

The evolution of sandplay therapy applications.

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Abstract

The history, psychotherapeutic process, and expanding research and applications of sandplay therapy are described. First developed in London in the late 1920's, and further developed in Switzerland in the late 1950's, continuous publication of descriptive and research literature on a widening range of applications of sandplay has added to, and validated, a growing international interest in this therapeutic modality. The expanding, practice-based sandplay literature, primarily based on qualitative reports using phenomenological and case study methodology, indicates that sandplay is being used as both a stand-alone modality and as a welcome adjunct to a wide range of therapeutic approaches.

KEY WORDS: counselling, sandplay therapy, sandtray work, therapy

The evolution of sandplay therapy applications.

In the safety of the counselling room, the two of us sit in silence and watch as an image emerges in the sand tray – at times mysterious, at times familiar. The client explores, searches, creates without knowing the outcome. The therapist’s mindful attentiveness holds the space open for the client’s inner and outer worlds to be revealed. This is a privileged position, as a therapist, to be able to watch a process of transformation unfold through using the simple tools of a range of small figurines and a tray of fine white sand. The whole process looks simple: client shaping the sand and arranging figurines, therapist attuned and then, after a focused silence, inviting reflection on the image.

Dora Kalff titled her 1980 book “Sandplay: A psychotherapeutic approach to the psyche” – the first to describe the process (Kalff, 1980/2003). Kalff’s original intention was that Sandplay Therapy be used as a psychotherapeutic tool. The Sandplay Therapy process presents as deceptively simple; it is tempting to consider sandplay simply as a playful way to engage a child client. Over the last 85 years, however, Kalff’s *Sandplay Therapy*, and its predecessor, Lowenfeld’s *World Technique*, have proven to be effective with clients across all ages, with a wide range of presenting issues, and in a variety of contexts. This paper presents an informal review of the practical applications of the Sandplay Therapy heritage, which over recent decades has attracted ever-growing international interest.

Background of Sandplay Therapy

Sandplay Therapy was developed in Switzerland in the late 1950’s by Dora Kalff, a friend, colleague and student of the Swiss psychiatrist C. G. Jung. The method devised by Kalff integrated three foundational tenets: Lowenfeld’s *World Technique*, the Analytic Psychology of Jung, and Eastern contemplative traditions (M. Kalff, 2013).

Providing child clients with a range of small toys and a sand tray, Dr. Margaret Lowenfeld, a paediatrician working in London in the late 1920's and 1930's, noticed that her young clients repeatedly used these media to construct meaningful scenes representing the world they inhabited (both physical and psychological). She named the process *The World Technique* (Lowenfeld, 1993). Kalff studied with Lowenfeld in London in 1956. While always acknowledging the foundation of Lowenfeld's work, Kalff then developed her approach – initially working with children – also using sandtrays and miniatures, and integrated the perspective of Jung's Analytic Psychology. Kalff incorporated attentive attitudes and perspectives on the psyche from her knowledge of Buddhist philosophy. To distinguish her approach from Lowenfeld's, Kalff coined the term *Sandplay Therapy* (Kalff, 1980/2003).

The combination of an early form of play therapy, Jung's insights on the way symbols bridge connection between implicit processes and explicit awareness, and a meditative orientation, aligned with what is now called mindfulness, formed the basis of Kalff's method. She soon found that it also provided insightful support for adult clients, and began to attract clients of all ages from across Europe and the USA. Kalff also identified the value of following client interests and offering various forms of therapeutic art expression (e.g. painting, sculpting with clay) as an adjunct to their therapeutic work in the sandtray (Kalff, 1980/2003).

While all psychotherapy is a complex psychological, behavioural and emotional process, requiring training and supervision, the basic concept of Sandplay Therapy remains relatively simple - provide a client with objects, a container, and the natural material of sand – in a context of creative freedom – and they will usually set about constructing scenes that reflect relevant intrapsychic forces (Pearson & Wilson, 2001). The shaping of sand, the selecting and arranging of miniature objects can be guided by a client's intention to engage

with specific issues or, as happens more often, by a subtle projective process that relies on spontaneity, or play. The creative process, with silent attention on the emerging scenes, provides therapeutic benefit, which can be extended, if the client wishes, with reflection and verbal processing. Overlooking the scene in the tray can offer a sense of ‘super-vision’, or meta-cognition, of life events, emotional challenges, and new possibilities. Shaped, moulded, arranged, re-arranged, admired and reflected upon, for clients sandtray creations ultimately generate insight, change and a stronger sense of self (Pearson & Wilson, 2001).

