

**An Exploration of the use of Sand as a Medium in Psychotherapy with  
Adults**

By

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## **Abstract**

*This qualitative study investigated the use of sand as a medium in psychotherapy with adults.*

*The purpose of the study was to conduct field research which would examine the existing theories, concepts, frameworks and clinical models in the literature. It aimed to explore both therapist and client factors as it has been suggested that the therapist plays a pivotal part in the process of sandplay. This present study also aimed to investigate the link between sand and the area of trauma. Previous theories and research suggest that non-verbal mediums which engage the senses are effective in trauma therapy. Semi-structured interviews were conducted with five accredited and experienced psychotherapists who use sand as a medium with adult clients in their practice. The sample chosen was heterogeneous in terms of training background, theoretical approach and client population. The sample comprised both male and female participants. Thematic analysis was carried out on the data collected. The findings of this study suggest that sand is an effective medium for connecting the unconscious and conscious realms of the psyche. This study found that there are different levels of holding or containment which are necessary in order for the client to safely process unconscious material. These include physical containment, emotional or psychological holding and the holding of the therapist through external supports such as supervision and peer support. This study also found that sand must be respected as it is a very powerful tool in therapy. The findings of this study support previous theory and research in the field of sand therapy and offer field research from an Irish perspective. These findings have implications for the current status of sand in the field of adult psychotherapy in Ireland. At present, further development is needed in terms of public and professional awareness, education, training and integration of sand as a medium in adult psychotherapy.*

# **Chapter One**

## **Introduction**

In the field of counselling and psychotherapy, clients seek awareness and healing by talking through their experiences. Freud referred to ‘the talking cure’ to describe the process in which clients work through unresolved memories and experiences in therapy (Breuer, Freud and Strachey, 2000). However, it has been acknowledged that non-verbal methods of expression can also facilitate self-awareness, psychological healing and integration within an individual. Non-verbal or creative mediums of expression include art, music, drama, clay, movement, symbol work and sand. These mediums of expression have become widely used in therapy settings with different client populations (McNiff, 2004; Joyce and Sills, 2014; Oaklander, 1988; Simon, 1992; Turner, 2005).

### **1.1: Neuroscience support for non-verbal mediums of expression:**

The use of non-verbal mediums in therapy is supported by evidence in the field of neuroscience. Research on brain structure and lateralisation has found that the right brain is responsible for the processing of information related to our emotions and sensory experiences, while the left brain is connected to language and verbal reasoning (Cozolino, 2006; Afford, 2012). In addition to this MacLean (1990) described the human brain as having three main parts; reptilian, paleo-mammalian and neo-mammalian. This is more simply described as the lower brain, the middle brain and the higher brain. The primitive lower brain is responsible for emotionally imprinted and early experiences which are deep rooted in the human unconscious. These experiences are survival-based and are embedded in implicit memory which can only be accessed via the unconscious (Afford, 2012; Levine, 2010; Siegel, 2007). In order to access these deep parts of the unconscious in the therapeutic setting,

one must connect with the lower brain rather than the higher neo-cortex (Levine, 2010; Rothschild, 2000). Therefore, the use of language is not always helpful in therapy, particularly when clients are unable to verbally express emotional experiences or traumas (Schoore, 2001; Levine, 1997; 2010).

### **1.2: Sandplay: a non-verbal medium of expression:**

Bradway and McCoard (2008) and Turner (2005) pose that sand offers a direct route to accessing unconscious material through its visual, three-dimensional, sensory qualities. In ‘sandplay’, clients have an opportunity to engage with sand which is normally presented in two rectangular-shaped trays, one containing dry sand, the other containing wet sand to which water may be added. In addition, a selection of miniature objects or figurines are offered which allow clients to construct a scene or picture in the sand. These miniatures include natural objects such as stones and shells, animals, humans, dwellings/structures, and mythical figures. This process of ‘sandplay’ has been seen to access the unconscious through the activation of symbols and through the use of the senses which access implicit emotional experiences (Kalff, 1980; 2003; Ryce-Menuhin, 1992; Turner, 2005).

The use of sand in the therapeutic setting was pioneered by Dora Kalff, a Jungian psychotherapist who used sand with children and adults. It was further developed by others and has been used as both an assessment and a therapeutic tool with different client populations. It has been applied in a variety of settings including child play therapy, group therapy, family therapy, couples counselling and Jungian analysis (Axline, 1969; Carey, 2006; Mitchell and Friedman, 2003; Oaklander, 1988; Pattis Zoja, 2011; Pearson and Wilson, 2014). More recently, it has been explored within the field of adult psychotherapy as an adjunct to ‘talk’ therapy (Aite, 2007). Traditional sandplay therapy is influenced by Jungian psychology, however postmodern sandplay incorporates other theoretical frameworks

including Adlerian (Bainum, Schneider and Stone, 2006) and constructivist psychology (Dale and Lyddon, 2000).

### **1.3: Non-verbal mediums in trauma therapy:**

Van der Kolk (2005) proposes that an integrated approach to healing is required when working with individuals for whom traditional talk therapy has not been beneficial. For clients who have experienced trauma, the higher cortical regions of the brain such as Broca's area of language are inhibited or disconnected, so the use of techniques which activate the lower parts of the brain such as the limbic region are more effective (Carey, 2006; Cozolino, 2006; Van der Kolk, 2005). Jung (1964) proposed that early developmental and relational experiences are stored in the unconscious realm. If traumatic, they become repressed or forgotten which can lead to later psychological disturbance. Connecting with the symbolic function allows unconscious material to be given a narrative and thus become externalised into the conscious realm (Jung, 1964; Main, 2008). Kalff (2003) proposed that sand offers a way for individuals to work at this deep symbolic level and by doing so can integrate their inner and outer worlds in order to bring healing, awareness and transformation (Bradway and McCoard, 2008; Turner, 2005).

### **1.4: The role of the therapist:**

In psychotherapy, the role of the therapist is to provide a safe, secure and supportive environment for the client (Kahn, 1997; Joyce and Sills, 2014; Nolan, 2012; Yalom, 2002). The therapist aims to provide a corrective emotional experience (Alexander and French, 1946) in which old patterns of relating can be replaced with new more healthy patterns. This idea is confirmed by neuroscience research which has found that "relationships are a fundamental and necessary building block in the evolution of the contemporary human brain"

(Cozolino, 2006, p. 13). When a client experiences attunement and emotional security, the brain is enabled to build new neuronal connections which facilitate healing and awareness (Gerhardt, 2004; Levine, 2010).

In trauma therapy, the safety provided by the therapist is paramount. Cook *et al.* (2005), Levine (2010), Herman (1997) and Kosanke, Puls and Feather (2013) highlight the establishment of safety in trauma work. Without safety, the externalisation of difficult past experiences and deeply rooted memories may cause overwhelm, flooding and re-traumatisation for clients (Herman, 1997; Mann and Cunningham, 2009). It is important that the therapist is personally competent and experienced in holding both parties and the strong transferences in the therapeutic space (Toscani, 1998).

In sandplay therapy the therapist is an active participant in a client's process (Bradway and McCoard, 2008). Kalff described the holding and containment as the "free and protected" space (2003, p. 7). The client is contained physically by the tray and psychologically or emotionally by the therapist. Without this free and protected space healing and transformation cannot occur. Deep, emotionally charged memories and experiences are evoked in sandplay through the client's activation of the senses and the emotional right brain and the more traumatic or repressed such memories are, the more safety is required to support the client (Homeyer and Sweeney, 2011; Toscani, 1998; Turner, 2005). The therapist's role is to carefully witness the process and observe verbal and non-verbal cues to ensure the client's safety (Carey, 2006; Homeyer and Sweeney, 2011; Turner, 2005).

### **1.5: Rationale for this present research:**

According to Pearson and Wilson (2014) the majority of research in the field of sand therapy is based on theoretical frameworks, case-studies and reviews of publications. This has been helpful in evaluating therapeutic frameworks, exploring themes and patterns in sandplay

(Mathis, 2005, as cited in Zhou, 2009, p.71) and strengthening validity and reliability of sandplay technique (Aoki, 1981). However, Kosanke *et al.* (2013), Taylor (2009) and Zhou (2009) highlight that field research has not kept pace with the descriptive work in this area. Further, the existing literature is dominated by nations including United States of America, Australia, New Zealand, Asia and South Africa. Research in the United Kingdom and Ireland falls behind these other nations, with very little field research to support existing theories and frameworks. This present study will offer field research from an Irish perspective.

Considering the important role which the therapist plays in psychotherapy and sand therapy, this present study addresses both therapist and client factors in sandplay with adults. The therapist is responsible for holding and supporting the client in all forms of therapy. Kosanke *et al.* (2013) highlight that working in the area of trauma requires a high level of responsibility, clinical experience, personal awareness and support for therapists.

Also, in trauma therapy traditional talk therapies may be ineffective (Van der Kolk, 2005). The link between non-verbal mediums of expression and the area of trauma have been highlighted and supported by neuroscience. Therefore, it would appear that sand therapy could be an effective tool in the treatment of clients with trauma history.

With the above in mind, the purpose of this present research is:

1. To conduct field research to explore and investigate the pre-existing theories, clinical models and frameworks which the literature has provided.
2. To use the perspective of the therapist to explore both therapist and client factors involved in the use of sand in adult psychotherapy.
3. To explore the relationship between sand and trauma and any factors related to this.

It is hoped that the findings of this present research will inform the existing literature in the field of sand therapy and its application in adult psychotherapy.

## Chapter Two

### Literature Review

This chapter introduces and discusses the literature and research in the field of sandplay. It is divided into a number of sections which place the focus of this present study within the context of existing literature. Sections 2.1 and 2.2 are concerned with describing sand as a medium and outlining a general overview of its use. Section 2.3 discusses its role in assessment and diagnosis while Section 2.4 examines its relation to trauma. Section 5 investigates the efficacy of sand in relation to the role of the therapist.

#### **2.1: What is sandplay?**

The use of sand as a therapeutic technique was first developed by Margaret Lowenfeld (1950) in her psychotherapeutic work with children (Turner, 2005). It was developed further by Dora Kalff, a Jungian trained psychotherapist who used sand with children, adolescents and adult clients (Kalff, 1980; 2003). It is a process where a client builds a scene or 'world' in a sandtray of a specific dimension and size using a variety of miniature figures. The tray is filled to halfway with earthen coloured sand. This sandtray is the container or medium of expression (Allan, 1988). Clients generally have access to two trays, one with dry sand and one with wet sand, to which water can be added to mould and shape the sand (*see figure 1*). The sandtray usually contains a blue bottom to symbolise water or sky (Turner, 2005) (*see figure 2*).



*Figure 1: sandtrays*



*Figure 2: blue painted bottom of the sandtray symbolises water or sky*

The client then uses the sand to engage in the process of ‘sandplay’ (Turner, 2005). The client sculpts the sand and is offered a collection of miniatures to create a scene or pattern in the sand. The client chooses whichever figures or miniatures he or she desires. These miniatures represent themes, ideas, feeling states and archetypes (Carey, 1999). Some therapists may invite clients to create a scene which represents their Self, their world or some aspect in their lives. However, many use a more non-directive approach whereby the client can make any scene they wish (Weinrib, 1983). Miniatures include various categories of human and animal

figures, vegetation, mystical and religious figures, dwellings, transport objects and earth materials such as leaves, stones and shells (Allan, 1988; Ammann, 1991). Miniatures are used as metaphors and symbols to narrate a client's story or experience (*see Figures 3 and 4*). The 'sandworld' which is created is the concrete three-dimensional expression of the client's inner process and can be viewed as a bridge between the inner and outer worlds (Dale and Lyddon, 2000).

Clients are then invited to verbally share the narrative or story of their scene and their experience of the sandplay process. Depending on therapist and client, sandtray creations are recorded by drawings, notes, or photographs (Ammann, 1991). Giving clients photographs of their tray enables them to observe their process at that moment in time and allows them to reflect on their journey in therapy and their process of development (Bradway and McCoard, 1997). Also, because the sandtray is deconstructed or dismantled by the therapist following a session, a photograph allows clients to feel that their creation is not lost (Reed, 1975, as cited in Dale and Lyddon, 2000, p. 140).



