundation principles (Pearson & Nolan, 1995) that indicate the need to deal with emotions in order to improve behaviour and academic focus. Coombs and Freedman (1990) recommend a multidimensional approach to counselling, working with conscious and unconscious elements of the psyche, verbal and nonverbal communications,

active and passive intentions, positive and negative emotions, the individual and the group. They recommend the use of symbols, stories and ceremonies. Erikson's (Combs & Freedman, 1990) claim that whatever the client did could be used in a positive way, has links to the client-centred approach of ET.

Combs and Freedman (1990) recommend the use of metaphor in counselling. In sandplay therapy it is the multiple metaphors that figurines can carry for the client that heightens the effectiveness of the process and leads to cognitive clarity. ET Self-discovery worksheets (Pearson & Nolan, 1995; Pearson & Wilson, 2001), stimulate a high level of the use of metaphor. Metaphor is also used within ET in a range of exercises incorporating drawing, symbol work, role-play and journal writing (Pearson & Nolan, 1995).

ET utilises several projective techniques that are incorporated in sandplay therapy, symbol work, use of drawing, dreamwork, and free association journal writing, among others. The success of projective techniques depends on "allowing", in contrast to a "doing" effort. Robbins (1980) describes how this relaxed attitude opens up neural pathways that allow easier discharge of feelings. This opening up, or activation, of neuron pathways allows for change, in that the pathways are freed for the necessary reorganisation involved in learning.

Robbins (1980), propose therapy as being a two-step process: a primary process of ventilation, expression, or catharsis; and a secondary processes of development of alternative methods of coping, and integration. This closely mirrors the ET style of session planning.

Sandplay Therapy
In 1930 Dr Margaret Lowenfeld created the world technique (Lowenfeld, 1935/ 1991), in which she used miniatures and sand trays coupled with children's natural inclination to play. Dora Kalff, a Jungian analyst, integrated her understanding of the Jungian approach to symbology with the world technique. Kalff named the newly developed process sandplay (Kalff, 1980).

Many writers have found sandplay to be an effective support for counselling within a school setting (Allan & Berry, 1987; Carey, 1990: Vinturella & James, 1987; Allan & Brown, 1993; Sakurai, 1994). Carmichael (1994) found that sandplay was most suitable for students with low self-esteem, poor academic progress, or who exhibited very active behaviours. She recommends sandplay as a highly successful, low-risk intervention for school counsellors.

O'Brien's (O'Brien, 1999; O'Brien & Burnett, 2000) Australian research utilising sandplay draws links between the sandplay and symbol work processes and Gardner's (1983) theory of multiple intelligences. O'Brien's findings support the value of sandplay as a modality which utilises and integrates many of the intelligences

Noyes (1987) and Murphy and Tracey (2001) present evidence of the value of sandplay in enhancing the teaching of reading. Holian (2001) found the ET style of symbol work successful in the Year 7 classroom in offering students "experiences of making critical observations of themselves" - a critical aspect of metacognition.

Miller and Boe (1990) achieved great success using sandplay and story telling in a hospital setting with children who have been extremely traumatised. Grubbs (1994) also found sandplay to be highly effective with traumatised clients.

Expressive Arts Therapies
While Payne (1993) lists a large number of research projects investigating art therapy, she explains that few art therapists conduct research. The history of art therapy can be traced to the 1940s, when it was first used by Naumburg (Coleman & Farris-Dufrene, 1996). Kramer (Coleman & Farris-Dufrene, 1996) concentrated on the therapeutic values in using art. In later work Kramer focused on art therapy with children.

The use of imagery - a basic tenet of expressive and art therapy - has been shown to be effective in helping people change (Wolpe, 1958; Lazarus, 1982; Skovholt, Morgan & Negron-Cunningham, 1989). In psychodynamic thought and practice wide use is made of image and metaphor to describe experiences and aspects of the personality and inner workings of the mind (Jacobs, 1988).

Kwiatkowska was the first therapist to introduce art therapy at a research centre (Coleman & Farris-Dufrene, 1996). Wadeson (1980 in Coleman & Farris-Dufrene, 1996) saw psychotherapy as an educational process, and one which focussed on supporting emotional growth.

McNiff (Coleman & Farris-Dufrene, 1996) found that the discipline of art therapy helps in communication with verbal psychotherapies, increases the possibilities for interpersonal understanding, and is sometimes the only method of reaching depressed or withdrawn clients. Gladding (1998) recommends a range of expressive methods for externalising feelings. Robbins (1980) discusses the use of expressive therapy as an important approach to psychotherapy.

Imagery can enhance a client's active involvement in the healing process (Lusebrink, 1990). Lusebrink recognised a close link between imagery and emotions. Impairment of the ability to experience and express emotions has been linked to impairment of the ability to use symbols (Lusebrink, 1990). Emotions, as well as their inhibition, influence the health of the individual (Lusebrink; 1990). Lusebrink points out that research has shown that negative and stressful emotional experiences and images depress the functioning of the immune system.

Many writers have reported on the positive impact of using art and drawing as part of therapy (Henley, 1999; St Clair Pond, 1998; Oster & Montgomery, 1996). When clients can express their thoughts, feelings and conflicts they feel more emotionally satisfied, gain a clearer sense of identity, and more easily accept inner direction (Case & Dalley, 1992; Dalley et al., 1993; Gil, 1994; Landgarten, 1981; Oster & Gould, 1987; Rubin, 1978).

