1

Introduction

An abused child comes in for therapy, terrified and hiding behind the legs of her foster parent. She has been sexually victimized and won't talk. An angry adolescent is compelled to come in for counseling because of his delinquent behavior. He sees himself as a mandated client and refuses to talk. A couple on the brink of separation seeks counseling as a last result. They won't or can't communicate with each other, much less a therapist. A family walks into your office in crisis, with noncompliant and acting out children, and parents who feel helpless and hopeless. The family system is crumbling. What do you do?

Our training and experience is similar to many of the readers of this book. Many therapists would suggest (insist?) in these situations that the clients must *talk* about what has happened to them, as well as what they are currently experiencing. What is the classic counseling question?—"How does that make you feel?" Of course, these clients must verbalize their pain and frustration in order to process issues and begin healing. Really?

Is it possible that clients might not be able to verbally express their stories and the accompanying pain through verbalization alone? Our experience, and the literature on sandtray therapy (see Chapter 12) and play therapy (Bratton, 2015; Ray, 2015), however, considers moving beyond this narrow position. We would suggest that for therapists working with clients who have experienced chaos, turmoil, and trauma—a nonverbally based psychotherapeutic intervention is not just helpful, but necessary: An intervention that has expressive and projective qualities. Our favorite: Sandtray therapy.

Sandtray therapy is an expressive and projective therapy that has the unique and extraordinary quality of being considerably flexible and adaptive. It can integrate a wide variety of theoretical and technical psychotherapeutic approaches. It can be nondirective or directive, completely nonverbal or verbally assisted, and incorporate techniques from a wide spectrum of counseling approaches. This makes sandtray therapy a truly cross-theoretical intervention.

It should be emphasized that we believe sandtray is cross-theoretical, not atheoretical. Sandtray therapy theory and techniques should always be theoretically based. Sweeney (2011) asserted that theory is always important, but theory without technique is basically philosophy. At the same time techniques may be quite valuable, but techniques without theory are reckless, and could be damaging. Sweeney (2011) further asserted:

> All therapists are encouraged to ponder some questions regarding employing techniques: (a) Is the technique developmentally appropriate? [which presupposes that developmental capabilities are a key therapeutic consideration]; (b) What theory underlies the technique? [which presupposes that techniques should be theory-based]; and (c) What is the therapeutic intent in employing a given technique? [which presupposes that having specific therapeutic intent is clinically and ethically important]. (p. 236)

Both theories and techniques will be discussed in following chapters.

DEVELOPMENTAL CONSIDERATIONS

Sandtray therapy is used with clients across the developmental lifespan. When working with children, either individually or in a family system, we must recognize that they do not communicate in the same way that adults do. Children do not have the cognitive or verbal maturity to communicate in counseling in the manner as adults' converse. Children communicate through play. Landreth (2012) suggested: "Children's play can be more fully appreciated when recognized as their natural medium of communication . . . for children to 'play out' their experiences and feelings is the most natural dynamic and self-healing process in which children can engage" (p. 9).

Developmental psychology supports the use of play rather than talk as a means for communicating with children. Play, like children, is preoperational. Since children do not possess the developmental or intellectual sophistication to participate in adult, verbally based therapies, it should be concluded that the very nature of childhood is incompatible with the formal operations of adult counseling. To require a child to participate in traditional adult therapy sends a very clear message: "We are the experts. We expect you to come up to our level of communication. We are unwilling to enter your world."

We have both heard an international expert on child sexual abuse present at conferences. In one presentation, this expert stated that the first thing that he requires sexually abused children to do in therapy is to draw a picture of the perpetrator. Beside the incredibly intrusive and potentially re-traumatizing nature of this intervention—is anyone caught by of the use of the word "requires"? Haven't sexual abuse survivors already been *required* to do more than enough in the context of the victimization experience? Sandtray therapists should never be this dishonoring and demanding.