*Figure 3: sandworld created by the author*



Figure 4: sand representation of family, also illustrating blue bottom of sandtray

## 2.2: Engaging with the sand itself:

‘Sandplay’ refers to the process in which the client engages to create a sandworld in the tray. However, the process of manipulating and connecting with sand has a therapeutic and cathartic quality in itself (Turner, 2005). Many sand scenes are created without any miniatures (*see figure 5*). It is with this in mind that the purpose of this research does not solely focus on the creation of a scene with miniatures but includes the use of the sand itself.



Figure 5: a sand scene without miniatures

Gestalt therapy refers to how clients embark on a journey to re-establish contact both with others and with aspects of the self (Joyce and Sills, 2014). The medium of sand can facilitate this contact as it helps clients to feel grounded (Carey, 2006). It is a non-threatening medium which engages all of the senses and its tactile, kinaesthetic quality has been found to help clients to feel relaxed (Homeyer and Sweeney, 2011; Turner, 2005). The process of pouring, moving, hitting, burying, constructing and sculpting sand (particularly wet sand) provides an experience to express a range of emotions (Bowyer, 1956, as cited in Mitchell and Friedman, 1994) (*see figure 6*). The discharge of energy through the muscles and through the process of engaging the body is one of the building blocks in working with trauma (Levine, 2010; Rothschild, 2000). Turner describes how the process of touching the sand “releases troubles and ills into the earth” (2005, p. 212). The sand and blue painted surface are seen as a representation of the elements. Engaging with the base of the tray can be seen as symbolic of opening to the unconscious, and “as the boundless potential of the unconscious, water restores life” (Turner, 2005, p. 206). Sand can evoke powerful preverbal and unconscious processes so the physical dimensions of the sandtray provide a boundary and help to prevent flooding and overwhelm in clients (Bradway and McCoard, 2008; Carey, 2006; Kalff, 2003). Conversely, avoidance of the sand can indicate trauma, dissociation, resistance and early deprivation (Garrett, 2014; Turner, 2005). It is paramount that when using the medium of sand (and other expressive media such as clay and art), safety and trust are established in the therapeutic space (Mitchell and Friedman, 1994).



*Figure 6: example of sculpting and moulding of wet sand*

### **2.3: Sand as a tool for diagnosis, assessment and treatment:**

Sand has been used for both assessment and therapeutic purposes (Homeyer and Sweeney, 2005). Much of the literature around sandplay relates to work with children and adolescents, however in the past twenty years, there has been an increase in research which focuses on the use of sand in psychotherapy with adults. The sandtray creations of clients have been examined in relation to presenting issues, themes, and trauma narratives (Gil, 2008). This has been used as a way of assessing clients, formulating treatment goals and evaluating progress in therapy (Homeyer and Sweeney, 2011).

#### *Diagnosis and assessment:*

While some theorists maintain that “sandplay is meant for healing, not for diagnosis” (Bradway and McCoard, 2008, p. 28), some research has been carried out in this area. Garrett (2014) proposed that the miniatures offered to clients in sandplay serve as a ‘vocabulary’ with which to express themselves. Buhler’s World Test (Turner, 2005) used ‘world’ scenes to investigate emotional and psychological disturbance. However, these were not creations

made in sand but in a space on a table or floor. This is similar to the work of Erikson who investigated the use of miniatures in a defined space for diagnostic purposes (Dale and Lyddon, 2000). In Buhler's World Test, features such as closed, rigid, empty, aggressive or distorted 'worlds' appeared to coincide with themes of isolation, disconnect, resistance or blocked creativity in clients. A similar study was conducted by Boglar and Fischer with adults (1947, as cited in Dale and Lyddon, 2000, p. 148). Common features were identified in the worlds created by various groups such as alcoholic, neurotic and schizophrenic groups. This offered some understanding of their experiences, perceptions and ideas of the self and their world. For example, the schizophrenic group deviated most from the clinical control group where themes included unrealistic use of objects, oddly shaped worlds and the presence of lots of items with no distinct categories (Mitchell and Friedman, 1994).

Research by Denkers (1985, as cited in Mitchell and Friedman, 1994) found no significant gender differences in the use of sand in adults, however it seemed that females depicted more relationships while men tended to manipulate and move the sand more. Denkins investigated psychological disturbance in adult males and females. Results included lower ability to create boundaries and categorisation in depressed women and the use of less complex combination of relationships in males (1985, as cited in Mitchell and Friedman, 1994, p. 94-95). Females tend to create scenes or symbols in which archetypes such as the feminine, masculine, journey, self and numbers are present (Sandu, 1978, as cited in Bader and Miller, 1980).

### *Symbolism and archetypes:*

Though modern sandplay has been explored from a variety of theoretical frameworks, it is mainly presented from a Jungian perspective. According to Jung (1964), there is both a personal and collective unconscious which form much of the individual's personality. At

these deep unconscious levels lie dreams, motivations, behaviours and universal archetypes (see figure 7) (Jung, 1964; Turner, 2005).

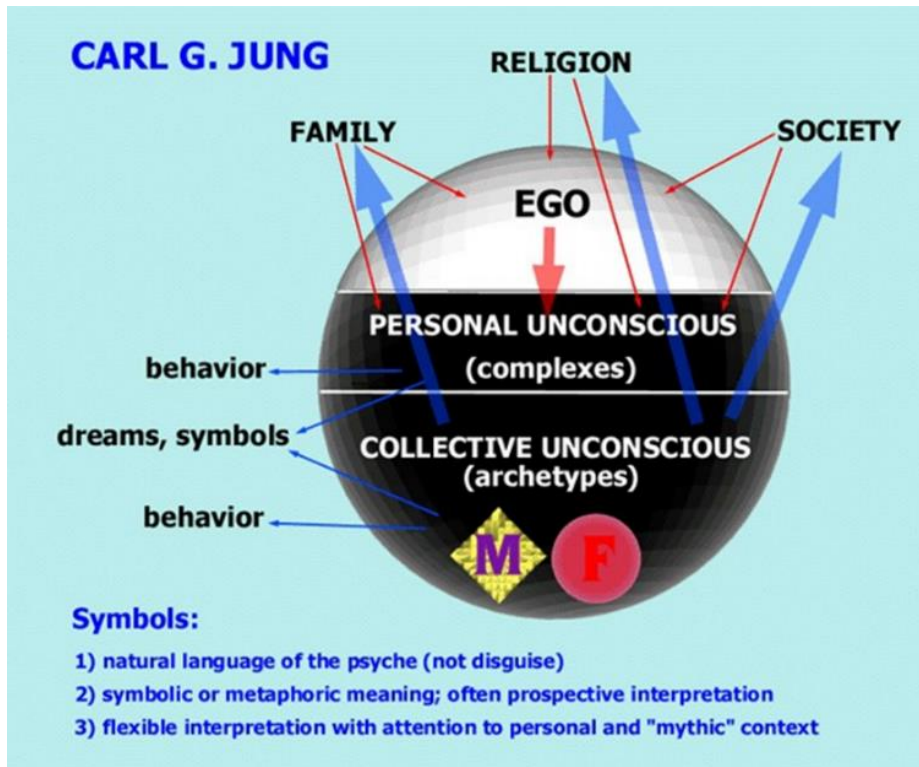


Figure 7: example of Jung's model of different aspects of the psyche

It is suggested by Jung (1964), Kalff (2003), Main (2008), Simon (1992), Turner (2005) and Weinrib (1983) that symbols and archetypes function as a language to convey the unconscious. Jung (1964) describes a symbol as something that represents more than an obvious and immediate meaning. He states that symbols help to define concepts which are not fully comprehended such as religion, culture, spirituality and the 'Self'. Because there are many unconscious parts to one's perception of reality, the psyche holds the unconscious reality and uses symbols and images to do so.

An individual needs symbols to represent unresolved or unknown psychic material. These symbols and images find expression in dreams and creative actions such as painting, drawing and writing (Jung, 1964). Symbols may represent different themes in an individual's life such

as identity, intimacy, generativity (similar to Erikson's life stages, 1963). They can also represent unconscious themes of the 'Self', 'animus' (the male within the female), 'anima' (the female within the male) and the inner child (Main, 2008). Such archetypes which are held in the collective unconscious may find expression in the symbolic arena of the sandtray and miniatures (Bradway and McCoard, 2008).

On a universal level the human unconscious carries subliminal symbols which are collective in their nature and origin (Jung, 1964; Turner, 2005). These are archaic or primordial images and encompass wider concepts of humanity such as religion, culture, instincts and emotions. Such archetypes are found in the collective unconscious (*see figure 7*). They are seen in themes such as war, death, heroism, youth/old age, destruction, power, hunger and so forth (Jung, 1964). The archetypes of mother, father and child (inner child) encompass both the individual and collective psyche and surface in both realms (Jung, 1964; Main, 2008).

Archetypal themes are primitive in nature and are held at the core of humanity so therefore it is through non-verbal actions that such themes can be accessed. They are perceived to hold a great deal of psychic energy which is expressed through emotions, body movements and physiological sensations (Reich, 1945). Engaging with sandplay can release some of this psychic energy which evokes potential for deep change (Carey, 2006; Kalff, 2003; Lowen, 1970).

Having awareness and knowledge of different individual and collective symbols allows therapists to observe and hypothesise potential struggles, traumas and areas for growth in clients (Bradway, 1979; Knoetze, 2013; Turner, 2005). The therapist may find indications in the landscape of the tray itself or through a client's verbalisation of a sandtray experience. While symbols and images are inherently phenomenological, there are some which have been found to be consistent over time throughout humanity. They are expressed through myths, art, and cultural symbolism (Jung, 1964; Levine, 2010). These include earth materials such as

stones and shells, and living creatures including animals, winged creatures and mythical creatures (Jung, 1964; Turner, 2005) (*see figure 8*).



*Figure 8: sandtray scene illustrating various land and sea animals and mythical creatures*

The symbolic non-verbal use of sand and miniatures can allow the client and therapist to explore the client's process and journey (Mitchell and Friedman, 2003). Some approaches focus on symbol work (DeDomenico, 1995; Pearson and Wilson, 2001) as an adjunct to verbal therapies and although this type of work is more directive in nature it remains non-intrusive and still allows access to the unconscious parts of the self (Pearson and Wilson, 2014).

#### *Sandplay applications in adult therapy:*

Sandplay has become integrated into many settings with children, adolescents and families (Carey, 1999). Because of this a significant proportion of the literature around sandplay relates to its use with children. However, there is a growing body of theory and research which have explored the role of sand in adult therapy. Much of the literature is from a Jungian perspective, which is unsurprising given the pioneering work of Dora Kalff who was

a Jungian trained therapist. Sandplay has also been explored from different theoretical frameworks including Adlerian (Bainum, Schneider and Stone, 2006), Kleinian (Griffith Clegg, 1984, as cited in Knoetze, 2013, p. 460), Constructivist psychology (Dale and Lyddon, 2000) and object-relations (Waterman, 1997, as cited in Knoetze, 2013, p. 460). Salters (2013) investigated sandplay and family constellation in relation to transactional analysis theory, while Monakes, Garza, Wiesner and Watts (2011) investigated the role of Adlerian sandtray work with adult male substance abuse offenders. They posed that sandtray therapy assesses clients' style of life, attends to the unconscious process, explores self-perception and encourages self-awareness of behaviour patterns (2011).

From the existing research, it seems that sandplay is becoming more recognised as an adjunct to verbal therapies. For example it has been used as an adjunct to Jungian analysis (Aite, 2007) and adult counselling (Mitchell and Freidman, 2003). It has been integrated into various settings including schools, outpatient and hospital settings (Mitchell and Friedman, 1994). It has been used in couples therapy (Dean, 2001), family therapy and in various group therapy settings (Dale and Lyddon, 2000; Pattis Zoja, 2011). It has also been used with clients with dissociative disorders (Sweig and Sachs, 1993, as cited in Dale and Lyddon, 2000, p. 148), sexual addiction (Spooner and Lyddon, 2007), self-injurious behaviour (Mendez, 2012), eating disorders (Myers and Klinger, 2008) and patients with dementia (Suri, 2012). In addition to its use as an adjunct to verbal therapies which naturally place emphasis on words and language (Simon, 1992), sand has also been integrated with art therapy (Pearson and Wilson, 2014) and storytelling (Miller and Boe, 1990).