Drawings are widely used in ET, and responses to the current project scored them as both the second most favoured ET modality with clients and the second most effective counselling tool in the opinion of guidance officers and school counsellors.

Some have argued that there are now more disturbed children in the school system (Frostig & Essex, 1998) as families become multi-stressed and resources for meeting the needs of children are being diminished. Frostig and Essex argue that use of expressive arts is an effective way of working with these children, and that offering these services within a school is a partial fulfilment of the mandate to meet the needs of "special needs" and "at risk" students.

Journal Writing
Hunter *(1999)* describes the therapeutic use of writing. Anderson and MacCurdy (2000) describe the use of writing in working through trauma and the use of journal writing in the classroom to

produce both good writing and provide an experience of positive psychological benefits. Taylor *(1996)* states that stories have a healing power. Holian (2001) found journal writing in a Year 7 classroom helped students in expression, self-exploration and communication.

Pennebaker (in Mishara, 1995) found that writing can enhance the speed with which a client overcomes traumatic experiences. Clients who wrote about traumatic experiences showed significant improvements in immune responsiveness, physical health and a decrease in psychosomatic symptoms, even though they initially felt worse (Mishara, 1995). Berman (in Anderson & MacCurdy, 2000) explored journal writing in a high school classroom as a way to deal with suicide.

Ira Progoff's Intensive Journal Process (Progoff, 1975) has been influential in shaping and inspiring the use of journal writing in ET. Progoff describes journals as being neutral, open-ended and not imposing any categories or interpretations onto the writer, but play a "role in reconstructing a life" (p. 9). Oaklander (1988) considers writing as one of the most satisfying, valuable, effective tools there is for self-expression and self-discovery.

Play Therapy
Play therapy has been in development since the time of Freud. The value of play therapy has been documented by many writers, including Axline (1964, 1989), Landreth (1987, 1991), McMahon (1992), O'Connor and Braverman (1997), Sweeney (1997) and Taylor de Faoite (1998). Play therapy can be an eclectic approach, utilising art, stories and sandplay (Sweeney, 1997). Play therapy has been applied from a wide range of theoretical bases, including the psychoanalytic per-spective, cognitive-behavioural theory, Jungian and Gestalt Psychology, ecosystemic counselling, Ericksonian, Adlerian and dynamic family play therapy (O'Connor & Braverman, 1997). The eight basic principles of play therapy (Axline, 1989) reflect the ethos of ET and are almost interchangeable with basic ET principles.

Erickson (in Taylor de Faoite, 1998) researched elements of play and found that play stories served as metaphors for the child's life and reflected their chief concerns, interests, goals, fears, strengths and weaknesses. Play therapy has been demonstrated to be an effective therapeutic approach for decreasing aggression and acting-out behaviours (Willock, 1983), improving emotional adjustment (Mendell, 1983), correcting poor reading performance (Axline, 1964, 1989) and many other situations (Landreth, 1991).

Landreth (1987), suggested the use of play material is mandatory until students reach a level of facility and sophistication with verbal communication. He claims skill in using play therapy is essential for a school counsellor, and comments on the rewarding experience many play therapists report when using this tool. The activity base in ET methods closely echoes play therapy approaches.

Relaxation
Relaxation is used in ET as a basis for developing sensory awareness, which has proved useful in supporting clients' therapeutic process. Various types of relaxation are incorporated in ET exercises, such as progressive relaxation (similar to Jacobson's sequential contraction and relaxation of major muscle groups *[1929,* as cited in Lusebrink, 1990]), use of imagery (similar to Schultz's autogenic training [as cited in Lusebrink, 1990]). The importance of the "let it happen" attitude to relaxation and the passive concentration on the breathing, recommended by Schultz in autogenic training (Benson, 2000), also reflects the approach to relaxation adopted in ET. Holian

(2001) found the use of ET creative visualisations highly effective in supporting students to relax, as well as increasing concentration.

Biophysical methods using muscle relaxation have added to the success of cognitive-behavioural approaches for many years (McCullough et al., 1977 as cited in Rosenberg et al., 1997; Robin, Schneider, & Dolnick, 1976, as cited in Rosenberg, et al., 1997). Using body outline drawings to map emotions and sensations - a standard ET activity - has proved useful in developing awareness of the connection between body pain and emotional distress (Flemming & Cox, 1989, Pearson & Nolan, 1991).

Summary
There are many similarities in theory, principles, methods, the counsellor and client relationship, expected outcomes and types of clients that can be helped, among the expressive arts therapies, sandplay therapy and play therapy methods. Most of these approaches use projective techniques, highly regarded in the literature as a way of enabling young clients to increase their means of communication. There is a recurring theme of the need for a playful interaction with clients and for development of the client's ability to play within the sessions. The playful approach is seen to bypass defences and increase involvement.

Many of the approaches investigated appear to by-pass traditional cognitive methods, but are described as enabling clearer cognition, linked to emotion, that leads to change. ET has an emerging research basis, that is amply augmented by a predominantly qualitative research tradition in expressive therapies. The literature indicates that ET methods would prove effective for young counselling clients in a school setting.