Some early interpretations of Kalff’s sandplay method focused on the therapist’s ability to analyse sand pictures and offer commentary on the client’s internal process. The methodology discussed in early sandplay texts (e.g. Kalff, 1980/2003), records of Kalff’s teaching (e.g. Kalff, 1991; Turner, 2013), and a film of Kalff working with young clients (Ammann, 1974) and offering her perspective on the ‘active ingredients’ of sandplay, seemed to increase acceptance among novice sandplay therapists that analysis was most likely a vital core component. However, any intervention that could result in the client admiring the therapist’s ideas and discounting their own attempts at self-understanding is now regarded as having a disempowering potential for the voice of the client to be overlooked. Sandplay is essentially an empowering self-discovery process, that may operate in a silent implicit level of the psyche, and can also illuminate explicit concerns.

The term ‘sandplay’ has become something of a generic term over recent years. In addition to Kalff’s Sandplay Therapy, originally used by therapists trained in an Analytical Psychology perspective (e.g. Aite, 2007; Ammann, 1991; Weinrib, 1983), there are several major traditions in using sandtrays and miniatures. The use of sandtrays and miniatures is fundamental in play therapy (e.g. Axline, 1971; Oaklander, 1988) and is now frequently termed ‘sandtray work’ (e.g. Katz & Rekeyek, 2010; Mayes, Mayes, & Williams, 2007; Walker, 1998). There is also a self-discovery expressive therapies style of sandplay that

integrates Kalff's methods and principles within an expressive arts therapy context (Pearson & Wilson, 2001). An evolution of Lowenfeld and Kalff's work where psychotherapy is not indicated, is most often conducted in group settings, and is now termed 'expressive sandwork' (Pattis Zoja, 2011). Most recently Gallerani and Dybicz (2011) have claimed to develop for play therapists 'postmodern sandplay therapy'. Using the same tools, a variety of practice methods now exist side-by-side with Kalff's original approach.

While Kalffian Sandplay Therapy and the play therapy tradition retain a spontaneous undirected process, there are also many reports in the literature of therapists creating more structured activities using these materials. The directive approaches have been called 'directed sandplay' (e.g. Boik & Goodwin, 2000; Tennessen & Strand, 1998) and 'symbol work' (Pearson & Wilson, 2001) which can be used in situations where the pragmatics of the therapeutic encounter require a specific focus. Boik and Goodwin differentiate between spontaneous sandtray creations and directed processes, pointing out, however, that even in directed processes once subject matter has been suggested, the facilitation remains non-intrusive.

Evolution of sandtray applications

The publication of authoritative texts and contemporary research on a range of applications using sandplay has added to, and reflects, a flourishing world-wide interest in this psychotherapeutic intervention. The expanding, practice-based, sandplay literature is primarily based on qualitative reports, often using phenomenological and case study methodology. The publication of international sandplay and play therapy conference papers, on-line availability of a fast-growing number of doctoral theses, an international journal, extensive peer-reviewed research base (generated since the 1940's), and the more recent availability of English language abstracts from the prolific Asian sandplay therapists,

illuminate ways sandplay has been applied as a highly effective therapeutic tool with clients of all ages, with a range of different presenting issues and in many different settings.

Sandplay has been shown to be effective in schools (Allan & Berry, 1987; O'Brien & Burnett, 2000; Pearson, 2003; Richards, Pillay & Fritz, 2012; Tunnecliff & O'Brien, 2004), and in welfare agencies (Grubbs, 1994; Zinni, 1997). Sandplay has been used to improve the security of adolescent attachment schemas (Donald, 2003; Green, Myrick, & Crenshaw, 2013), in providing therapy with bereaved children (Green & Connolly, 2009; Roubenzadeh, Abedin, & Heidari, 2012; Scaletti & Hocking, 2010; Walker, 1998), in understanding children's dreams (Swan, Schottelkorb, & Demanchick, 2013), with autistic children (Axline, 1971; BoBo, 2002; Cao, Shan, Xu & Xu, 2013; Lu, Petersen, Lacroix & Rousseau, 2010; Parker & O'Brien, 2011), as part of family therapy (Armstrong & Simpson, 2002; Baggerly & Exum, 2008; Carey, 1991; Green & Connolly, 2009; Lyles, & Homeyer, 2014; Pereira, 2014; Rio, 2008), and in group therapy (Flahive & Ray, 2007; James & Martin, 2002; Roubenzadeh, Abedin, & Heidari, 2012; Shen & Armstrong, 2008).