While sandplay therapy is deeply rooted in Jungian psychology and the field of play therapy (Axline, 1969; Kalff, 2003; Oaklander, 1988), postmodern sandplay therapy has seen a shift away from pure Jungian analytical style of interpretation of the psyche (Turner, 2005). However, the idea that the psyche strives for growth and transcendence continues to play an

important part in modern sandplay therapy from an existential, spiritual and transpersonal perspective (Amatruda and Helm-Simpson, 1997; Grof, 2000).

#### **2.4: Trauma in psychotherapy**

##### *Working with trauma:*

Trauma is described as “a loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us” (Levine, 2008, p. 9). Research suggests that sand therapy can play a role in the treatment of clients with a history of trauma. Sandplay has been applied to the area of PTSD (Moon, 2006), and specifically with individuals who have experienced natural disasters (Baggerly and Exum, 2008). Coalson (1995) explored the use of sandtray as a projective medium in the re-enactment of nightmares in adult veterans experiencing PTSD. The term ‘trauma’ can include a number of experiences ranging from a once-off fall to a chronic experience of violence, neglect or abandonment (Levine, 2010). All humans experience traumas. However, the degree, context and perception of trauma varies for every individual (Mann and Cunningham, 2009). Any experience which activates a perceived threat or danger is considered a trauma.

##### *Trauma and the body:*

When an individual perceives threat, danger or distress the autonomic nervous system becomes overwhelmed and the body experiences physiological reactions including increased heart-rate, tremors and breathing difficulties (Cozolino, 2006; Gerhardt, 2004). When an individual is in this state of hyper-arousal it has been found that parts of the lower primitive brain are activated (Afford, 2012; Cozolino, 2006; Schore 2012) causing sensations of flight, fight or freeze. The emotional energy stored up in these states of arousal needs to be discharged and if an individual is unable (that is, inhibited, repressed or resisted) to regulate

such states they become locked or stuck in the body. The individual becomes immobilised in a cyclical “black hole of trauma” (Levine, 2010, p. 21). One can only begin to unlock or access this trauma by engaging the senses (Hellar and LaPierre, 2012; Herman, 1997). Broca’s area of the brain, which is referred to as the language centre, is shut down in experiences of trauma (Cozolino, 2006; Schore, 2012). This signifies the need to focus not on the head but rather on the body as a way of working through trauma.

*How sandplay relates to trauma work:*

Trauma is deeply rooted and is energetically and emotionally charged as it encompasses the primitive preverbal parts of our brains (Gerhardt, 2004). This discharge of powerful and potentially overwhelming emotions needs to occur in a safe and contained space, which highlights the pivotal role which the therapist must play (Bradway and McCoard, 2008; Carey, 2006; Kalff, 2003; McNiff, 2004; Turner, 2005).

At a sensorial level, engaging the body allows individuals to feel more grounded and helps to re-establish connection between mind and body which is destroyed by trauma (Levine, 1997). Engaging with the sand itself has been found to offer the experience of re-establishing a boundary at the skin level which can reduce hyper-arousal and restore a feeling of bodily control (Bingley and Milligan, 2007; Rothschild, 2000). Levine (1997) described the felt sense as vague, ever-changing, moving and transforming constantly. This bears a similarity to the nature of sand and its changeable, mouldable, transformative qualities.

Weinrib posed that all psychic transformation occurs at “the pre-conscious, preverbal matriarchal level” (1991, as cited in Bradway and McCoard, 2008, p. 19). This coincides with psychodynamic and object-relations theory relating to the importance of the development of the self and the healthy ego in the early years of life (Gerhardt, 2004; Kahn, 1997). Sandplay also provides a means of “metaphoric distancing from the problem” (Neimeyer, 1993, p. 226)

and can facilitate the disclosure and expression of painful, traumatic and unspoken experiences (Carey 1999; Homeyer and Sweeney, 2011).

*Exercising care and caution:*

Trauma, particularly if experienced in the early years, can lead to psychic disturbances in adulthood (Jung, 1964; Levine, 2010). Forgotten or repressed memories and experiences of infantile amnesia can be triggered in the therapeutic encounter so care must be taken when working with trauma (Sebba, 1991). The more repressed such memories and experiences are the more distressing for the client, and the more the charge of the emotional energy when released (Jung, 1964). When using sand, great care must be taken to ensure a client does not become overwhelmed or re-traumatised (Homeyer and Sweeney, 2011; Toscani, 1998; Van der Hart and Steele, 1997). The following section highlights the central role which is played by the therapist in working with clients, particularly those clients with a history of trauma.

## **2.5: The role of the therapist:**

*The therapeutic space:*

The establishment of a safe therapeutic space is essential before exploring any type of experimentation with clients (Joyce and Sills, 2014; Mann, 2010; Winnicott, 1971). In Jungian sandplay terms, this is referred to as the ‘free and protected space’ or ‘temenos’ (Bradway and McCoard, 2008, p. 8; Ryce-Menuhin, 1992; Turner, 2005). Kalff (2003) refers to safety as an essential ingredient needed before engaging in the healing and creative process of sandplay. The client is contained physically by the tray itself and psychologically or emotionally by the therapist (Ryce-Menuhin, 1992; Stewart, 1995; Turner, 2005). This is similar to the ‘transitional play space’ or ‘holding environment’ described by Winnicott (1971, p. 95) and Mannoni, (1999).

Some theorists and practitioners differ in their approach to interpretation and involvement in their clients' sandplay process. For example, in symbol work or solution-focused therapy, the therapist may be more directive (Garrett, 2014; La Bauve, Watts and Kottman, 2001). However, many follow a humanistic approach whereby the therapist listens, observes and participates empathically with little verbalisation (Bradway and McCoard, 1997). Also, on a phenomenological level the therapist honours that it is the client's own experience of the sandplay process and their own symbolic meaning which brings about healing. The sandtray process and the therapist's empathic presence can function as "a mirror which shows the client his real self" (Rogers, 1942, p. 144). This allows the client to safely explore deep rooted psychological material which is evoked by engaging in the sand (Carey, 2006; Turner, 2005).

*Stages of working with trauma:*

In order for a client to feel safe and contained in the therapeutic space the therapist must attune closely to the verbal and non-verbal behaviour of the client. For example, when working with trauma the highly attuned therapist must pick up on physiological changes which indicate a client is becoming overwhelmed or dissociative (Levine, 2010; Van der Hart and Steele, 1997). Herman (1997) highlights three stages in work with traumatised clients. The first is the stabilization stage in which the priority is establishing safety. The second is the stage of reconstructing the trauma. This stage is where deeper work such as sandplay can help to access and work through past traumas. The third stage is reconnection of the individual with the self, the world and the community. Levine (2010) outlines nine building blocks when working with trauma, all which encompass the three described by Herman (1997). He highlights the importance of drawing awareness to sensation, establishing rhythm, regulating arousal states and establishing a safe space to gradually titrate emotionally charged

energy. Cook *et al.* (2005) identified safety, self-regulation, self-reflective processing, integration of traumatic experiences, relational engagement and positive affect enhancement as six core components in the treatment of complex trauma. These bear many similarities to the ideas of Herman (1997) and Levine (2010). These frameworks also fall in line with neuroscience research in areas including attachment, brain lateralisation, and the importance of working with the body (Gerhardt, 2004; Schore, 1994; 2001; 2012; Siegel, 2007).

*Transference and counter-transference:*

Levine (2010) describes how a therapist aims to provide a “blanket of compassion” for clients (p. 46) to allow them to safely navigate through the past and work through it in the present. However, being only human, therapists are subjected to feelings of helplessness, fear, terror, rage and anger among others through the strong transference and counter-transference dynamics of the therapy (Levine 2010). If the therapist experiences overwhelm, both client and therapist become lost and if the therapist recoils the client will feel abandoned (Cassorla, 2001; Mann and Cunningham, 2009). Therefore, whether engaging in verbal or non-verbal methods of expression, gradual access or ‘titration’ of traumatic experiences needs to occur (Levine, 2010; Rothschild, 2000).

Allan (1988) described three developmental stages in sandplay with children: chaos, struggle and resolution. This bears many similarities to the trauma stages outlined by Herman (1997). It can be extremely difficult for therapists to withstand long periods of chaos or struggle with clients whose history of trauma prevents them from reaching stage three or even stage two. In the reconstruction and re-enactment of trauma, the therapist is subjected to strong projections and this increases the risk of failure, re-traumatisation and compassion fatigue (Kosanke *et al.* 2013). Homeyer and Sweeney (2011) suggest that the sandtray can provide therapeutic distance for the client and protect the therapist from strong projections. This is thought to

reduce the risk of vicarious traumatisation or burn-out (Ludwig, 2007, as cited in Kosanke *et al.*, 2013, p. 219). Projections are placed onto the sandtray and onto symbolic figures rather than onto the therapist (Homeyer and Sweeney, 2011; Toscani 1998). Of course, the therapist and client's conscious and unconscious processes are still actively present in the co-created space, however, the sand may provide a sort of middle ground of meeting point between containment and liberation of unconscious material (Jung, 1964).

Bradway and McCoard (2008, p. 34) used the term "co-transference" rather than counter-transference due to the simultaneous projections and influences of the client and therapist. They stated that once a positive co-transference is established (that is, the free and protected space), "healing and growth can take place" (2008, p. 42). However, negative co-transference is also an important part of the process and with the aid of the symbolic nature of sandplay a therapist is enabled to observe signs of transference and projections in the tray (Bradway and McCoard, 2008). Like the shaman who shares in the experiences of his/her people to bring about healing, the therapist also shares the re-enacted experiences of the client (Levine, 2010). However, care must be taken by the therapist to ensure that he/she is able to hold and withstand this role which can be challenging (Levine, 1997; Mann and Cunningham, 2009).

## **2.6: Current study: emphasising therapist factors:**

Knoetze (2013, p. 460) and Gallerani and Dybicz (2011, p. 169) referred to the therapist as a "co-creator" and "editor of the narrative" created by the client in the sandtray. With this in mind it seems important therefore to explore the role of therapist and the factors involved in the sandplay process. Modern and current standings in the literature highlight the following:

1. There appears to be agreement among various authors that therapists working with trauma must engage with their own traumas and "emotional wounds" (Levine, 2010, p. 35) in personal therapy. This is similar to views across the field of psychotherapy

(Kahn, 1997; Levine, 2010; Yalom, 2002). Being aware and experienced in managing one's own triggers and counter-transferences enables a therapist to safely hold the unconscious processes or traumatic material of client. According to Bradway and McCoard (2008), Kosanke *et al.* (2013) and Turner (2005), therapists using sandplay with any clients must also have personal experience and awareness of using sandplay themselves in training and supervision.

2. While sandplay is client-centred and phenomenological in nature, therapists must have an understanding of the areas of symbolism, archetypes, transformation, and the unconscious workings of the psyche (Jung, 1964; Main, 2008). The clinically experienced therapist can extend the process through observation, reflection and verbal processing where appropriate (Pearson and Wilson, 2014).
3. Apart from the obvious pitfall of engaging clients in sandplay when safety and stabilisation have not been established, there are a number of instances where sandplay has been found to be ineffective and even detrimental in clients' healing process. These include cases of psychological instability, active addiction, extreme learning disability, life crisis or environmental instability (Pearson and Wilson, 2001). Also sandplay may be unsuitable in extreme cases of trauma, where the emotional energy evoked may be so excessive that it leads to de-mentalisation, an inability to transform sensory experiences to mental expressions (Hartke, 2005; Mann and Cunningham, 2009). This suggests the need for extreme caution and care when engaging in sandplay with clients, particularly those with trauma histories.
4. Due to the strong transferences and counter-transferences in working with clients' unconscious material, supervision is crucial in recognising blind spots (Mann and Cunningham, 2009) such as chronic or acute enactments (Cassorla, 2001) or therapists' vulnerability to their own trauma experiences. Friedman and Mitchell

(2008) highlight the importance of strengthening protocols in the areas of training and supervision. Modern literature suggests cross-training of therapists to merge verbal and non-verbal styles of therapy (Garrett, 2014; Kosanke *et al.*, 2013).