Methodology
The literature indicated many similarities between the various forms of expressive therapies and highlighted evidence - primarily anecdotal - of overall positive outcomes for the use of expressive therapies in a variety of settings.

An initial research question was formulated, before the first phase of the study, to be used as a catalyst for the focus group discussion. It was widened during the research in response to areas deemed significant by the participants. The original research question was "What effect does the use of ET have on promoting positive emotional and behavioural changes in students, when used in a school setting, by school counsellors and guidance officers trained in the methods?" In the light of data from Phase 3 the areas for investigation were widened.

The participants in this study were practising guidance officers and school counsellors working in the eastern states of Australia. All participants, in addition to their formal guidance and counselling qualifications, have completed a 15-day training course in ET. Twelve participants practised only in primary schools, five practised only in secondary schools, and three worked in both primary and secondary schools. Seventeen of the participants offer individual counselling, six use individual counselling with occasional group work, three offer both individual and group sessions and one uses group work alone.

Four participants made up a focus group. Seven participants gave individual interviews, lasting approximately 90 minutes. Twenty participants responded to a written questionnaire.

The research was conducted over a 9-month period, from May 2000 to February 2001. Self-report data gathered from the focus group, individual interviews and questionnaires were segmented, summarised, analysed and compared, with reference to the literature. Data from earlier phases of the study were used to shape questions for the later stages.

Phase 1: Literature Review
An extensive search of the literature on expressive therapies, and themes indicated in the focus group discussion, were used as a guide to forming areas for the investigation.

Phase 2: Focus Group
The process of progressive focusing was utilised through the initial use of a focus group to develop broad areas for data gathering of significance to the participants. The focus group consisted of four guidance officers. The focus group discussion was unstructured; participants were given the research question and asked for any comments or reports they felt would be relevant. Analysis of the focus group discussion took place by coding the conversation topics (Miles & Huberman, 1984) to classify the main elements of the cases described. The most frequently recurring data was gathered into clusters. Clusters of closely related areas were then connected into the main emerging categories (Burns, 1998; Dey, 1993). The categories containing the most frequently mentioned data formed the basis for the subsequent structured part of the individual interviews (Burns, 1998).

Phase 3: Individual Interviews
Seven individual interviews of approximately 90 minutes each were conducted to test the categories of emerging themes. The researcher conducted the interviews, making audio recordings, and adopting the role of "acceptable incompetent" (Burns, 1998). This stance involved asking questions in the second part of the interview - based on the topics derived from Phase 2 - from the perspective of a naive observer. The interviews were two-part: Part 1 was unstructured; Part 2 consisted of broad questions derived from the themes that emerged from the literature and the focus group.

The researcher visited the workplace of most participants in the individual interviews in order to meet them on their "home turf" and to observe their counselling environments. Extensive coding of the interviews took place, summarising the perceptions of the participants and the inferences of their data. Code lists from each interview were compared and scored to determine the most significant categories of perceptions (Dey, 1993). These categories were used to formulate detailed questions for inclusion in the questionnaire.

Phase 4: Detailed Questionnaire
To gain a higher degree of reliability and to gather data from a larger sample of participants, a detailed questionnaire was constructed. After construction of the detailed questionnaire, 32 copies were distributed to potential participants in October, 2000. Twenty completed responses were returned.

Simple analysis of the questionnaire responses involved collating responses for each question onto one page of text, coding segments of the data (Miles & Huberman, 1984) and calculating the mean of numerical responses. For some questions numerical hierarchies emerged from simple frequency counts.

Phase 5: Review of Summary

To promote trustworthiness of the conclusions, an ET colleague with extensive experience using expressive therapies over the last decade, participated as an observer with the focus group, reviewed the data summaries and the final report. Reliability of reporting was enhanced by the observer's "audit" which verified the researcher's perceptions, interpretations and selection of significant themes.

The researcher has had long association with ET. It is also conceivable that there may have been some subjectivity in participant reports since all participants were known to the researcher and displayed a positive attitude to both the research subject and the researcher. Glesne and Peshkin (1992, p. 100) regard contemporary qualitative researchers as being able to "perceive subjectivity as a persisting dimension of the entire research process".

It was therefore postulated that the results of this study, which although subjective in some aspects, would be significant and reliable, and would contribute substantially to the professionalism and body of knowledge in the area investigated.

Results

Participants' Counselling Practice
Participants were asked to assign a percentage to the amount of time spent in counselling. The average amount of participants' time in the school spent on counselling was 55.3%. There was a wide range - from 10% to 100%. Participants employed as school counsellors (eight of the 20 respondents) indicated the highest amounts of time engaged in counselling (average 85%), whereas guidance officers (12 of the 20) reported an average 33.6% of their time engaged in counselling.

The amount of time in counselling sessions when ET is used was estimated by participants and averaged at 61%. There was a wide range - from 10% to 100%. One participant used ET more in primary schools (80% of the time in primary, 50% of the time in secondary).

Counselling Methods in Use by Participants
As a group, participants tended to be eclectic in their choice of counselling techniques before training in ET. From their reports, they remained eclectic after training in ET, some adding new modalities. Correlation of responses indicated that respondents generally continued to use, to a lesser degree, the methods in which they had trained prior to ET training.