We also believe that these fundamental truths apply to adolescents and adults who have experienced conflict or trauma. In many ways, trauma—which must be generally defined, since the severity of trauma covers a broad spectrum, and the response of various clients covers an equally broad spectrum—is preoperational. It impacts people of any age at a very basic and sensory level, which does not lend itself to sophistication, categorization, or reason. Akin to requiring a drawing of the perpetrator, to *require* a person of any age to verbalize when in an emotional crisis is not just unfair, it may in fact be re-traumatizing. One way in which this has been illustrated when conducting training on play and sandtray therapy has been to ask the audience for a volunteer to stand up and share his or her most embarrassing and traumatizing sexual experience. After the nervous laughter has subsided, the point is made: "Isn't this what we do with clients who have been molested whom we ask, 'Tell us what happened to you?'" (Sweeney, 1997).

A TRAUMA INTERVENTION

The neurobiological effects of trauma will be more fully discussed in Chapter 10, but a few summary comments are important here. The effects of trauma are most pronounced on the midbrain, where the limbic system resides—the primary seat of emotions. The executive functioning of the brain, primarily located in the frontal cortex, often experiences a level of deactivation for trauma victims. This also occurs for the Broca's area of the brain, which is responsible for speech. So, when people recall their trauma (which is an expectation for many therapeutic approaches), there is a decreased ability to cognitively process material, a decreased ability to even verbalize, and an increased level of emotional material. Expecting clients to talk at this point may be substantially difficult, if not impossible. An expressive intervention like sandtray therapy is arguably a wonderful fit.

Also, the very fundamental and sensory aspects to trauma indicate the need for a sensory-based treatment such as sandtray therapy. Perhaps the reader has noticed that the diagnostic criteria for posttraumatic stress disorder in the DSM-5 (American Psychiatric Association, 2013) is largely sensory based—note the diagnostic criteria of re-experiencing, avoidance, negative cognitions and mood, and arousal. There is a fundamental recognition that trauma in and of itself is sensory based. In fact, many researchers note that traumatic memories are encoded not only in the brain, but within the body as well (Malchiodi, 2015; van der Kolk, 2014). It would seem to make sense, therefore, that the treatment for traumatized children, adolescents, and adults should also be sensory based. "Talk" therapy approaches do not meet this criteria; sandtray therapy does.

This sensory base builds the relational foundation of sandtray therapy as well. When the therapist and client(s) are not limited by verbalization, the therapeutic alignment necessary to approach and process traumatic material is enhanced. The importance of relationship is also fundamental to neurologically processing trauma. Perry and Pate (1994) emphasize this point:

> It is the 'relationship' which enables access to parts of the brain involved in social affiliation, attachment, arousal, affect, anxiety regulation and physiological hyper-reactivity (Perry & Pate, 1994, p. 142). Therefore, the elements of therapy which induce positive changes will be the relationship and the ability of the child to re-experience traumatic events in the context of a safe and supportive relationship.

SANDTRAY THERAPY, PLAY, AND THERAPEUTIC RELATIONSHIP

This focus on relationship cannot be overemphasized. We assert that the very elements of the sandtray process promote play, which in turn promotes relationship. This is, in itself, elementally therapeutic. This should be an accepted maxim for sandtray therapists—who are by our perspective, play therapists—and is a wonderful discovery for the sandtray client.

Caplan and Caplan (1974) proposed several unique attributes of the process of play: (a) play is voluntary by nature, and in a world full of rules and requirements, play is refreshing and full of respite; (b) play is free from evaluation and judgment, thus it is safe to make mistakes without failure; (c) play encourages fantasy and the use of the imagination, enabling control without competition; (d) play increases involvement and interest; and (e) play encourages the development of self. These are unique attributes of sandtray therapy.

Brown and Vaughan (2009) expand on this, noting that:

- *Play is done for its own sake—it may even seem purposeless.* For clients who feel out of control [all clients?], a nondemanding sandtray experience is a welcome change and a chance to regain control.
- *Play is voluntary.* Even for the mandated client, the sandtray experience is invitational and promotes freedom.
- *Play has an inherent attraction.* There is a magnetic quality to activities that promote freedom and growth. Sandtray therapy and sandtray materials do this.
- *Play involves a freedom from time.* For therapy clients, slavery to time can be magnified. Play, and sandtray therapy, offers a respite from the captivity of pain and chaos.
- *Play helps diminish the consciousness of self.* All clients have a degree of self-consciousness that limits their growth. A play/sandtray experience takes the focus off of this negative self-talk and promotes positive self-awareness.