The factors highlighted above provide a context in which to place the focus of this present research. The literature provides a variety of concepts, frameworks and models which will be explored and investigated in this study.

## **Chapter Three**

### **Methodology**

#### **Design:**

A qualitative approach was selected for this research. Polkinghorne (2005, p. 140) highlights that qualitative studies aim to “deepen the understanding of the experience” rather than make claims or generalisations. With this in mind, the focus of this research was not to seek meaning or interpretation of clients’ sandtray experiences but to investigate therapists’ perceptions of the use of sand in the work with their clients. Barry (1996) highlighted that arts-based and visual methods of expression bring up research limitations. In particular, this research relied on the perspective of the therapist, and not the client, to explore the sandplay experience within therapy. One could question whether the use of symbols and personally meaningful sand processes or scenes can be interpreted sufficiently or at all by a therapist, researcher or participant (Linzmayr and Halpenny, 2013). However, the literature strongly suggests that therapists play an active role in the therapeutic processes of their clients and their perceptions, observations and experiences hold value when attempting to investigate sand in the field of psychotherapy (Levine, 2010; Turner, 2005). The field of psychotherapy uses processes such as non-verbal communication, transferences and counter-transferences to gain insight into clients’ experiences, and thus, a qualitative research design allows for a phenomenological approach which is key to this area of research.

#### **Sample:**

Purposive sampling was utilised for this research. This type of sampling is commonly used in qualitative research when the researcher selects participants who have experience of “the key

concept or issue that is being explored” (Thompson and Harper, 2012, p. 96). The selection criteria included fully qualified psychotherapists with at least three years’ experience of using sand with adult clients. Initial criteria of a minimum of five years’ experience was altered to three years based on assumptions that psychotherapists are likely to attain accreditation within a three year post-qualifying period. It was decided to select a heterogeneous sample of training backgrounds. This allowed for the selection of therapists working from different theoretical perspectives or frameworks including humanistic and integrative, psychoanalytic, psychodynamic and Jungian. Thirdly, it was noted that in this particular field, it was highly likely that a variance would be present in the sample in terms of developmental stages of clients and the use of sand in settings other than one-to-one therapy. For example, this would include psychotherapists’ use of sand with children, adolescents, couples, parent-child dyads and family therapy. With this in mind, the selection criteria included specific clinical experience of using sand with adult clients in one-to-one sessions. While participant gender was not a specific criterion for selection the researcher’s aim was to obtain a sample comprising both female and male participants. There are significantly more female than male therapists working in this particular field and it was a challenge initially to select male participants. However the researcher obtained a sample which included both female and male participants.

Six participants were sourced using two main methods of recruitment. The first method included using the sources of colleagues. Referrals and recommendations were made from colleagues which enabled the researcher to source participants who would meet selection criteria. Three participants were selected through this method. Two were known previously to the researcher. Etherington (2007) highlighted the complex ethical issues which can occur when recruiting individuals known to the researcher. This was taken into consideration by the researcher at the recruitment stage. However, the relationship between the researcher and

these two selected participants was a distant professional one, and one in which the researcher had no knowledge or recognition of any of the participants' client cases. The remaining participants were selected by researching psychotherapists in the Leinster region. Personal websites, professional body websites and counselling centre websites provided initial information which was then followed up with phone contact. For five of six participants initial phone contact was followed up by email contact in which participants were given three documents; an information sheet for participants, a consent form and demographic sheet (*see Appendices I, II, and III*). These were forwarded in advance of the interviews. A sixth participant was initially selected and following a number of voicemails and emails it was not possible to speak directly with the potential participant to arrange interview. The decision was later taken by the researcher to not follow up on this sixth possible participant as it was felt that data saturation point had been reached (Glaser and Strauss, 1967; Thompson and Harper, 2012).

### **Methods of data collection:**

Data was collected in the form of five face-to-face semi-structured interviews. These were conducted at locations chosen by participants at a time convenient for them. All participants chose to conduct these interviews in their place of work. This offered the benefit of (a) little or no timetabling interruptions or distractions caused by noise and (b) the researcher's observation of each participant's work space and their placing of sandtrays, shelves and other materials within the space. The estimated duration of interviews was clarified during phone contact and one hour slots were allocated and agreed between the participants and the researcher. In two interviews the participants were aware of the interview exceeding the duration of one hour and both expressed that they had no difficulty in continuing until the

interview came to an end. The duration of interviews ranged from thirty seven to sixty six minutes.

In qualitative interviewing, questions are used as a loose guide to obtain data but also to encourage participants to elaborate or change direction (McLeod, 2001; Seidman, 2006). Ultimately, the goal of interviewing is to allow participants to tell their stories. Seidman highlighted that “at the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (2006, p. 9). Having a guide rather than a scripted set of questions allows for the researcher to gather a broad body of data based on the participants’ views, experiences and interpretations (Braun and Clarke, 2006) Schutz (1967) posed that even though one can never fully understand another’s experience, qualitative research seeks to find some observational understanding through the process of interviewing. Semi-structured interviewing also allows for the inclusion of topics or questions outside of the original guide which may further enrich the quality and quantity of the data. In order to maintain some focus on the research questions and areas of investigation, the semi-structured interview was favoured over unstructured interview. Interview questions were formed by the researcher based on the body of literature and on a collection of notes and observations taken by the researcher in the six months prior to conducting the research. Lofland and Lofland (1995) advised adopting an attitude of puzzlement and wonderment about topics when beginning to formulate interview questions. It was also recommended by Kvale (1996, as cited in Morgan and Symon, 2004) that semi-structured interview questions are constructed and delivered in a way that allows an array of values, beliefs, experiences, relationships, emotions, encounters and stories to emerge. Interview questions were first piloted with approximately ten fellow trainee psychotherapists and one lecturing psychotherapist. They were then amended and a further pilot test was carried out with another peer outside of the field of psychotherapy (*see Appendix IV*)

Additional data was collected in the form of a participant demographic sheet which was completed by each participant prior to interview. This document (*see Appendix III*) provided details of participants' training backgrounds, clinical experience, psychotherapeutic approach, type of client practice and frequency of using sand in their practice. This information is presented in Table 1 (*see page 38*)<sup>1</sup>. Field notes were taken during and directly after each interview which included the researcher's immediate thoughts or impressions on participant responses, emotional reactions and the perceived quality of the interview itself.

### **Methods of data analysis:**

Thematic analysis was chosen as the research design method due to the exploratory nature of the research questions. Thematic analysis has been found to be a flexible approach compatible with both essentialist and constructivist paradigms in psychology (Braun and Clarke, 2006). This research falls within an essentialist paradigm which reports experiences, meanings and realities relevant to participants. In qualitative research, while research questions lie within theoretical structures, thematic analysis offers a data-driven or inductive method of identifying, analysing and reporting themes within and across the data (Frith and Gleeson, 2004). Braun and Clarke (2006) also propose that thematic analysis can be used within different frameworks, which in the field of sandplay therapy allows for consideration of a variety of theoretical perspectives. Due to the exploratory nature of this research the aim was to obtain a rich corpus of data which could be analysed at a semantic level and from which broader themes could be identified and examined within the theoretical framework.

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<sup>1</sup> Specific information which places the identity of participants at risk has been omitted.

Interviews were transcribed verbatim by the researcher and were coded based on the data provided. A number of key themes and sub-themes emerged within each transcript and across the wider body of data and these were analysed and examined in detail. Coloured stickers and handwritten notes were used by the researcher to organise and categorise codes and emerging patterns. Patton (1990) outlined the need to closely analyse the possible significance of patterns, broader meanings and their implications when conducting qualitative research.

### **Ethical considerations:**

Participants were informed of information including the purpose and design of the research, the right to withdraw and anonymity. This information was explained to participants during the initial phone contact and was then provided in written format via email prior to interviews (*see Appendix I*). Three participants asked questions relating to anonymity and were satisfied with the information given. A further two participants expressed initial concern relating to the possible risk to the anonymity of their clients. The researcher explained the areas of focus of the interviews and the optional nature of providing examples of client experiences. They were all satisfied that any responses they provided in relation to their own experiences or any client experiences would not place clients at risk. They were also satisfied that their own identities would be protected and this in turn would ensure the safety of their clients' identities. Participants were assigned a pseudonym and any identifying information relating to their training or professional bodies was omitted from publication. All personal details, contact details and interview transcripts were contained in a password-secure file on the researcher's laptop computer. Audio-recordings were kept on a password-protected business phone and on a dictaphone which was accessible only to the researcher at all times. All audio-recordings, once transcribed and checked, were deleted permanently. Once all information was provided,

explained and any questions asked all five participants gave written consent to participate in this study. Participants were made aware of their right to withdraw at any stage. Loue (2015) highlights that in any human research the ethical principles of beneficence, justice and respect for persons must be adhered to, and the autonomy of participants must be honoured at all times.

One method of recording clients' work with sand is to make drawings or take photographs. Photographs when used in research have been found to effectively elicit participants' memories (Linzmayr and Halpenny, 2013). Due to the visual nature of sandplay and sandtray work, it would seem important that photographs or visual records be available both in the interview and also in the transcriptions of the data. However for three reasons, it was not possible or ethical to include photographs in this research.

1. Clients provide consent for their therapist to photograph sandtray creations which are then kept by the therapist. The researcher would not be able to access these photographs without the consent of both the therapist/participant and clients.
2. Inclusion of photographs would immediately break anonymity of any participating therapists and their clients.
3. Many clients choose to take their sandtray photographs with them at the end of their time in therapy while others choose to have them destroyed or removed from their files.

*Table 1: Participant profiles of training, experience, theoretical approach and client population*

<b>Participant</b>	<b>Training/background and clinical experience</b>	<b>Theoretical perspective</b>	<b>Uses sand with:</b>
Fran	BA, MA and PG Dip.  15+ years' experience	Psychoanalytic, psychodynamic	Adults, adolescents, children, parents, supervision tool
Barbara	MA, MSc  15+ years' experience	Integrative, psychodynamic, systemic	Adults, adolescents, children, families, couples, supervision tool
Diane	BA, PG Dip,  20+ years' experience	Integrative, psychodynamic, humanistic, psychoanalytic	Adults
Ger	Diploma, MA, Certificate  4+ years' experience	Integrative, humanistic, person-centred, Gestalt, Jungian	Adults, adolescents, children
Sandra	Diploma  15+ years' experience	Integrative, psychodynamic, humanistic, person-centred, Gestalt	Adults, adolescents, supervision tool

## Chapter Four

### Results

Thematic analysis was carried out on the data collected during interviews conducted with five accredited psychotherapists. This chapter reveals the findings of these data with the following three themes emerging:

1. Connecting the unconscious to the conscious.
2. Holding and containing the client's process emerged under three sub-themes: physical holding/containment, emotional holding and external holding supports for therapists.
3. Respect for the power of sand.

#### **Theme 1. Connecting the unconscious to the conscious:**

The theme of how sandplay provides a bridge or route to connect the unconscious and conscious was evident in all five interviews. It was particularly prominent throughout the interviews of Fran, Diane and Sandra. All participants reported using sand as a tool to help their clients to access the unconscious through the use of non-verbal visual representation. They gave examples of clients who experienced moments of heightened awareness when some unconscious material had been stirred into consciousness. When discussing the depth at which sandplay taps into the unconscious Fran noted the difference between this medium and talk therapy:

sand can get you to a place that words would take a lot longer to get there. You might get there with words, it's likely you would, especially through dreams, slips, general parapraxes of the unconscious, I think you would get there, but it would certainly take longer.