Client Responses to ET
Participants reported a range of descriptors for the typical client responses to ET that they had observed with their clients. The most often indicated response was a willingness/keenness to return for further counselling (indicated eight times). The second most reported descriptor supplied by the participants was that their clients found the sessions were "fun" (indicated seven times). Also of significance were responses of "enjoyable", "relaxed" and "happy". "Interesting" was indicated twice, and there was one mention of "calmer", "free", "relieved", "confident", "trusting" and "content". None of the participants reported negative responses from their clients.

In regard to gender-specific differences in the way students engage in and respond to ET methods, six participants said they noticed no gender differences, four noted similarities in responding to

ET, five commented that females were more responsive, and four said males had more affinity with gross motor release work.

Changes in the Counsellor-Client Relationship

Positive improvement in the counsellor-client relationship was indicated by all 18 participants who responded to the question on changes in the way students relate to them as counsellor after the introduction of ET. The most common observation of changes in the way clients related to the participant during sessions was improved rapport (indicated nine times). Seven participants found their clients more relaxed, and six felt their clients had a higher level of trust. Other descriptors of the relationship were "more open", "willing to discuss", "enthusiastic", "more fun" and "less threatened". Other words used once each were: "more positive", "requesting sessions", "taking risks" and "cooperative".

All participants observed improvements in the way they related to their clients since the introduction of ET, and improvement in their awareness of clients' emotional states. Seven participants indicated an improvement in their trust of the clients' inner resources and ability to resolve problems. These participants believed this led to the counsellor being less intrusive, less directive and more patient. Four participants indicated they observed themselves to be more attentive to clients, and four felt they had better rapport with their clients.

Effectiveness of ET

All participants who commented on client motivation since the introduction of ET noticed improved motivation to attend and participate in counselling sessions. The mean increase in motivation, based on participants' estimates, was 65% - with the range from 25% increase to 100% increase. Five participants did not comment on motivation; they indicated that they had not been practising as a counsellor long enough to comment authoritatively.

Participants were asked for their opinion on the effectiveness of ET in achieving positive emotional and behavioural outcomes compared with counselling methods used prior to their training in ET. Of the participants who replied to this question all indicated an increase in effectiveness. The mean increase in effectiveness of counselling after ET was introduced, compared to previous methods, based on participants' estimates, was 71 %.

Participants were asked to list the three most common indicators of successful application of ET with their clients. Responses fell into two distinct categories: (a) successful participation in counselling by the client, and (b) successful outcomes of the counselling.

Successful participation in the counselling process was indicated primarily by participants' observations of clients' skill with the ET methods (indicated five times) and a high degree of involvement in the session (indicated four times). Three respondents indicated that clients were enthusiastic, wanting to "do it again". Other observations were "successful release of feelings", "surrender and trust in the counselling process", and "enjoyment of counselling".

Outcomes beyond the counselling room that indicated successful application of ET included nine reports of clients exhibiting emotional wellbeing and a calm state at school and at home. Seven participants observed reduction in aggression and positive improvement in behaviour. Seven reported that clients gained increased self-understanding. Other indicators were an improvement in relationships and positive feedback from school staff. Increases in self-acceptance, confidence in engaging in school activities and improvement in participation in school work were all indicated.

Another indicator was "self and peer referrals" to counselling.

Observations of consistent positive emotional outcomes from using ET included six references to reduced anxiety. Three participants observed an increase in confidence in their clients, and three observed that clients seemed less aggressive.

 Other emotional outcomes mentioned related to clients who appeared:
• less troubled by incidences
• more in control of feelings
• less depressed
• less defensive
• more open to change
• to participate more fully in sessions
• to have improved self-esteem
• to accept reality more easily.

Observations of consistent positive behavioural outcomes from using ET included six references to clients whose levels of aggression and anger were significantly reduced, and six references to clients who were generally more cooperative. Four participants indicated that clients exhibited more self-control, and 2 reported observing more confidence in clients. Also observed were an increase in articulation, increase in self-referral for counselling support and a general improvement in behaviour.

In considering any positive or negative unexpected outcomes from introducing ET, six respondents mentioned the responses to ET of their colleagues: two negative, three positive and one indicating both negative and positive responses from colleagues.

Two respondents mentioned their amazement at the "powerful insights" gained through sandplay and symbol work. Another commented on the way the sandplay symbol collection could act as a "lure to students" who needed some counselling.

The extra time needed for counselling sessions was mentioned by two participants.

Other outcomes reported as unexpected by the participants included the following:
• parents and students self-referring
• greater awareness of the impact of events in clients' lives
• surprise at the value of sandplay - especially with male clients
• less stress on the counsellor.

Clients' increased ability to articulate during a counselling session - when teachers and parents have not been able to dialogue with them about problems - was also indicated as an unexpected outcome.

The ET modalities observed by participants to be most favoured by clients were sandplay and symbol work - indicated 15 times. The next most popular modality was drawing and artwork (mentioned 12 times). Anger work and bioenergetics for physical and emotional release rated next (indicated five times). Music was indicated four times; with relaxation, worksheets and body outlines mentioned twice.

Half of the participants indicated a specific modality which a client avoided or disliked. Movement work was indicated as the most disliked modality. Three participants found that some clients disliked writing and journal work - one participant indicated male clients often disliked writing.