- *Play has an improvisational potential.* This can be seen in the wide variety of possible sandtray therapy applications.
- *Play develops a continuation desire.* In a world of work—therapy is certainly work—an activity that promotes a desire to reengage is powerful. Sandtray therapy has this potential.

We posit that the marriage of an expressive medium such as sand and play with the process of psychotherapy is a natural evolution. It becomes important, therefore, to bring some definition to the process.

Play therapy involves more than the application of traditional talk therapy accompanied by some type of play media. According to Landreth (2012), play therapy is defined as

> a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thought, experiences, and behaviors) through play, the child's natural medium of communication. (p. 11)

This is a comprehensive definition that applies to the world of sandtray therapy as well.

Sandtray therapy should always involve a *dynamic interpersonal relationship.* Regardless of the theoretical approach or techniques used in the sandtray process, the creation and development of a dynamic interpersonal relationship is crucial. Kalff (1980) stressed the importance of the therapist creating a "free and protected space," noting that it is the love of the therapist that creates this space. This will be addressed further in Chapters 5 and 6. The sandtray therapist should be *trained in (sandtray) therapy procedures.* Appropriate training and supervised experience is crucial for the therapist interested in doing sandtray therapy. The ethical and responsible psychotherapist will become theoretically and practically grounded in any modality before its employment. This is particularly important in sandtray therapy. We have both encountered persons employing sandtray therapy with minimal training and experience—it is not just disappointing, it is a clinical and ethical concern. Note that reading this book alone is not considered adequate. Most mental health practitioners' ethical codes indicate competency is based in education, training, and supervision. Of course, we support ethical, competent work with clients.

We would also strongly suggest (and with our own supervisees, insist) that any sandtray therapist also have the experience of being a sandtray therapy client. We are obviously convinced of the power of this expressive modality—and since the personal and professional process of growth for therapists is a lifelong process—it is only appropriate that sandtray therapists experience the intra- and inter-personally evocative nature of sandtray therapy. We have both done personal work in our own trays (there's nothing quite like creating your own tray after a challenging day!), and have benefitted from the experience of being sandtray therapy clients with qualified colleagues. Additionally, it is recommended to consider therapy from sandtray therapists who practice from different theoretical approaches

As with any play therapy modality, it is crucial to *provide selected play materials* in the sandtray therapy process, as will be described in Chapter 4. A random collection of sandtray materials and miniature figures is not appropriate; an intentional and deliberate selection is. Clients may be confused by a disorganized collection, emotionally flooded by an overwhelmingly large collection, or confined by a limited collection. The

collection of miniature figures should be a natural outgrowth of the sandtray therapist's training and evolving experience.

The sandtray therapist should *facilitate*, rather than direct, the therapeutic experience—even with directive interventions. Children, individuals, and families enter into the therapy process already feeling disempowered and out of control. As the sandtray therapist facilitates rather than wholly choreographs the process, clients will experience healing through a growing sense of self-control, empowerment, and safety. Siegelman (1990) described this facilitation process well:

> To be a participant-observer at the moment when a frightened or constricted patient feels securely enough held to take her first step into the realm of symbolic play—this is being a midwife to the birth of the capacity for meaning. (p. 175)

This facilitation creates the *safety* that Landreth (2012) refers to in his play therapy definition. This is reflective of Kalff's (1980) previously noted "free and protected" space. We would argue that, both inside and outside of therapy, people do not grow where they do not feel safe. Safety, a priority for any sandtray therapist, creates the avenue for change.

This safety in turns creates the opportunity for clients to *fully express and explore the self.* Self-expression and self-exploration are crucial in the counseling process, and are foundational in sandtray therapy. Kalff (1981) stressed this exploration of self: "the patient, through the sandplay, penetrates to that which we can recognize as an expression of Self" (p. viii).