This was echoed in the words of another participant:

“there’s so much that we lose when we bring verbal in, the words get in the way of what’s actually happening.” (Sandra)

Barbara gave examples of some clients with whom she has worked. She frequently uses sand and figures in her work with couples and families, and in her experience it increases awareness at a level which goes beyond the realm of talk therapy. For example, she used sand and figures to help a couple who were experiencing relationship difficulties.

“It’s a visual representation that exceeds words, and that is a very powerful tool, because you’re not being told a story, you’ve got ‘oh, so that’s how she sees me’, you know, our relationship, ‘oh that’s how she sees herself’.”

Ger reported that using non-verbal mediums of sand and art have helped some clients gain new perspectives:

“you can see the reverse for a better word, it sort of comes in the back door.”

Fran described sand as an effective medium in accessing the unconscious by engaging the senses:

it’s coming out of your head, because when you’re engaged at that sensory level, there’s more affect arousal than cognition active, so I often find something can get said or blurted out, that wasn’t going to be said when somebody was cognitively on guard...and all of a sudden there’s a *something* that is said, and in being said it is heard, and that can be really powerful.

Other participants also made reference to the surfacing or emergence of unconscious material which could then be worked through by the clients. Diane recalled some experiences:

people are working away with something, and not suddenly but kind of suddenly, they’re just taken aback, and the way that it almost, you can feel the ripple of it going

through them, and they don't know what it is, and it never becomes a conscious knowing of something, but something of it, arrives back or connects. (Diane)

In many of the participants' responses what also emerged was an acknowledgement that clients need to be ready and willing to engage with their unconscious process at the non-verbal level. If and when they reach this point, sandplay was seen to be very effective. Four of the five participants reported that they have had clients who never engaged with the sand.

Ger stated that

"I've had people refuse point blank. Most of them think 'oh, I'm an adult, I don't play with toys,' those sort of comments."

"some will, sort of, look the other way, or you get the look of horror if you mention it, it's like any therapy, some people are into it, some aren't." (Ger)

Diane stated that:

"if they have an interest in unconscious experience, or outside the box, imagery, if that kind of communication and expression is coming up, I might suggest it...if they're exploratory, and if they're wondering about the bigger picture."

She later reiterated this:

I suppose the ultimate common thing is they're really, really committed to processing and to really working through what is, what is, 'where am I? Who am I? What is this that blocks me or impedes me?'... And whatever language that has for them, or resonance that has for them in how it communicates with them, of working through something. (Diane)

The therapists interviewed varied in terms of how they would introduce sand, with some being more directive than others. Sandra and Diane use a completely non-directive approach so clients who engage with sand are doing so at a point in their process where they are seeking more. Sandra highlighted the connection to the unconscious through the search for symbols and meaning:

“when they get to the tray, they’re connecting with their own unconscious. Symbols that they use will have a collective unconscious, message, with them, but, initially it’s whatever the client sees.”

In describing the process of bridging the unconscious and the conscious realms, it became evident from the data that sandplay was found to be helpful when a client’s process reached a point of tension or an impasse:

“it might be the one image being sculpted through the work or it might be you know, cleared and begun working, different images, or trying to kind of, to understand it, different things or really getting intent on trying to create *something*.” (Diane)

Fran described an experience with a client who had reached an impasse:

and seeing that tray, could really free up the block, and unstick the process because something from the unconscious was externalised and put in front, and then we had a place where we could go ‘okay, well what was that like?’, or ‘what does that bring up for you?’

Fran also recollected a client experience where sand helped to work through a loss which the client found impossible to verbalise, the mourning of a child that would never be conceived.

there is a loss, and how do you articulate a loss of something you’ve never had? And I think that was where, for this client, the stuck part emerged...And what came out in the tray was something she would never have been able to say. And she saw it, and in seeing it, she felt it...and in feeling it she could articulate it, and in articulating it, she could process it.

Sandra, Fran and Barbara described using sand with clients who had experienced preverbal or developmental trauma and clients who, for various reasons, were unable to verbally process certain experiences. Fran referred to using a ‘bottom-up’ approach to therapy which goes in at a deeper sensorial level, rather than the more cognitive ‘top-down’ approach:

where a sandtray can be really effective with adults is accessing that implicit memory, and by its nature, implicit memory has not been interwoven with narrative, and therefore has not become conscious, has not been spoken...Once the material had shifted into a more conscious level, words could come, and tears could come, and lots of feeling could come.

According to Sandra:

“when they do it, if they never say another word, they’re already leaving without that complex in them, because they’ve externalised it. Where words, it may have been there, preverbal, so words were not necessary.”

Barbara explained how sand became important as a tool when working with clients whose cognitive capacities were not fully developed due to trauma history. However, she and Ger also highlighted a need to be very measured and careful in how sand is introduced and used with these clients as re-traumatisation can occur through the surfacing of repressed unconscious material. Ger described some instances where clients became very uncomfortable engaging with the sand and what it evoked, particularly during silence:

“when I’m sitting there watching them doing the sandtrays, you can feel them going (*makes squirming gesture of discomfort*)...you know, and I’d say ‘ok, look tell me, talk to me about that’, or ‘what’s your memory of silences?’”

## **Theme 2: Holding and containing the process:**

Participants in this present research discussed the notion of holding and containing under three sub-themes: physical holding/containment, emotional holding and the holding of the therapist through external supports.

*2a. Physical holding/containment:*

All five participants commented on the physical containment of the client's process in the sand by making reference to the sandtray itself, the positioning of the trays in the room, and the proximity of the therapist. Ger and Diane made reference to the physical layout of the room, noticing how clients will orient themselves to the sand depending on their position to the trays in the room. Ger recalled this:

“I noticed that when I came in, a lot, some adults were always looking over here when they're walking in...so when I face this way, move the chairs this way, you will see the clients that are looking...and there will be comments made and stuff like that.”

Sandra, who uses a completely non-directive approach stated that the trays provide a presence in the room and the clients who will orient to them will do so when they are ready.

References were made by Ger, Barbara and Fran to the containment of a client's process by carefully adhering to the time boundaries of the session:

“other areas is knowing when to close down after the session as well, when it's opened up and it's explored an awful lot...just your timing around that is very important, when to close.” (Barbara)

“I would certainly not want the sandtray to become the point that we end on in the session, so they have time to reflect, even if that's reflecting in silence.” (Fran)

The physical containment and holding aspect of the tray itself was referred to by Fran, Barbara and Sandra, with some examples of particular experiences with clients:

“it was quite incredible to watch the shift because at some stage in the work they used both trays together, and then to watch how they contained it, the journey, how they were able to contain the world in the size of the tray that was given to them.” (Sandra)

“so creating it in the sand, in that container of the sandtray, so it’s still very contained in its chaotic world, it provided a contained space for him to explore alternatives.”  
(Barbara)

Three of the five participants commented on the holding that continues when carefully dismantling the tray after the client has left. Ger and Fran shared experiences of finding objects buried in the sand, and they described how this part of the session is a sacred, respectful and mindful process.

“you see stuff buried...after they’ve left the room, and you’ve everything out of the tray and stuff, you might find something buried. And it’s very interesting actually. It’s eh, you’re going, ‘woah, what *was* that?’” (Ger)

Sandra also referred to this by saying that

“once they make that decision [to engage with the sandtray], as a therapist you start working from the get go. And you’re not off until they’ve left the room and their tray is dismantled.”

The dismantling of the tray after the client has left the room was described as both physically and emotionally impactful on the therapist:

“it’s afterwards when they’ve gone and you’re dismantling the tray that you find it really goes, and you’re going ‘woah’ (*takes deep breath*).” (Ger)

“the life of the tray, whatever tray it is, goes on living long after they’ve made it.”  
(Sandra)

## *2b. Emotional holding:*

Three of the five participants frequently used the term ‘witness’ to describe their role in their clients’ sandplay. This witnessing linked strongly to a theme of safety and trust. Two participants also made specific reference to how their presence and holding was central in

regulating their clients particularly those with a history of trauma. Barbara spoke about always attuning to her clients' physiological responses to the sand in helping to regulate them:

“I acknowledge their body responses to that...and that leads to the relationship-building so they know they're safe and they know how I work and therefore they go ‘actually maybe I might trust you to do this’.”

Fran referred to the client who used sand to work through the unspoken loss of an unconceived child:

I felt that I was witnessing something and holding something with her that wasn't going to be said. And I think I saw with her in that moment, as I believe she did, that what was in front of us had always been there, but was within her, and now it was within us in the therapeutic relationship. It was between us.

This was followed by:

“once that very primitive knowing is there, you really need to be in a position where you can provide a process that can contain somebody with that, because that has the risk of really, an emotional flooding where she could become overwhelmed.” (Fran)

Sandra stated that the therapist is a central part of the client's process:

“there was something about not needing to talk about it, it was enough to do the tray and have the witness. Not just present but participating in it. Because the therapist actually participates. Because the tray that the client makes would not be the same if it was another therapist.”

This point was also brought up by Diane, who referred to the therapist as being influential in the client's process, through the transferences. She stated that there is a dual process occurring in the therapeutic relationship:

“it reminds you of ‘I think I’m in here and I’m holding all of this’, but there is a communication that’s travelling and to kind of bear that in mind as part of the work. So when the client does something, they’re also therapist to me at times.”

Fran described the sandtray as a “hot-bed for transference issues” and the responsibility is with the therapist to carefully hold and watch this process. Diane also referred to the important role which the therapist plays:

“it’s like sometimes, ‘well what are you doing in the room? You’re doing nothing! What’s the point of you being there?!’, and that whole experience that you couldn’t explain, about that *holding* the whole thing. But you have to understand that, and be able to be *in* it.” (Diane)

Both Ger and Sandra highlighted that being a silent witness can be a significant part of a client’s process. According to Ger:

“I’m inclined to sit back and say very little. I let them speak, or the sand speak for better words, you know.”

Sandra recalled that a completely silent session in the sand allowed one particular client to work through some unconscious preverbal material. Fran commented on similar experiences, stating that

“there’s something they feel they need to evacuate, or externalise, or leave here.”

With the different transference and counter-transference reactions, triggers and connections occurring inside and outside the room, Diane stated that part of the emotional holding is in relation to catching those processes and being mindful of all their possibilities:

“It’s quite complicated the transference and counter-transference because you have a third party in the room, the tray...So you have to kind of catch that, and flag it, and then come back to the open space.”

### *2c. The holding of the therapist:*

Because of the intensity of many clients' sandtray processes, all five participants specifically commented on the importance of external supports which included supervision, peer support and personal therapy. Fran stated that

“if I felt after a session or a sandtray, that I was left holding something, that is definitely something I would bring to supervision. And that would enable me to process it and not make it about me or my stuff.”

For Diane, external support and supervision from those who really understood the non-verbal aspect of the work was crucial. She explained how she felt supported by

a non-judging language, you know, a language that doesn't look to put it into language, but can just listen to the experience and support the experience. I think that's so important. That supports me to support the experience. And to remain confident.

Some participants also referred to self-care and reflection as a support outside of sessions. Ger described some practices which help to cope with heavy sessions with clients:

“I try and leave a good space between clients. And if I had a heavy session, I always dust myself down before I leave. I physically brush myself off, wipe my feet when I'm leaving the room.”

According to Sandra,

“it's a much more sacred space after the tray has been made and after the client has gone. So I am much more aware of quiet time, for me.”

### **Theme 3: Respect for the power of sand:**

Respect featured prominently in the interviews of Fran, Barbara, Diane and Sandra. Following analysis it emerged that this theme linked strongly to training, clinical experience

and personal process. According to Sandra, Fran and Barbara there is a place for integrating creative mediums into talk therapy, however, all three expressed caution to this. They referred to the importance of trainings which include experiences of human relating and personal process work before touching sand. It was very evident that respect is given to the seriousness of sandplay, that it is not “just child’s play” (Diane) or “oh just play” (Barbara). Both Diane and Fran referred to neuroscience research to highlight this. Diane stated that

“working in the conscious world, even though it looks like harder work, it’s much easier! You know where you are, you know where you’re going. With this [sandplay], it’s a science, it’s really a huge responsibility.”