Feedback to Participants on ET Outcomes
There were 12 instances of feedback on the outcomes of using ET received by participants from school staff. Nine participants said they had received feedback from parents. Five indicated feedback received from student clients. Three had not received any feedback. Two had feedback from advisory visiting teachers or other guidance officers.

In the responses to the questionnaire there were 21 indications of feedback on positive outcomes. There was only one indication of negative feedback from a parent who was cautious about her privacy. There was one case of feedback where parents were doubtful of the value of sessions because they thought the child was "just playing". One participant said parents regularly report that students say they feel much better, have had "a weight lifted off their shoulders", even after the first session.

Non-supportive Aspects of Applying ET
In reviewing situations where the ET methods appeared to be non-supportive, or potentially impeded the counselling process, four participants reported that they did not find any instances where ET methods were not supportive. All of the situations where ET did appear to be non-supportive or restricted the counselling process took place in a context which did not support the therapeutic process or the alliance between counsellor and client, irrespective of the technique employed. Time constraints were mentioned four times as a significant difficulty. The need for physical space and privacy was indicated twice.

Most Helpful Aspects of ET Theory and Practice
In reviewing the theory and principles of ET that have made the major contribution to achieving positive outcomes for clients, six participants highlighted the philosophical approach of "trusting the client's process" as making a major contribution. Five commented on the usefulness of theory about the "inner healing mechanisms of the psyche". Three mentioned the value of the theory of release of emotions as part of the therapeutic process. Others responded that the idea of the client being "on a journey" was helpful. The value of pursuing ongoing personal development work for counsellors was also considered.

In reviewing the strategies and modalities of ET that have made a major contribution to achieving positive outcomes for clients, 11 participants indicated that sandplay and symbol work were the most useful modalities. Art, drawing and mapping emotions on body outlines were mentioned by five participants as being a major contribution to positive outcomes. Other modalities mentioned were music, bioenergetics, Gestalt role-play, journal writing and dreamwork.

The Future
In considering any changes in the future of guidance officer and school counsellor training, 13 participants indicated that ET should be included in professional training. There were two comments on ET training being effective in developing self-awareness in guidance officers and counsellors. Three mentioned difficulties with finding a suitable space for ET in schools. Other comments on future changes included a wish for greater involvement of ET methods for children with disabilities, the suggestion that teachers could incorporate some ET strategies into daily classroom practice as a "primary prevention strategy", and a request for greater availability of

supervision.

In responding to an invitation for any other comments, four participants mentioned the issue of work constraints and lack of resources. The need for ongoing personal and professional development was mentioned four times. The need for ET supervision was mentioned twice. One enthusiastic respondent visualised a room set up in every school for conducting ET. The need for planning for schools to have appropriate counselling work spaces was mentioned. One respondent felt despairing of school staff wanting quick solutions, rather than understanding the development of emotional wellbeing in students. A participant from Victoria described how ET fits well into the Student Support Framework in operation in the Victorian education system.

Overall Emerging Themes

Two themes emerged that were not direct responses to the questionnaire. The first theme related to the expressed need for guidance officers to participate in and continue with ongoing personal development. This was seen as a significant factor by several participants, in better supporting an understanding of clients, and was indicated 13 times throughout the responses.

The second theme related to difficulties with workplace constraints on using expressive counselling methods. Some of these difficult conditions were seen to be counter-productive for counselling per se. This issue was raised 15 times!

Discussion

ET was utilised in more than half the time spent in counselling by participants. Expressive methods were sometimes combined with CBT, and, at times, with solution focussed therapy. After training in ET, participants identified themselves as eclectic in their approaches to counselling. Both "multidimensional" and "multi-modal" approaches are recommended in the literature (Rosenberg et al., 1997; Coombs & Freedman, 1990), and describe the approaches now used by participants.

Reports of client responses to ET were very positive and highlighted a willingness in clients to participate in counselling and a willingness to return for further sessions. There was a range of gender-specific client responses to ET, which reflect a higher male interest in action methods and a higher female affinity for emotional expression. The range of ET modalities amply provides for both these preferences.

There were many improvements reported relevant to the counsellor-client relationship. Improved rapport was the most frequently noted improvement. This improvement is significant because the interpersonal relationship, or therapeutic alliance, is traditionally seen as the main ingredient in therapeutic conditions. In the light of O'Brien's *(1999)* finding that the interpersonal intelligence was the most favoured intelligence with subjects in his study, the indicators are clear that this area is significant in supporting positive outcomes for clients, and could be a factor in the reporting of increased self-referral by young clients.

The finding of a significant increase in client motivation to participate in counselling after ET was introduced links with the highly positive reports from participants' clients. The increase in motivation would also be a contributing factor to the reported effectiveness of ET. Baloche (1996) linked client choice in counselling activities to improved motivation. Education in the technique of selection of modalities and offering choice to clients is a feature of ET.

The finding of a major increase in counselling effectiveness due to the introduction of ET is significant. Such increases in effectiveness have important implications for improved cost-effectiveness for counselling students, increased job satisfaction for counsellors, and more efficient reduction of behaviour disturbances in the school community. This effectiveness is also reflected in the overwhelmingly positive feedback participants received from other school staff and parents.

The reported difficulties in counselling with ET in a school setting were related to factors not found to be specific to ET, and could emerge with most counselling approaches.