Finally, the last element of Landreth's definition particularly applies to the sandtray therapy process. Play is more than just a child's *natural medium of communication.* In fact, it is a mistake to assume that cognitive verbalization and discussion are the clients' natural medium of communication, regardless of their developmental level. As suggested above, we would assert that the natural medium of communication for many clients in crisis involves some type of expressive medium.

An additional point should be made—play therapy and sandtray therapy are often thought to be treatment modalities for the individual client. We assert, however, that sandtray therapy with couples, families, and groups is both exciting and effective. This is further discussed in Chapters 8 and 9.

In fact, the marriage of family therapy and sandtray therapy is a natural union. Eliana Gil (1994) posited:

> Family therapists and play therapists share a noble trait: They are by far the most creative and dynamic therapists in existence. Family therapists . . . engage the family's participation in a dynamic way, either by intensifying or replacing verbal communication. (p. 34)

Family therapy that does *not* actively and intentionally provide a means to include children, such as an expressive media like sandtray therapy, is not truly *family* therapy. While a systemic approach to treating families is frequently preached and lauded, the exclusion of children from the process barely makes the treatment systemic. Nathan Ackerman (1970), one of the pioneers in the field, wrote "without engaging the children in a meaningful interchange across the generations, there can be no family therapy" (p. 403). Sandtray therapy creates a bridge for meaningful interchanges to take place. The content of sandtray therapy provides a metaphorical blueprint of family alliances, personality stages, and intergenerational patterns. As a largely undefended mode of expression, sandtray therapy, like art therapy, provides the therapist with the opportunity to access information that might not be verbally disclosed, as well as the opportunity to observe the family's emotional climate (Kwiatkowska, 1978).

Sandtray therapy as an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client or therapist and facilitated by a trained therapist.

SANDTRAY THERAPY DEFINED

There are numerous theoretical approaches to the therapeutic use of a collection of miniature figures and a sand tray. As mentioned earlier, we consider sandtray therapy to be cross-theoretical—as such, our definition does not include theory-specific language. Recognizing that we take a generally integrative approach to the modality, we would define sandtray therapy as follows: an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client or therapist and facilitated by a trained therapist. It is a process that seeks to promote safety and control for the client so that emotionally charged issues can be addressed through the medium.

A primary goal in sandtray therapy is to fundamentally help the client process the presenting issue—nonverbally or verbally—with sandtray therapy as the processing tool or approach. Thus, this takes priority over—but not to the exclusion of—an initial focus on meaning, insight, or cognitive restructuring. These may be important, but the client's life must become tolerable and manageable before deeper issues can be explored and processed. For us, an elementary initial goal is to provide clients with a safe, reparative, and relational experience. Our encompassing therapeutic effort, therefore, is to be fellow sojourners on the client's journey, and thus witnesses to their unique story as it unfolds in the sandtray process.

We have made the deliberate choice to use the term *sandtray therapy* in this manual. It is appropriate to distinguish our approach to the therapeutic use of sand and sandtray materials from the term *sandplay*. Sandplay specifically refers to a therapeutic sandtray approach developed by Dora Kalff (1980), the Swiss Jungian analyst who adopted this term for her approach to the modality. A brief look at Kalff and the development of sandtray therapy will be offered in the following chapter. It has been our experience that the term *sandplay* has often been used generically when referring to a wide variety of therapeutic uses of sand, a tray, miniature figures, but it is more appropriate to refer to sandplay when discussing the Jungian approach stemming from Kalff's work.

As we've asserted, sandtray therapy can be used with children, adolescents, and adults, and with individuals, groups, couples, and families. As with any therapeutic modality, its use should be with purpose and intent, and part of a professional and reasonable treatment plan. We would advise, encourage, and request that interested clinicians seek appropriate training and supervised experience in the course of employing this effective medium.

BEFORE MOVING ON . . .