Over the last three decades the use of sandplay as an ideal and effective therapeutic medium for traumatised young clients has been a focus of research. A number of writers have highlighted the way using symbolic processes can catalyse the resolution of trauma without the risk of increasing traumatic responses in clients (e.g. Harper, 1991; Howe, 2005; Troshikhina, 2012; Webber, Mascari, Dubi & Gentry, 2006). Porat and Meltzer (1998, 2013) described the way sandplay has made significant inroads in the healing process of Israeli children impacted on by the trauma of war. McCarthy (2006) described the way using sandplay helped with somatic memory recovery after trauma. Lacroix et al. (2007) demonstrated its effectiveness with refugee children recovering from a tsunami, Tanaka (2013) has illustrated the way sandplay can support clients impacted on by natural disasters, and Baggerly and Exum (2008) described the use of miniatures and sandtrays used to support

children and families after natural disasters.

Sandplay has been utilised in the support of young patients recovering from serious illness; for example in hospitals (Miller & Boe, 1990), with those recovering from traumatic brain injury (Plotts, Lasser & Prater, 2008), with those afflicted with stuttering (Addison, 1999), and with people in recovery from cancer (Mindell, 1998). Sandplay effectiveness has been widely reported in the treatment of children who have experienced sexual abuse (e.g. Grubbs, 1994; Harper, 1991; Hong, 2007; Mathis, 2001; Reyes, 2003; Tseng, 2005; Zappacosta, 2013). Not surprisingly, sandplay has been useful of clients with language challenges, or who are undergoing treatment in a foreign language setting (e.g. Ferreira, Eloff, Kukard, & Kriegler, 2014).

Sandplay has been shown to be a support for academic development with children experiencing learning challenges (e.g. Belzer, 1991; Murphy & Tracey, 2001; Noyes, 1981). Skigen (2008) also has applied the concept of sandplay to the therapeutic use of digital media, creating 'Simplay'. This link between a two dimensional, non-tactile process and Sandplay Therapy might well be distressing to Kalf's spirit.

Contrary to a frequently encountered belief, Sandplay Therapy is highly supportive within adult counselling and psychotherapy (Mitchell & Friedman, 2003). It has long been incorporated as an adjunct to Jungian analysis with adults (e.g. Aite, 2007) where it may mirror the use of dream analysis. Sandplay has been reported as a valuable supportive process in couple therapy (Dean, 2001), as an adjunct to treating depression and anxiety (e.g. Chen, Chen & Feng, 2010; Kitazoe, 2013), in the area of treating adults with PTSD (Moon, 2006), with adults and combat veterans experiencing traumatic nightmares (Coalson, 1995; Daniels & McGuire, 1998), with substance abuse offenders (Garza, Monakes, Watts, & Wiesner, 2011; Marcello, 2008), with eating disorders (Myers & Klinger, 2008), in the treatment of borderline personality disorders (La Spina, 2004), with sexual addiction treatment (Spooner &

Lyddon, 2007), with dissociative disorders (Sachs, 1990), as a support for dementia sufferers (Suri, 2012), and in groupwork (Jang & Kim, 2012; Katz & Rekeyek, 2010; Zhang, Zhang, Haslam & Jiang, 2011).

The role of sandplay has more recently been explored in supporting the resolution of psychological challenges, that are rarely processed verbally, for people with somatisation, chronic illness or terminal illness (Lagutina, Sperlinger & Esterhuyzen, 2013). Sandtrays and miniatures have also been used to support personal and spiritual growth in the context of spiritual direction (e.g. Frame, 2003; Shaia, 2002), as well as a support for discernment in career decision-making (Sangganjanavanich & Magnuson, 2011), and to support reflectivity in the training of educational leaders (Mayes, Mayes, & Williams, 2007).

The training and supervision of sandplay therapists has become more organized, with a number of Sandplay Therapy associations being established around the world, most under the auspices of the International Society for Sandplay Therapy, founded by Kalff in 1985. Protocols for supervision of sandplay therapists have been developed (Friedman & Mitchell, 2008), and suitably trained supervisors of counsellors and psychotherapists have found the use of sandplay equipment to be an effective supervision tool (e.g. Anekstein, Hoskins, Astramovich, Garner, & Terry, 2014; Markos, Coker, & Jones, 2007; Mullen, Luke, & Drewes, 2007; Stark, Frels, & Garza, 2011). Boik and Goodwin (2000) described the value of creating sandpictures for self-supervision, especially when dealing with issues of countertransference. Overall, there has been wide recognition of the value of sandplay, not only as a support for clients, but as a professional development tool.