Sandplay and symbol work were found to be the most helpful ET modalities and the modalities most favoured by clients. Sandplay utilises more of the multiple intelligences than any other counselling modality (O'Brien, 1999), and therefore offers more choice in emotional processing methods for clients. Sandplay has a long history of research and documentation, indicating a wide range of positive outcomes. The implications are that sandplay should form a significant component of training for guidance officers and school counsellors.

Conclusion

The focus of this study was to investigate the effectiveness of expressive methods for counselling in educational settings. Both the literature and the results of this survey of professional perceptions point to the overall effectiveness of ET, with significant increases noted in positive emotional and behavioural outcomes and motivation to attend counselling. Improvements, after the implementation of ET were apparent in the counsellor-client relationship.

Participants reported that the most significantly helpful aspect of ET theory related to ways to support the intrinsic psychological healing mechanisms in the psyche and to activate clients' ability to reclaim resourcefulness. These areas reflect elements that ET has in common with constructivist and transpersonal psychology.

Deficiencies in methodology are evident in the possible subjectivity that was inevitable given the researcher's close links to the topic being investigated and past connections with the participants. The range of professional experience of the participants - which included newly appointed as well as highly experienced guidance officers - may have an influence on their perceptions. Some participants had extensive experience with ET and some were currently implementing their ET training. However, all of the participants had a teaching background and long experience observing students and dealing with emotional and behavioural issues with students.

There are several implications for future policy and practice if ET is to be utilised to full benefit in schools. As recommended by over half the participants, expressive therapies could be beneficial if included as part of the training process for guidance officers and school counsellors. Guidance officer supervision policy could benefit from the inclusion of regular supervision with the ET methods. There are indications that a higher level of recognition and support by educational administrators could be given to the need for private, well-equipped work spaces for counselling within schools.

Future Directions
Future research could include (a) the impact of training in expressive therapies on the professional efficiency and effectiveness of school counsellors and guidance officers; (b) the likelihood of reduction in counsellor burn-out and stress-related leave for school counsellors and guidance officers through training in and utilising expressive therapies; and (c) a longitudinal study of students who were supported with ET.

References

Allan, J., & Berry, P. (1987). Sandplay. *Elementary School Guidance and Counseling, 24,* 300-306.

Allan, J., & Brown, K. (1993). Jungian play therapy in elementary schools. *Elementary School Guidance and Counseling,* 28, 30-40.

Ammann, R. (1991). *Healing and transformation in sandplay - Creative processes become visible.* Chicago: Open Court.

Anderson, C.M., & MacCurdy, M.M. (Eds.). (2000). *Writing and healing - Toward an informed practice.* Illinois: National Council of Teachers of English.

Axline, V .M. (1964). *Dibs - In search of self - Personality development in play therapy.* England: Penguin Books.

Axline, V.M. (1989). *Play therapy.* Edinburgh: Churchill Livingstone.

Baloche, L. (1996). Clues about motivation and creativity. *Cooperative Learning, 16(3),* 13-16.

Benson, H. (2000). *The relaxation response.* USA: Avon.

Burns, R.B. (1998). *Introduction to research methods* (3rd ed.). South Melbourne: Longman.

Carey, L. (1990). Sandplay therapy with a troubled child. *The Arts in Psychotherapy, 17,* 197-209.

Case, C., & Dalley, T(1992). *The handbook of art therapy.* London: Tavistock/Routledge.

Carmichael, K.D. (1994). Sand Play as an elementary school strategy. *Elementary School Guidance and Counseling, 28,* 302-307.

Clarke, K.M., & Greenberg, L.S. (1986). Differential effects of the gestalt two-chair intervention and problem solving in resolving decisional conflict. *Journal o f Counseling Psychology, 33, 11-15.*

Coleman, V.D., & Farris-Dufrene, P.M. (1996). *Art therapy and psychotherapy – Blending two therapeutic approaches.* Washington: Accelerated Development.

Combs, G., & Freedman, J. (1990). *Symbol, story and ceremony - Using Metaphor in individual and family therapy.* New York: W .W. Norton & Co.

Dalley, T., Rifkind, G., & Terry, K. (1993). *Three voices of art therapy: Image, client, therapist.* London: Routledge.

Dey, I. (1993). *Qualitative data analysis - A user-friendly guide for social scientists.* London: Routledge.

Dryden, W. (Ed.). (1996). *Research in counselling and psychotherapy - Practical applications.* London: Sage Publications.

Elliott, R., Clark, C., Wexler, M., Kemeny, V., Brinkerhoff, J., & Mack, C. (1990). The impact of experiential therapy of depression: Initial results. In G. Lietaer, J. Rommbauts and R. Van Balen (Eds.), *Client-centered and experiential psychotherapy in the nineties* (pp. 549 – 577). Leuven, Belgium: Leuven University Press.

Feindler, E.L., & Ecton, R.B. (1986). *Adolescent anger control - Cognitive-behavioural techniques.* New York: Pergamon Press.

Flemming, M.M., & Cox, C.T. (1989). Engaging the somatic patient in healing through art. In Wadeson, Durkin & Petrach (Eds.), *Advances in art therapy* (pp. 169-180). New York:

John Wiley & Sons.

Fox, L.G. (2000). *Exploring the interface between the personal and the professional in teaching.* Unpublished Master of Education Project, Queensland University of Technology, Brisbane, Australia.