Therapist preference or other client differences may lead the counselor to use sandtray therapy. Clients of all ages may be more verbal, others not as much. (Note, however, that some verbal clients may use words as a way to defend or avoid.) Some clients may be drawn to the visual, creative nature of building in the sand, just as they might be drawn to other creative art techniques. There needs to be an awareness and sensitivity on the part of the counselor, who can then provide a more effective means of communication and depth of session content than the verbal approach alone. We have often sat in our dual sandtray/talk therapy room (sandtray shelves and tray in one corner, upholstered chair and loveseat in the other) and observed adult clients looking curiously and sometimes longingly at the miniatures. Those clients almost always engage with the sandtray therapy process quickly and effectively. The experienced sandtray therapist should also be able to encourage clients who are reticent about an unfamiliar intervention. Matching the therapeutic medium with the client serves to establish the therapeutic relationship.

2

Some History and Rationale

Nearly as long as there has been psychotherapy, play therapy has assisted in meeting the mental health needs of children. As the field grew, the use of play as therapy expanded to adolescents, adults, couples, and families. Within the play therapy movement, sandtray therapy utilized play in another format to provide clients additional method to express and resolve their emotional and psychological pain. Through the use of the materials including a sand tray and miniature figures, clients non-verbally express that which is too painful to articulate. We are convinced not only of its efficacy as an intervention, but of its quality as a place of retreat for clients in pain. We will discuss the history of sandtray therapy and then list several rationales that include practical benefits for the use of sandtray therapy with adults, children, couples, and families.

> I set myself as a goal to work out an apparatus which would put into the child's hand a means of directly expressing his ideas and emotions, one which would allow the recording of his creations and abstracting them for study (Lowenfeld, 1979a, p. 3).

A BRIEF HISTORY

With a collection of small toy figures and trays filled with sand, Margaret Lowenfeld (1979b) began her journey of developing a mental health intervention for children: *The World Technique.* The context of the development of this new form of play therapy has always intrigued us. The Russo-Polish War in Eastern Europe in the 1920's found Lowenfeld, a London medical doctor and pediatrician, providing medical services for those experiencing the typhus outbreak and those in prisoner of war camps in Poland (1993). Alongside that work she was also a relief worker for thousands of Polish students suffering from the aftermath of the war. Returning to London, Lowenfeld observed children with the same "expressions, postures and gestures that resembled those with which I had become familiar in prison camps and famine areas" (1993, p. 2). These intense experiences impelled her to discover a method to promote the mental health issues of children, a way to allow children to share their inner worlds. Recalling the book *Floor Games* (Wells, 1911), which she had read as a young woman, and aware of the developmental limitations of children, when she opened the Clinic for Nervous and Difficult Children in October of 1928, it was complete with trays of sand and a collection of small toys (Lowenfeld, 1993). Lowenfeld stated that in less than 3 months after a metal tray with sand placed on a table and a cabinet with drawers containing miniature objects were included in the playroom, "a spontaneous new technique was developed, *created by the children themselves*" (1993, pp. 280–281). The term *World* first appeared in case notes in June of 1929 (Lowenfeld, 1993, p. 280) and continued to be commonly used by staff in case notes and case discussions. The World Technique was named.

Play therapy was concurrently being developed and utilized, beginning with Sigmund Freud's (1909) case of Little Hans and the later work of Hermine Hug-Hellmuth (1921). Anna Freud's (1965) psychoanalytic form of play therapy viewed play primarily as a means of forming a solid therapeutic alliance with the child client, while Klein (1932) believed that play could be used as a substitute for verbalization, replacing the psychoanalytic technique of free association. In a letter to The British Medical Journal in

1938, Lowenfeld and Duke clarified that there are "two clearly formulated methods of play therapy, each with its own history and technique" (p. 1281) referring to her own work and that of Melanie Klein. In this letter, Lowenfeld clearly articulates her work as play therapy and those she trained as *play therapists*. Like many of us today, she rues that too often play therapy publications do not clearly identify the specific formulation or techniques, making comparisons difficult.