Sandplay Therapy and sandtray work have both been described as valuable additions, or companions, to several therapeutic frameworks and activities. For example, sandtray work has been described as a useful adjunct to solution-focused therapy with children and adolescents (Taylor, 2009). It has been investigated as a tool in constructivist psychology

(Dale & Lyddon, 2000), and in transactional analysis with children (Chiesa, 2012; Salters, 2013). The use of sandtrays and miniatures have been combined with psychodrama by Toscani (1998) creating a process she named “sandrama”. Sandplay has been combined with storytelling (Miller & Boe, 1990; Russo, Vernam, & Wolbert, 2006; Unnsteinsdóttir, 2012) and combined with the use of art (Pearson & Wilson, 2009; Reyes, 2003).

Similarities have been noted between the underlying theory of sandplay therapy and Eriksonian psychology (Tennessen & Strand, 1998), and with social constructivist psychology (Dale & Lyddon, 2000). The sandplay technique has also been implemented through an Adlerian lens (Garza, Monakes, Watts, & Wiesner, 2011), with Bainum, Schneider and Stone (2006) and Sweeney, Minnix and Homeyer (2003) claiming that therapeutic use of sandtray work can aid the Adlerian practitioner in assessing the client’s lifestyle.

More recently, the understanding of attachment theory (Cassidy & Shaver, 2008), the theory of multiple intelligences (Gardner, 2006; Pearson & O’Brien, 2012), research into common factors underlying therapy outcomes (e.g. Hubble, Duncan, & Miller, 1999), developments in neuroscience (e.g. Siegel, 2007), and increased evidence for the effectiveness of creative arts therapies, have all contributed to a wider understanding of the psychological mechanisms at work when a client enters the world of metaphor using sand and symbol. Theories of sandplay application, descriptions of the therapeutic use of image and symbolism, ideas on how the psyche functions, and rationales for therapeutic effectiveness, are attempts to make meaning of complex psychological mechanisms. These attempts to define psychotherapeutic methods can be used as guides to providing safe and effective support.

It would seem logical then, that 34 years after Kalf’s book was first published in English, while keeping the original respect for the sandplay client firmly in the foreground,

different ways of being with the client, new ways of supporting, and enhancing client self-reflection, would emerge and prove valuable.

There has been an evolution in contemporary understanding of the impact and outcomes of using sandplay therapy. For example, the expanded psychological framework from Grof's (2000) transpersonal perspective brings a depth understanding of, and respect for, all levels of the human psyche. This is consistent with spiritual aspects of Kalf's framework (Markel, 2002). For example, there are links between Grof's description of perinatal psychology and Kalf's assertion that sandplay sessions can elicit pre-verbal experience. Grof's transpersonal perspective also supports Kalf's observations of client's in-session numinous experiences, attained through sandplay.

Flexibility in responding to client interests and needs is now seen as central, and responding to client preferences has been shown to increase positive therapeutic outcomes and to dramatically reduce client drop-out (Swift, Callahan, Ivanovic, & Kominiak, 2013). The desire to remain in a state of curiosity about a client's process, to work within an ethos of respect for client self-discovery, and provide freedom and opportunity for clients to move between a range of expressive modalities is at the core of providing optimum support of clients using sandplay (Pearson & Wilson, 2001).

Training and on-going supervision, coupled with using the sandplay process for their own professional and personal development, can provide therapists with skill, optimism and confidence in the process, as well as a calm acceptance of client responses. This attunement or resonance transmits a feeling of safety. This feeling of safety within the therapeutic alliance, the safe boundaries of the tray, along with the somatic engagement with sand and miniatures, creates an outer environment and an internal state that allows a spontaneous healing journey to unfold.

Conclusion

The first Australian sandplay conference was held in Sydney in 2006. From this gathering several individuals and groups began the progression towards gaining the extensive training and supervision required to become members of the International Society for Sandplay Therapy. It is recommended that prospective students of sandplay clarify the style, training and affiliations of the trainers with whom they plan to work and train.

Sandplay therapy is now used and taught around the world, celebrated in national and inter-national conferences. The growing practice-based evidence, dating back to the 1940's, continues to document a wide variety of contexts and client populations for which Sandplay Therapy has effectively supported change.

The use of the sandplay equipment has been widely adopted into a growing number of contexts and therapeutic orientations. While retaining core principles and methods, Sandplay Therapy has evolved from its origins in Kalff's therapy room. It has gained wider recognition and respect among therapists, and extensive practice-based evidence for its effectiveness is now available. While Sandplay Therapy retains the original core principles of non-intrusiveness of the therapist it continues to provide a safe space for change.

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