Fran commented that

“I just think it is important that people are respectful of the medium and don’t just think ‘it’s just playing in sand, I can do that’, but would train, and then read, and support.”

For all five participants in this present research, the role of personal therapy and a deep understanding of unconscious material was paramount:

“you have to experience the unconscious part yourself, because it’s very powerful...so if it’s overwhelming for some clients, it’s going to be overwhelming for a therapist who hasn’t trained in it.” (Sandra)

“because it is working at such a deep unconscious level and we’re going there with our clients...you really have to know your own stuff, your own triggers.” (Fran)

“I remember when I was training, and you do your own sandtrays...so I had done say 5 or 600 hours of therapy. And you go into the sandtray and you’re going, ‘where the hell did that come from?’ ...‘I thought I’d dealt with that!’” (Ger)

Sandra added to the above by highlighting that when a therapist has done his/her own personal work, the impact of another’s is not as great, which facilitates the necessary holding of the client’s process. She stressed that as a therapist,

“you need to be integrated in the language of the unconscious, and the feeling aspect of the unconscious as well.”

Diane stated that a therapist needs to reach a level of competency and maturity in order to be able to hold the client’s material and their own unconscious material in sandplay:

“you really do need to reach a competency in not knowing and being able to trust that...and that openness, I suppose the Jungian as well, is about the shadow side or the dark side, and how it *really* encourages you ‘don’t be afraid of it, go out there’.”

Diane reported that she held a passion for ensuring that both nationally and internationally, sandplay would be practiced at the highest possible standards and how the work of different professional bodies and support systems contribute to this.

The respect required when working with sand was also referred to in terms of the client’s process and how in sandplay there is development, movement and deep unconscious activation occurring when clients connect with the non-verbal symbolic functions. The therapist is present with the client during such times of uncertainty, despair or vulnerability. All participants referred to how various figures or miniatures allowed clients to search for symbols to represent unconscious material, and how the activation of a symbol was a significant and powerful development for many clients. Sandra and Fran stated that being a part of the client’s process with them is hugely powerful.

Diane highlighted that the therapist must be grounded in a knowledge of symbols and have experience and understanding of the different possibilities, nuances, movements and activations that occur in sandplay, rather than just the possible interpretations of symbols.

Diane, Fran and Sandra described powerful experiences with clients in which the work with the sand allowed for transferences to be activated and re-enacted at a primitive, preverbal level. Fran recalled cases where the activation of archetypal or universal themes such as loss

and the parent-child relationship were present in sandplay. Sandra described the evidence of counter-transference with one particular client:

“the counter-transference that was going on, what it brought up was, the mother-infant gaze that was absent in this client’s early life but needed to present for reparation.”

With such strong transferences, counter-transferences and deep archetypal material being activated in sandplay, it was evident in all five interviews that great care and respect must be held when using sand with clients.

“it’s about ensuring that people are minded and mindful about the medium. It’s just about respect.” (Fran)

“once you touch the sand at all, it’s very powerful...it’s very simple but it’s *really* powerful.” (Sandra)

Following detailed thematic analysis, the findings of this present research firstly indicated that sandplay provides a connection between the unconscious and conscious as it offers a tactile non-verbal way of processing experiences and memories. It secondly indicated that in using sand with adult clients there are different levels of holding or containment which are necessary to allow clients to process deep unconscious material. The therapist holds the client’s process on both a physical level and an emotional level and in order to support the therapist in this, an external holding of the therapist is offered by supervision, peer support and professional organisational support. Thirdly, this present research found that sand is a very powerful tool in therapy which needs to be viewed with respect. Extensive training, support and personal process were advised before integrating sand into one’s practice with adult clients.

## Chapter Five

### Discussion and Conclusion

This chapter discusses the findings of this research in relation to the literature reviewed in Chapter two. It first highlights the purpose of this research before summarising the findings and exploring the connection between this research and others. The strengths and limitations of this research are discussed and ideas for future research are given.

#### **5.1: The aim of this research:**

This research stemmed from recommendations that field research is needed in the area of sandplay (Kosanke *et al.*, 2013; Taylor, 2009; Zhou, 2009). The existing literature largely comprises case-studies, publication reviews and descriptive texts. This research aimed to firstly investigate whether field research could support and validate the existing theories, frameworks, themes and clinical models in the literature. It also aimed to use the perspective of the therapist to explore and investigate both client and therapist factors in sandplay. This was led by suggestions in the literature that the therapist plays a significant role in the client's process in sandplay (Bradway and McCoard, 2008; Knoetze, 2013; Turner, 2005). Thirdly, in light of the body of literature which links the non-verbal sensory characteristics of sandplay to trauma, this research aimed to explore the link between sandplay and the area of trauma, to investigate its effectiveness and any other factors related to this.

#### **5.2: Summary of the findings of this research:**

Following thematic analysis of semi-structured interviews with five accredited psychotherapists who use sand as a medium in their clinical work, a number of themes and

concepts emerged which after conducting qualitative analysis were found to be embedded throughout the body of data (Rubin and Rubin, 1995). Themes were analysed both within each individual interview and also across all five interviews. These were then categorised into three broad themes.

Theme one discussed sandplay as a medium for bridging the unconscious and conscious. As a non-verbal medium of expression it was found to evoke unconscious material which could be worked through at a conscious level. Theme two described the concept of holding or containment. Within this theme, three sub-themes emerged which highlighted the different levels of holding of both client and therapist which are required when using sand in therapy. Theme three indicated a respect for the power of sand. This theme related to training, professional standards and personal therapy. It related also to themes one and two in terms of the need to have a deep understanding of the unconscious and a competence in being able to hold clients' processes (*see Appendix V*).

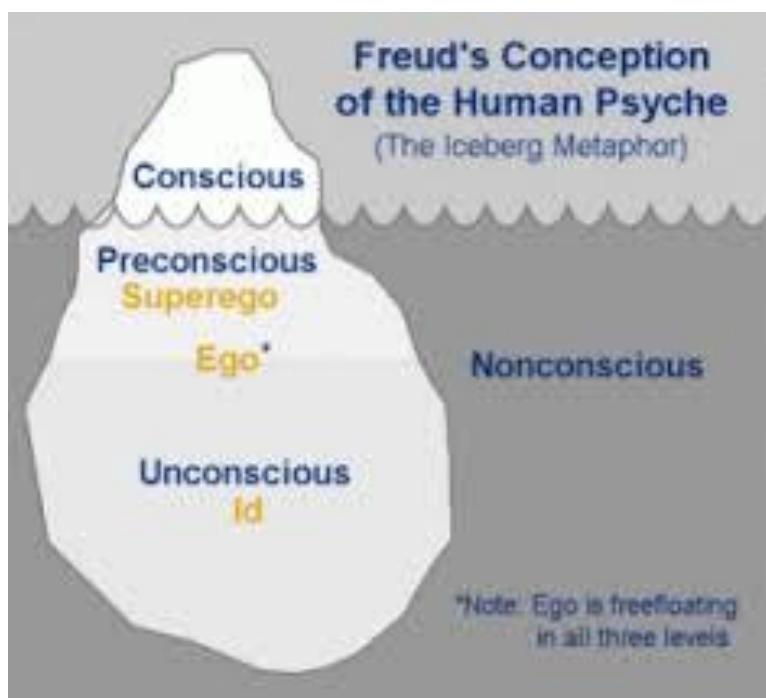
The area of trauma, which this research aimed to explore, did not emerge as a broad theme. It emerged through both direct and indirect references in all interviews and was present across the body of data as both semantic and latent data embedded in and underlying the three main themes.

### **5.3: Relating these findings to previous theory and research:**

*Theme 1: connecting the unconscious to the conscious:*

Jungian (1964) and Freudian (Freud, 1992; Petocz, 1999) theories pose that a significant part of the human psyche is in the unconscious, subconscious or preconscious realms (*see figure 7 page 19, and Figure 9 overleaf*). The findings of this present research indicate that methods

which gain access to unconscious or preverbal material activate the symbolic function and allow such material to be brought to the conscious realm. It has previously been found that accessing and working through unconscious material in the therapeutic setting facilitates emotional expression, self-awareness, spiritual exploration and the processing of traumatic experiences (Amatruda and Helm-Simpson, 1997; Bradway and McCoard, 2008; Grof, 2000; Levine, 1997; Levine, 2010; Turner, 2005). According to Kalff (1980), unconscious or preverbal material needs non-verbal or symbolic expression in order to transition from unconscious to conscious, so the use of sand and miniatures facilitates this process (Bradway and McCoard, 2008; Knoetze, 2013; Turner, 2005). Dale and Lyddon (2000) posed that sandplay allows an individual to interact directly and non-verbally with his/her inner world and experiences in a concrete way (p. 142).



*Figure 9: Freud's conception of the human psyche*

Not only does the sandtray allow for this activation of creative symbolic expression, it also engages the body and the senses which according to Reich (1945) allows for the release of

emotionally charged psychic energy. Three of the participants in this present research described powerful experiences in which using the sand allowed for the emergence of a ‘something’ which could be externalised. All participants considered the tactile, sensory qualities of the sand important. Three in particular stated that sand had the ability to evoke different physiological responses and engage clients at a deeper level which brought them ‘out of the head’.

Engaging the body and the senses is widely considered as central in the processing of trauma and the recovery of forgotten or repressed memories (Jung, 1964; Herman, 1997; Levine, 1997). For some clients, unspoken traumatic experiences cannot find expression in words so it has been suggested that sand offers a way to access these experiences in a contained space within a tray and within the therapeutic relationship (Carey, 2006; Homeyer and Sweeney, 2011). The findings of this research support this idea with particular evidence throughout the interviews with participants who had extensive experience working with clients with trauma histories. Four participants described how sand allows the symbols and visual representations to ‘speak’ for themselves, rather than words. One participant elaborated on this by stating that where there is a history of ‘complex’ or preverbal trauma, there is no narrative which exists to find verbal expression. Therefore, engaging at a talk therapy level would not access such material. Non-verbal mediums engage the lower parts of the brain and access this unconscious material. These findings support theory and research in the field of neuroscience, such as that of Afford (2012), Porges (2001) and Schore (2012).

This present research found that sand became an effective additional tool in therapy when clients reached an impasse or felt ‘stuck’ in their processes. Four of the five participants made specific references to this. In Jungian sandplay theory, points of tension occur when unconscious material is brought to the surface during a client’s journey of individuation, healing and transformation (Carey, 2006; Kalff, 1980; Turner, 2005). Two participants in this

research explained that many clients who reached an impasse in their journeys sought out the medium of sand to help work through the impasse. Three participants offered examples of client experiences which they described as powerful, awesome and transformative. Mann and Cunningham (2009) suggested that when clients feel blocked or stuck this indicates the presence of some form of trauma. A trauma, or any perceived threat to one's safety or wellbeing, can vary in frequency and severity for each individual person as highlighted by Van der Kolk (2005) and Levine (1997; 2010). In order to release or discharge the emotional energy of this, one must engage the senses and carefully regulate the discharge which helps to reach resolution (Carey, 2006; Grubbs, 1994; Hellar and LaPierre, 2012; Herman, 1997).

This present research confirms that sand does offer a bridge or a connection between the unconscious and the conscious. This is done by providing a different route, not via the higher neo-cortex but via the lower primitive brain as suggested by Schore (2001; 2012), Levine (2010) and Mitchell and Friedman (2003). As some participants in this present research highlighted words often get in the way of the unconscious process.

### *Theme 2: holding and containing the process:*

Following on from indications above that engaging in sand helps to bring unconscious material to consciousness, theme two addresses the different types of holding necessary in order to support this process.