Working with children in the sand tray was expanded and popularized by the work of Dora Kalff, a Swiss Jungian analyst. Kalff (2003) learned of Lowenfeld's work, studied with her in London in 1956, and adapted the method, calling the approach *Sandplay* to clearly differentiate it from the World Technique. As noted in Chapter 1, the term *sandplay* continues to identify the Jungian approach, although it has been widely used outside of Jungian circles. Kalff (1971) acknowledged Lowenfeld's important contribution: "She understood completely the child's world and created with ingenious intuition a way which enables the child to build a world—his world—in a sandbox" (p. 32).

It is interesting to note in the broader field of play therapy, Lowenfeld and Kalff are rarely mentioned in the historical timeline of the developing field. Sandtray therapy certainly is a play therapy approach, and we would put forward that the pioneers in sandtray therapy deserve recognition within the broader view of play therapy.

There are many approaches and nuances in both the theoretical and technical approaches to working with clients in the sand, ranging from the traditional Lowenfeld approach and Jungian sandplay to Gestalt methods and cognitive-behavioral approaches. Each of these (and others) has their own inherent therapeutic value. This is not surprising, even historically from Lowenfeld's perspective: Lowenfeld stated clinicians would see in any created World "components and constructs that support their views," not as "merely a result of wish fulfillment" on the part of the therapist, but "because they are almost certainly to be present there" (1993, p. 7). This was recently demonstrated by Eberts and Homeyer (2015) through processing a single creation in the sand from both a Gestalt and Adlerian perspective. More details on how to use sandtray therapy from various theoretical viewpoints in Chapter 7.

Both of us are therapists and counselor educators. If we can put on our professor caps for a moment, we'd like to make a comment about counseling theory. As educators, you would expect that we value theory, which is certainly the case. However, we would argue for being theoretically based, not theoretically bound. One can use a variety of techniques, in other words, be technically eclectic. We have concerns, however, about being theoretically eclectic.

As already noted, theory alone is inadequate—in fact, theory without technique is merely philosophy. The opposite is an equally important concern. Techniques without theory are reckless, perhaps even dangerous. (Okay—off with the professor caps.) Therefore, we strongly encourage the interested reader to seek ongoing training and supervision in sandtray therapy within an approach that resonates personally and theoretically.

WHY USE SANDTRAY THERAPY? A RATIONALE

As experienced sandtray therapists will attest, there are many benefits for both clients and counselors. Similar to other expressive and projective treatment modalities, sandtray therapy provides an important medium to reach hurting clients. We would therefore like to summarize some of the primary rationales and benefits for using sandtray therapy.

1. *Sandtray therapy gives expression to nonverbalized emotional issues.* Since play is the language of childhood, as well as a language for a client of any age who is unable or unwilling to verbalize, the sand tray provides a safe medium for expression. If play is the language, then the miniatures are the

words (adapted from Haim Ginott's famous statement). Just as an empty canvas provides a place for the artist's expression, so the tray provides a place for the client's emotional expression. The client needs no creative or artistic ability since the medium provides an experience that is free from evaluation.

The self-directed sand tray process allows clients to be fully themselves. Through the process of sandtray therapy, which includes a caring, accepting, and attuned relationship-children, adults, and families can express their total personality. This enables hurting clients to consider new possibilities, some of which are not possible through verbal expression, and thus significantly develop the expression of self. Sandtray therapy is, therefore, more than a symbolization of the psyche—it is a forum for full self-expression and self-exploration.

2. *Sandtray therapy has a unique kinesthetic quality.* We have already reflected on the sensory quality of sand and play, and the need for a sensory experience for clients in distress or crisis. Sandtray therapy provides this sensory experience, and meets the need that we all (not just our clients) have for kinesthetic experiences. This fundamental essential, an extension of very basic attachment needs, is met through relationship and experience. Sandtray therapy provides both of these elements for clients.