Frostig, K., & Essex, M. (1998). *Expressive arts therapies in schools: A supervision and program development guide.* Springfield: Charles C Thomas.

Gardner, H. (1983). *Frames of mind: Theory of multiple intelligences.* London: Heinermann.

Gil, E. (1994). *Play in family therapy.* New York: Guilford.

Gladding, S.T. (1998). *Counseling as an art: The creative arts in counseling.* Alexandria: American Counseling Association.

Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers - An introduction.* White Plains: Longman.

Greenberg, L.S. (1998). Allowing and accepting painful experiences. *International Journal of Action Methods, 51(2),* 47-v0.

Greenberg, L.S. (2002). *Emotion-focused therapy - Coaching clients to work through their feelings.* Washington: American Psychological Association.

Greenberg, L., Watson, J., & Lietaer, G. (1998). *Handbook of experiential therapy.* New York: Guilford Press.

Greenberg, L., & Webster, M. (1982). Resolving decisional conflict by means of two-chair dialogue and empathic reflection at a split in counseling. *Journal of Counseling Psychology,* 29, 468-477.

Grof, S. (1988). *The adventure of self-discovery. I dimensions of consciousness, II New perspectives in psychotherapy.* Albany: SUNY.

Grof, S. (2000). *Psychology of the future - Lessons from modern consciousness research.* Albany: SUNY.

Grubs, G.A. (1994). An abused child's use of sandplay in the healing process. *Clinical Social Work journal, 22(2),* 193-209.

Guinagh, B. (1987). *Catharsis and cognition in psychotherapy.* New York: Springer-Verlag.

Henley, D. (1999). Facilitating socialization within a therapeutic camp setting for children with attention deficits utilizing expressive therapies. *American Journal o f Art Therapy, 38(2),* 40-56.

Holian, L. (2001). *Metacognition: Highlighting the importance of emotional reflection and expression.* Unpublished master's project, Monash University, Victoria, Australia.

Hunter, A. (1999). *The sanity manual: The therapeutic uses of Writing.* New York: Kroshka.

Jacobs, M. (1988). *Psychodynamic counselling in action.* London: Sage Publications.

Janov, A. (1973). *The primal scream - Primal therapy: The cure for neurosis.* London: Abacus.

Janov, A. (1990). *The new primal scream - Primal therapy twenty years later.* UK: Abacus.

Jung, C.G. (1964). *Man and his symbols.* England: Penguin Group.

Kalff, D.M. (1980). *Sandplay - A psychotherapeutic approach to the psyche.* Boston: Sigo Press.

Landgarten, H.B. (1981). *Clinical art therapy: A comprehensive guide.* New York: Brunner/ Mazel.

Landreth, G.L. (1987). Play therapy: Facilitative use of child's play in elementary school counseling. *Elementary School Guidance and Counseling,* 24(4), 253-261.

Landreth, G.L. (1991). *Play therapy - The art of the relationship.* Indiana: Accelerated Development Inc.

Lazarus, A.A. (1982). *Personal enrichment through imagery* [Audiotape]. New York: BMA Audio Cassettes.

Lowen, A. (1975). *Bioenergetics.* England: Penguin Books.

Lowen, A., & Lowen, L. (1977). *The way to vibrant health - A manual of bioenergetic exercises.*

New York: Harper & Row.

Lowenfeld, M. (1991). *Play in childhood.* New York: Cambridge University Press. (Original work published in 1935.)

Lowenstein, J. (1985). *A test of a performance model of problematic reaction Points and an examination of differential client performance in therapy.* Unpublished master's thesis, Department of Psychology, York University, Toronto.

Lusebrink, V .B. (1990). *Imagery and visual expression in therapy - Emotions, personality and psychotherapy.* USA: Plenum.

McMahon, L. (1992). *The handbook of play therapy.* London: Tavistock/Routledge.

Mendell, A.E. (1983). Play therapy with children of divorced parents. In C.E. Schaefer and K.L. O'Connor (Eds.), *Handbook of play therapy* (pp. 320-354). New York: John Wiley & Sons.

Miles, M.B., & Huberman, A.M. (1984). *Qualitative data analysis - A sourcebook of new methods.* Newbury Park: Sage Publications.

Miller, C., & Boe, J. (1990). Tears into diamonds: Transformation of child psychic trauma through sandplay and storytelling. *The Arts in Psychotherapy, 17,* 247-257.

Mishara, A.L. (1995). Narrative and psychotherapy - The phenomenology of healing. *American Journal of Psychotherapy, 49(2),* 180-195.

Mitchell, R.R. & Friedman, H.S. (1994). *Sandplay: Past, present and future.* London: Routledge.

Murphy, A., & Tracey, D. (2001) Sand Play Therapy: Does it help children emotionally and academically? *Learning Links News,* #2. Peakhurst: Assoc for Children with Learning Disabilities.

Noyes, M. (1987). Sandplay imagery: An aid to teaching reading. *Academic Therapy, 17(2),* 231-237.

Oaklander, V(1988). *Windows to our children - A gestalt therapy approach to children and adolescents.* Utah: Real People Press.

O'Brien, P.J. (1999). *Gardner's theory of multiple intelligences and its implications for the counselling of children.* Unpublished doctoral dissertation, Queensland University of Technology, Brisbane, Australia.