#### *2a. Physical holding/containment:*

The findings of this research highlighted the role of the sandtray itself as a physical container for the client's process. This was highlighted by Kalff (1980) and has since been supported by others in the field including Bradway and McCoard (1997), Carey (2006) and Turner

(2005). On both an emotional and physical level the sandtray and the therapist provide a 'free and protected space' or 'temenos' (Bradway and McCoard, 2008, p. 8; Ryce-Menuhin, 1992; Turner, 2005). This is central in allowing the client's deep psychological and unconscious material to be explored safely (Carey, 2006; McNiff, 2004). Examples were given in this present research of how the tray provided containment for clients' processes. In addition to the creation of scenes or sculptures it allowed for actions such as burying objects and flooding (of water) to occur which according to Turner (2005) are symbolic actions in sandplay. This also coincides with the views of Bradway and McCoard (1997), Carey (2006) and Kalff (1980/2003). While two participants described the impact of finding many buried objects when dismantling clients' trays, all five participants made reference to their clients' varying use of water and objects. One client specifically commented on the important role which water played in some clients' processes and how the sandtray could contain this. Interestingly, this same participant commented that many adult clients can be resistant to using water perhaps as it is free-flowing and difficult to contain unless in a secure, defined space. This in itself may be representative of the unconscious realm of the human psyche as suggested by Kalff (1980) and Turner (2005).

Homeyer and Sweeney (2011) maintain that the sandtray provides a physical space which can hold some of the strong projections which occur particularly when working with traumatised clients. Clients project onto the tray and the miniatures rather than the therapist, which creates metaphoric distancing and which has been suggested by Toscani (1998) and Kosanke *et al.* (2013) as helpful in reducing burn-out in therapists. Jung (1964) described the sandtray as a 'middle ground' between containment and liberation. These ideas were confirmed by three participants in this present research. They described the tray as being a place where many projections and transferences were held which could then be brought to conscious awareness more readily through the visual representations in the tray.

The findings of this research also included the physical holding involved in the therapist's dismantling of a client's sandtray after a session. Turner (2005) described this as a careful process requiring respect and reflection. Three participants made specific reference to this as a respectful process. This also falls into the category of emotional holding as the participants used the dismantling of the tray to reflect and notice any personal responses or triggers evoked by the process.

### *2b. Emotional holding:*

The findings of this research described the therapist as an active 'witness' who observes and participates emotionally in the client's process. All five participants discussed the centrality of safety, trust and holding in the therapeutic relationship. This coincides with the views of Kalff (1980), Stewart (1995) and Turner (2005) who described the importance of the safe space which the therapist provides for the client. While the tray provides a physical containment, the therapist provides an invisible holding of the space. Mannoni (1999) described this as similar to the transitional space or holding environment theorised by Winnicott (1971) and Nolan (2012). This present research indicated that responsibility and care are necessary in the holding of clients particularly those who are quite fragile or traumatised. Three participants made specific reference to paying close attention to clients' physiological responses to the sand and being very cautious and measured in the work in order to prevent flooding or overwhelm. Participants also spoke about experiences where the sand actually became overwhelming for some clients and where the therapist needed to support them in regulating. These findings bear strong similarity to research on the importance of attuning to clients verbal and non-verbal cues (Levine, 2010; Toscani, 1998; Van der Hart and Steele, 1997). Herman (1997) describes three different stages of trauma; stabilisation, deconstruction and reconnection. In the stabilisation stage, the building of trust and safety are necessary before proceeding into the stage of deconstructing or working

through difficult material. This coincides with other frameworks of trauma including those of Cook *et al.* (2005), Levine (2010) and Terr (1994). This idea was supported by the responses of three participants when they referred to the care they take when introducing sand to their clients and then holding them very carefully as they engage with it. As with any therapy the therapist's role is to provide safety and to facilitate a correctional emotional experience (Alexander and French, 1946). Non-verbal attunement (Gerhardt, 2004), right brain mirroring (Schoore, 1994) and containment all play a part in creating a safe space to hold the client safely.

Transferences and counter-transferences are an inevitable and valuable part of therapy and so in both talk therapies and creative therapies these processes require holding by the therapist (Carey, 2006; Levine, 2010). All participants in this present research made some reference to transferences and counter-transferences. One participant spoke in detail about how in the therapeutic relationship the client and therapist are constantly influencing each other both on conscious and unconscious levels (*see figure 10 overleaf*). Psychotherapeutic theories including psychoanalysis, psychodynamic and object-relations theories all highlight the importance of working with transferences and unconscious processes in the therapeutic relationship (Jung, 1964; Kahn, 1997; Kohut, 1984). This also relates to Freudian and Jungian views of the depth of the unconscious (*see Figure 7 and figure 9*).

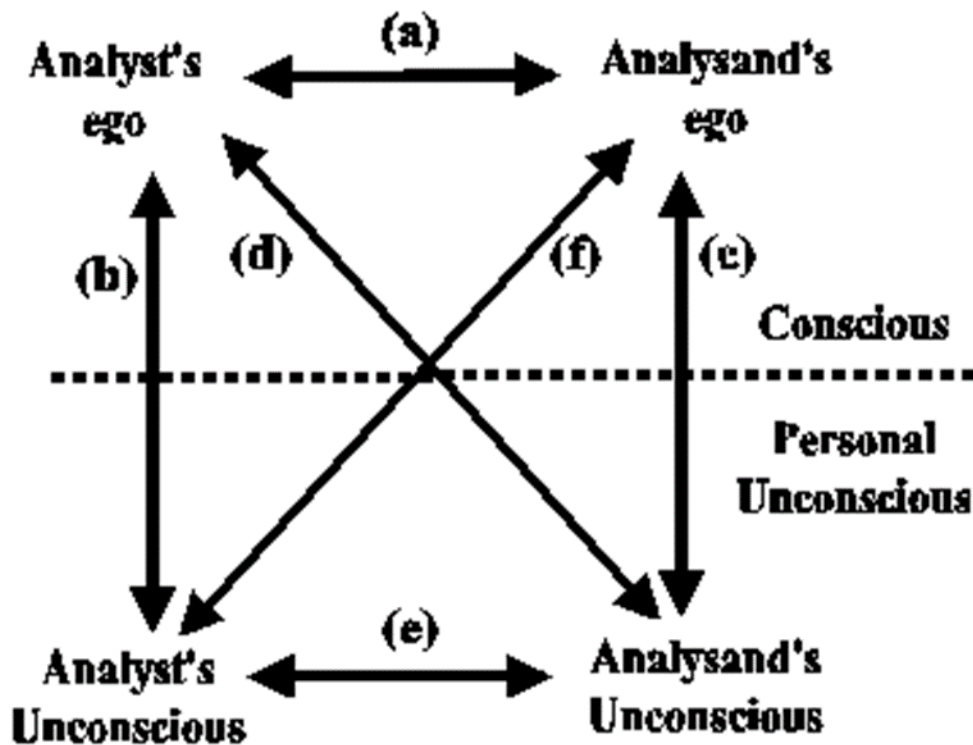


Figure 10: conscious and unconscious interactions between therapist/analyst and client/analysand

When considering the above diagram one can see the intense level of holding required by the therapist of both parties in the therapeutic space and an additional third party which is the sandtray. The therapist must be strong enough to hold and withstand the different transferences and projections which can be evoked through the sandplay which bears similarities to the views of Winnicott (1969) and Mann and Cunningham (2009). In sandplay literature the term ‘co-transference’ has been used to describe the dyad of client and therapist and how the therapist’s presence and participation, even when silent and minimal, is hugely significant in the client’s process (Bradway and McCoard, 2008, p.34). This idea was confirmed by one participant who highlighted that the same tray if created in the presence of a different therapist would be a very different tray. This coincides with Knoetze’s (2013, p. 460) and Gallerani and Dybiczy’ (2011, p. 169) description of the therapist as a ‘co-creator’ or

‘editor of the narrative’ in sandplay. Some participants in this present research described the level of emotional holding in sandplay as quite intense and challenging. This coincides with the emergence of the third sub-theme of external supports.

*2c. The holding of the therapist:*

This present research found that in order for the therapist to be able to successfully hold the clients’ processes external support was needed. This holding was provided by supervision, peer support from other therapists, membership of professional organisations and also by practicing self-care. All five participants specifically discussed the importance of supervision, while three participants spoke about membership of professional organisations. Cassorla (2001) and Mann and Cunningham (2009) have highlighted supervision as crucial in helping to identify counter-transference responses and blindspots. Friedman and Mitchell (2008) view supervision as a significant support and learning for therapists. It has been described as crucial in work with trauma where there is higher intensity of enactments and projections (Levine, 1997; Mann and Cunningham, 2009).

This present research indicated that it was important to have external support from those who understand the non-verbal nature of sandplay and who do not try to put language on the experience. This suggests the use of creative mediums in supervision. Some participants in this research reported using sand as a medium in supervision, with three stating that they use sand with some supervisees. They reported that it is effective in exploring counter-transferences and gaining new perspectives. The use of sand was highlighted as an effective tool in supervision by de Little (2012) and Homeyer and Sweeney (2011).

*Theme 3: Respect for the power of sand:*

The findings of this research coincide with the words of others including Toscani who described sand as a powerful tool which “must be used with respect, sensitivity and clinical awareness” (1998, p. 21). Four participants discussed the importance of training, clinical experience and personal experiences of the unconscious before engaging with sand. Appropriate training and supervision have also been highlighted by Friedman and Mitchell (2008) and Garrett (2014) as crucial in working with such a powerful tool. Kosanke *et al.* (2013) proposed that changes and improvements are needed in the areas of education/training and supervision for therapists working in the field of adult trauma.

Respect and responsibility for sand was closely linked with personal awareness in the findings of this present research. All five participants made reference to the importance of personal therapy and a deep understanding of one’s own triggers and unconscious material. Three participants also stated that therapists need to have done experiential work in the sand as part of their clinical training. Personal therapy/analysis is seen as central in the training and clinical experience of psychotherapists using both creative and talk therapies (Kahn, 1997; Levine, 2010; Mann and Cunningham, 2009; Yalom, 2002). In addition, Bradway and McCoard (2008), Kosanke *et al.* (2013) and Turner (2005) all maintain the importance of extensive experiential work in sand before beginning to use it with clients.

Participants in this present research highlighted that the therapist who has a personal understanding and experience of the unconscious will be better equipped to hold the client’s unconscious material. This relates back to theme two which discussed the centrality of the therapist’s holding of the client’s process. As figure 10 illustrated, there are multiple interactions occurring on both a conscious and unconscious level between therapist and client and so the therapist holds significant responsibility in managing both parties in the

therapeutic space. This is especially important in working with trauma where very careful titration of repressed or deeply rooted material is required in order to prevent a client from becoming overwhelmed or re-traumatised (Levine, 2010; Rothschild, 2000; Terr, 1991).

Respect and power were also linked in this present research to the powerful process of activating the symbolic function and the emergence of unconscious material. This relates closely with theme one. Working with symbols has been identified as a bridging function which allows archetypes and deep unspoken processes to be externalised (Jung, 1964; Turner, 2005). Respect for the power of sand as a medium for evoking archetypes and symbols has been highlighted by Mitchell and Friedman (1994), Ryce-Menuhin (1992), Turner (2005) and Weinrib (1983). Sand has been accepted widely as both a healing and transformative medium, however, according to Bradway (1979) it must be treated with care and respect. Some participants in this present research highlighted the importance of having a deep knowledge and understanding of symbolic and archetypal function when working with sand. This was also highlighted by Jung (1964), McNiff (2004), Linzmayer and Halpenny (2003) and Turner (2005).

Theme three strongly connects with themes one and two in this present research. This suggests that all three are inter-related and necessary in order for sandtray therapy to be an effective treatment tool in adult therapy (*see appendix V*).

#### **5.4: Strengths and limitations:**

This discussion indicates that the findings of this present research coincide with previous literature in all three themes that emerged. While more extensive literature and research existed in some areas compared to others the findings of this study offer field based results

which validate a number of theories and concepts in the existing literature on sandplay. A number of theorists including Bradway and McCoard (2008), Carey (2006), Jung (1964), Kalff (1980), Homeyer and Sweeney (2011) and Turner (2005) highlight the importance of the therapist in the process of sandplay. However, very few studies exist which include field interviews with therapists to gain insight into their perceptions of this. This present study was one which used the perspective of the therapist to investigate both therapist and client factors in the use of sand with adult clients.

It has been highlighted by Dale and Lyddon (2000) and Linzmayer and Halpenny (2013) that limitations exist when conducting research in such a subjective field as sandplay therapy. Polkinghorne (2005) suggested that while this type of qualitative research can deepen understanding of experience, it cannot be generalised or make claims for the wider population. This was taken into consideration in the present research in terms of the selection process. The researcher carefully considered the concepts of sample homogeneity and heterogeneity. The inclusion criteria required accredited therapists with years of clinical experience and training. In addition, the researcher achieved a sample comprising both male and female participants. Following careful consideration the researcher also selected participants from a variety of theoretical and training backgrounds. This would eliminate the possibility of certain themes emerging in the study which related only to one theoretical approach. For example, a sample of five Jungian sandplay analysts would likely produce very different data to a sample of therapists trained in the field of integrative family therapy. The careful consideration of these factors contributed to the richness of the data and eliminated potential biases as much as possible. The findings indicate that across a varied sample (*see Table 1, page 38*), the three themes which emerged coincide with the existing literature in the field.

One of the aims of this study was to investigate the link that exists in the literature between the non-verbal medium of sand and the area of trauma. However, it was the careful intention of the researcher to select participants based on their experience of using sandplay with adults with a variety of presenting issues not specific to the area of trauma. This was to ensure that the findings would not be limited to this client population alone. Trauma emerged as a common feature embedded in all three themes. The findings of this research bear similarity to the research of Kosanke *et al.* (2013) who developed a clinical model for sandtray therapy with adult trauma survivors. Meta-themes of safety, communication and active work emerged in their qualitatively descriptive research based on 14 previous publications. This present study offers field research findings which support this clinical model. Aspects of all three themes of this present research are present in the findings of Kosanke *et al.* (2013).

A limitation of this study is that it solely relied on the perspectives and perceptions of psychotherapists rather than clients' experiences. There are a variety of ethical considerations which prevent clients from being selected for these types of research. However, sourcing data from clients around their experiences and their perceptions of sand and of the therapeutic relationship would offer first-hand accounts which could contribute to the existing literature in this area.

A further limitation of this research is the absence of a culturally diverse sample. This research investigated the use of sandplay from the perspective of five Irish psychotherapists, trained either in Ireland or United Kingdom. Ethically it was not possible to ascertain the cultural backgrounds of the clients with whom each therapist had worked. Future research in this area could investigate the possibility of different practices, attitudes or experiences which may be present with clients and therapists from different cultures.

### **5.5: Future research:**

Future research and development in this area could investigate the current standards and policies in psychotherapy training in Ireland. Participants in this present research expressed a desire for growing awareness and respect for the use of non-verbal creative mediums such as art and sand therapy. At present it seems that there is a distinct separateness between ‘talk’ therapies and ‘creative’ therapies. An interest in cross-training and add-on training to integrate talk therapies with creative therapies was expressed by participants. However, as theme three discussed, participants in this present research also expressed caution at the integration or merging of sandplay with other therapies. Further research could investigate the current status of this and explore possible ways of integrating sand into the field of adult therapy in Ireland. This could contribute to establishing and maintaining the highest possible standards of training and practice in Ireland. One participant reported that professional organisations such as the International Society of Sandplay Therapy are influential in setting and maintaining standards. However, at present there are a very small number of Irish members of this society.

In order to promote awareness and educate professionals and the general population about sandplay possible avenues for future research include the completion of surveys among various populations on their current knowledge and understanding of sandplay. In addition, future research could include specific exploration of neuroscience and sandplay. Future field research could also investigate or cross-examine sandplay with other non-verbal mediums such as art therapy or drama therapy. While some research exists in this area, it appears that field research falls behind descriptive and review based literature.

### **5.6: Implications for the field of sand therapy:**

The existing literature and research in the field of sandplay is largely influenced by countries such as New Zealand, Australia, United States of America, China, South Africa and United Kingdom. This present study not only contributes to the comparatively small body of field research in the area, it also contributes to research relating to sandplay in an Irish population. This can contribute specifically to the areas of training, education, continuing professional development, professional standards and developing awareness of sandplay in the general population.

With a growing body of literature and research indicating that non-verbal mediums such as sand are effective tools in therapy, the findings of this research support and validate the reasons why non-verbal creative mediums such as sand have been integrated into verbal therapies (Dean, 2001; Aite, 2007; Pearson and Wilson, 2014). However development is needed in Ireland to promote awareness and understanding which would increase integration. The present research can be added to the literature to educate and inform professionals and the general population about sand as a medium in adult psychotherapy.

## **5.7: Conclusion:**

The aim of this present study was to conduct field research which explored and investigated various concepts, ideas, frameworks and theories in the existing literature. It also aimed to use the perspective of the therapist to investigate both client and therapist factors in sandplay. Thirdly, it aimed to explore the link between sandplay and the area of trauma. The findings offered support and validation for existing theories and research in the area of sandplay. It found sand to be an effective medium in bridging or connecting the unconscious and conscious levels of human psychological processing. It also confirmed previous literature discussing the importance of different types of holding or containment which facilitate the client's unconscious processing in therapy. This holding occurs on both a physical and emotional level while external supports are important in holding the therapist. This present research highlighted that sand is a medium which needs to be viewed with respect as it is a powerful tool in therapy. Reference was made to training standards, clinical experience, professional organisations and extensive personal process before working with sand in the therapeutic space. This present research confirms that sand is an effective tool for working with trauma as it offers a non-verbal and sensory medium of expression.

The findings of this present research have implications for the current status and training standards in Ireland at present and where sand fits within the field of adult psychotherapy. This present research offers support for the use of sand in adult psychotherapy, however, it also indicates that while there is a growing awareness and integration of sand and other non-verbal tools in adult therapy, continued development is necessary particularly in Ireland, before sand can be fully seen to become integrated into the field of adult psychotherapy.

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# **Appendix I**

## **Information Sheet for Participants**

### **Research Study:**

#### **Exploration of the use of Sand as a Medium in Psychotherapy with Adults**

#### PARTICIPANT INFORMATION SHEET

#### **Introduction:**

My name is Sheena Cadogan and I am studying for an MA in Psychotherapy in Dublin Business School. I am researching the use of sand in psychotherapy with adults.

I am inviting psychotherapists with a minimum of 3 years post qualifying experience who use sand as a medium in psychotherapy with adult clients. This may be in any capacity, including sandplay and sandtray work. Participants are invited to complete a 45-60 minute interview.

If you would like to participate, please read the information provided below.

#### **Who is organising the study?**

This research study is part of a Masters Degree in Psychotherapy being undertaken at Dublin Business School, Dublin, Ireland.

#### **What is the purpose of the study?**

The purpose of this study is to explore and further understand the use of sandplay and sand as a medium in psychotherapy with adults.

#### **What are the criteria for participating in this study?**

Participants are required to have experience of at least 3 years working as a psychotherapist, are currently practicing and who regularly use sand as a medium in work with adult clients.

#### **What is involved in participation?**

If you would like to participate, you will be required to take part in a face-to-face interview at a place of your convenience at a scheduled time. This interview will take approximately 45-60 minutes and will seek to understand your experience of using sand as a medium in your

work with adult clients. The interview will be recorded and later transcribed by the researcher. No names, locations or identifying data will be used.

**Are there any risks/benefits?**

There are no known risks to you if you choose to take part in this study. The results of the study will be made known to you and may benefit the current standing of research and knowledge in the area of sandplay and psychotherapy.

**Will my identity be protected?**

Your identity will be known only to the researcher. All identifying information will be removed during transcription to protect your identity. Information such as notes relating to the research will be kept in a locked file and on a password-protected computer. Participants will be given a code letter/number so that the researcher is the only person to identify each participant. Audio recordings of the interviews will only be accessible to the researcher and will be destroyed once transcripts have been made.

**Can I withdraw from this study?**

If you decide to take part, you may withdraw your participation at any point. You can request to have your data removed from the study. Under the Freedom of Information Act (1997) you have the right of access to information concerning you, which you may request from the researcher in writing.

**How can I receive further information?**

Please contact:

Researcher: Sheena Cadogan

[sheenamecadogan@gmail.com](mailto:sheenamecadogan@gmail.com)

Supervisor: Siobáin O'Donnell

[siobain.odonnell@dbs.ie](mailto:siobain.odonnell@dbs.ie)

## Appendix II

### CONSENT FORM

#### Exploration of the use of sand in psychotherapy with adults

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

**yes**  **no**

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without giving reason.

**yes**  **no**

I understand that my identity will remain confidential at all times.

**yes**  **no**

I am aware of the potential risks of this research study.

**yes**  **no**

I am aware that audio recordings will be made of interview sessions.

**yes**  **no**

I have been given a copy of the Information Leaflet and this consent form for my records.

**yes**  **no**

**Participant:** \_\_\_\_\_

*Signature and dated*

*Name in block capitals*

#### ***To be completed by the Principal investigator:***

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved and I have invited him/her to ask questions on any aspect of the study that concerned him/her.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name in block capitals*

\_\_\_\_\_  
*Date*

**Appendix III**  
**Participant Demographic Information**

**Research Study:**

**Exploration of the use of sand as a medium in psychotherapy with adults**

Sheena Cadogan, MA Psychotherapy, Dublin Business School

What level of psychotherapy qualification do you hold? *(please tick where applicable)*

- a) Diploma \_\_\_\_
- b) Undergraduate degree \_\_\_\_
- c) Masters level degree \_\_\_\_
- d) Doctorate level degree \_\_\_\_
- e) Other: \_\_\_\_\_

How many years have you been practicing as a psychotherapist? \_\_\_\_\_

Please outline any of your post-qualification psychotherapy training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please outline any other training or qualification relevant to your work as a psychotherapist:

\_\_\_\_\_

\_\_\_\_\_

How would you best describe your psychotherapeutic approach? *(tick more than one if applicable)*

- a) Integrative \_\_\_\_
- b) Psychodynamic \_\_\_\_
- c) Humanistic \_\_\_\_
- d) CBT \_\_\_\_
- e) Person-centred \_\_\_\_
- f) Gestalt \_\_\_\_
- g) Counselling psychology \_\_\_\_
- h) Psychoanalytic \_\_\_\_
- i) Other (please describe) : \_\_\_\_\_

How would you best describe your practice?

- a) Private practice \_\_\_\_
- b) Agency/centre based \_\_\_\_
- c) Mix of both \_\_\_\_
- d) Other (please describe): \_\_\_\_\_

Please give an approximate number of your clients with whom you would use sand as a medium or additional tool in sessions? *(This can include varying levels of engagement with the sand or during varying points in the work)*

- a) Very few (less than one in five)
- b) Approximately half
- c) Most clients
- d) All clients

Please add any other background information which you feel may be relevant, but is not covered in this questionnaire:

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Thank you,  
Sheena Cadogan

**Appendix IV:**  
**Semi-structured Interview Questions**  
*(Questions to be used as a guide)*

1. Can you tell me what brought you into the field of psychotherapy?
2. How did you become interested in using sandplay in your work with adults?
3. Can you tell me if/how sandplay has featured in your training path?
4. Have you ever used sand as a medium in supervision, either as supervisee or as a supervisor? (if yes, can you tell me more....)
5. In working with your clients, what cues or signs do you look out for to suggest that a client may be ready to engage with the sand?
6. How do you introduce and explain sandplay to your clients?
7. Could you tell me about some of the common themes or symbols that you have observed in your clients' sandplay?
8. Could you give me an example of a sandtray experience that you observed to be very impactful or powerful?
9. Can you describe how experiences such as that impacted on you during that session?
10. How would you describe the role of sand as a medium with clients who have a variety of presenting issues?
11. Have you ever experienced a case where perhaps a client who may have seemed 'ready' to engage with the sand, was in fact not ready?
12. Can you give me an example of a time where you have found sandplay to be not helpful, or detrimental to a client's process?
13. As a therapist, how do you manage the strong transferences and counter-transferences that can arise with sandplay?
14. As a therapist in Ireland, what is your opinion on the current standing of sandplay in the field of adult psychotherapy?
15. Is there anything you would like to add, or anything related to sandplay which you feel we have not covered?

## Appendix V

Diagram illustrating the relationship between the three main themes of this present research