O'Brien, P., & Burnett, P.C. (2000). Counselling children using a multiple intelligences frame work. *British Journal of Guidance and Counselling, 28*(3), 353-371.

O'Connor, K., & Braverman, L.M. (Eds.). (1997). *Play therapy theory and practice - A comparative presentation.* New York: John Wiley & Sons, Inc.

Oster, G.D., & Gould, P. (1987). *Using drawings in assessment and therapy.* New York: Brunner/Mazel.

Oster, G.D., & Montgomery, S.S. (1996). *Clinical uses of drawings.* Northvale: Jason Aronson.

Paivio, S., & Greenberg, L.S. (1992). *Resolving unfinished business: A study of effects.* Paper presented at Society for Psychotherapy Research, Berkeley, California.

Paivio, S.C., & Patterson, L.A_ (1999). Alliance development in therapy for resolving childhood abuse issues. *Psychotherapy, 36,* 343-354.

Paivio, S.C., Hall, I.E., Holowaty, R.A.M., Jellis, J.B., & Tran, N (1998). Imaginal confrontation for resolving child abuse issues. *Psychotherapy Research, 11,* 433-453.

Payne, H. (1993). *Handbook of inquiry in the arts therapies. One river, many currents.* London: Jessica Kingsley Publishers.

Pearson, M. (1997). *The healing journey - A workbook for self-discovery.* Melbourne: Lothian.

Pearson, M. (1998). *Emotional healing and self-esteem - Inner-life skills of relaxation, visualisation and meditation for children and adolescents.* Melbourne: ACER.

Pearson, M., & Nolan, P(1991). *Emotional first-aid for children - Emotional release exercises and inner-life skills.* Springwood: Butterfly Books.

Pearson, M., & Nolan, P. (1995). *Emotional release for children - Repairing the past, preparing the future.* Melbourne: ACER.

Pearson, M., & Wilson, H. (2001). *Sandplay and symbol work - Emotional healing and personal development with children, adolescents and adults.* Melbourne: ACER Press.

Perls, F. (1969). *Ego, hunger and aggression: The beginning of gestalt therapy.* New York: Random House.

Pierrakos, J. (1987) *Core energetics.* Mendocino: Life Rhythm.

Porter, L. (1996). *Student behaviour - Theory and practice for teachers.* St. Leonards: Allen and Unwin.

Progoff, I. (1975). *At a journal workshop - The basic text and guide for using the intensive journal process.* New York: Dialogue House.

Reich, W. (1979). *Selected writings - An introduction to orgonomy.* New York: Farrar, Straus and Giroux.

Robbins, A. (1980). *Expressive therapy - A creative arts approach to depth-oriented treatment.* New York: Human Sciences Press.

Rogers, C.R. (1951). *Client-Centered Therapy - Its Current Practice, Implications and Theory.* London: Constable.

Rosenberg, M.S., Wilson, R., Maheady, L., & Sindelar, PT (1997). *Educating students with behaviour disorders.* Boston: Allyn & Bacon.

Rubin, J.A. (1978). *Child art therapy.* New York: Van Norstrand Reinhold.

Sakurai, M. (1994). Case report on sandplay therapy in an Australian school for children with severe speech- and language-related disorders. *Archives of Sandplay Therapy, 7(1),* 36-47.

Sidoli, M., & Davies, M. (Eds.) (1988). *Jungian child psychotherapy - Individuation in childhood.* London: Karnac Books.

Skovholt, T.M., Morgan, J.I., & Negron-Cunningham, H. (1989). Mental imagery in career counseling and life planning: A review of research and intervention methods. *Journal of Counseling and Development,* 67, 287-292.

St Clair Pond, S. (1998). Acceptance and belonging - The promotion of acceptance and belonging within group art therapy: A study of two lonely third grade students. *American Journal of Art Therapy, 36,* 81-95.

Sweeney, D.S. (1997). *Counseling children through the world of play.* Illinois: Tyndale House.

Taylor, D. (1996). *The beating power of stories: Creating yourself through the stories of your life.* Alexandria: Millennium Books.

Taylor de Faoite, A. (1998). From playing to play therapy: A model for intervention. *Journal of Child Centred Practice, 5,* 121-137.

Tereba, H. (1999). *Time travellers.* Unpublished master's thesis, Queensland University of Technology, Brisbane, Australia.

Vinturella, L., & James, R. (1987). Sand play: A therapeutic medium with children. *Elementary School Guidance and Counseling, 2b,* 229-238.

Weinrib, E.L. (1983). *Images of the self - The sandplay therapy process.* Boston: Sigo.

Willock, B. (1983). Play therapy with the aggressive, acting-out child. In Schaefer and O'Connor (Eds.), *Handbook of play therapy* (pp. 386-411). New York: John Wiley & Sons.

Wilner, K.B. (1999). Core energetics: A therapy of bodily energy and consciousness. In D.J. Wiener (Ed.), *Beyond talk therapy - Using movement and expressive techniques in clinical practice* (pp. 183-203). Washington: American Psychological Association.

Wiseman, H. (1986). *Single-case studies of the resolution of problematic reactions in short-term client-centred therapy: A task-focused approach.* Unpublished doctoral dissertation, York University, Toronto.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition.* Stanford: Stanford University Press.