   The very tactile experience of touching and manipulating the sand is a therapeutic experience in and of itself. We frequently have clients who, choosing not to speak, have done nothing more than run their fingers through the sand. This often results in the client's ability to talk about deep issues. It is as if the sensory experience with the sand causes a loosening of the tongue. There is now neurological support that this does in fact occur; more about that in Chapter 10. While this may not be the intent, or goal, of the session, it is certainly a therapeutic by-product. The manipulation of the sand and placement of the miniature figures is both safe and kinesthetically satisfying, especially for clients whose prior sensory experience was noxious. The tactile sensations which results from moving one's hand(s) through the sand can also reduce anxiety and help the client self-regulate. The agitated lower brain can be calmed through the tactile stimuli, which is interpreted by the limbic system as soothing (Badenoch, 2008).
3. *Sandtray therapy serves to create a necessary therapeutic distance for clients.* Clients or families in emotional crisis are often unable to express their pain in words, but may find expression through a medium such as sandtray therapy. It is simply easier for a traumatized client to "speak" through one of the sandtray therapy miniature figures than to directly verbalize their pain. The consistency of the medium, and the consistency of the therapist in allowing the client to direct the process, creates a place where the client establishes the degree of therapeutic distance. Children, adults, and families in sandtray therapy may experience emotional release through symbolization and sublimation, through the projection onto the tray and miniatures.
4. *The therapeutic distance that sandtray therapy provides creates a safe place for abreaction to occur.* Children and families that have experienced trauma need a therapeutic setting in which to abreact, a place where repressed issues can emerge and be relived, as well as to experience the negative emotions that are frequently attached. Abreaction, a crucial element in the treatment of trauma, finds facilitated expression.
5. *Sandtray therapy is an effective intervention for traumatized clients.* In addition to the needed safety that is provided for sandtray clients through the expressive and projective nature of the intervention, there are neurobiological effects of trauma that point to the need for nonverbal interventions. The sensory nature

of trauma may best be addressed though a sensory intervention such as sand tray and the neurobiological inhibitions on cognitive processing and verbalization point to the need for an expressive intervention. This is expanded upon in Chapter 10.

6. *Sandtray therapy with families is a truly inclusive experience.* An adult talk therapy approach to treating families is decidedly exclusive, as it fails to recognize and honor the developmental level of children in the family. Sandtray therapy with families overcomes this obstacle. Sandtray therapy creates a level playing field for every family member, giving each person the opportunity to express him or herself. Keith and Whitaker (1981) include play therapy interventions as an integral part of the family treatment process, concluding "fundamental family therapy takes place at this nonverbal level" (p. 249).

   For example, it can be very threatening and a developmental impossibility to ask a child to detail the communication patterns in the family through words. It can be equally threatening for any member of the family who feels isolated or disempowered. Put simply, it is taboo to "air the dirty laundry," especially to an outsider. Family members "aren't supposed to" talk about problems. Perhaps the sandtray therapy miniature figures can! The typical family sculpting exercise, which can be overwhelming for children to do in a family session, may be replicated in the sand tray. Like puppet play, sand tray play can create "an unrealistic and nonthreatening atmosphere that assists in the identification process, thereby encouraging the projection of emotional aspects and interpersonal relationships through the characters" (Bow, 1993, p. 28). Chapter 9 provides specific details on working with couples and families with sandtray therapy.

7. *Sandtray therapy naturally provides boundaries and limits,* which promote safety for the client. Boundaries and limits define the therapeutic relationship. Sweeney (1997) suggested: "A relationship without boundaries is not a relationship; rather, it is an unstructured attempt at connection that cannot be made because the people have no specific rules for engagement. A world without limits is not a safe world, and children do not grow where they do not feel safe" (p. 103).

   The careful structure of the sandtray therapy process and the carefully selected tools of the sandtray therapist provide the client with the boundaries that create the sense of safety needed for growth. The size of the sand tray, the size and selection of miniature figures, the office setting, and the guidance and instruction of the therapist all provide boundaries and limits for the client. While these limits are imperative and intentional, they promote freedom for expression. These inherent limits to sandtray therapy bring a focus to the therapeutic process, which in addition to promoting the safety which boundaries bring, assist the client to focus on the therapeutic issues to be addressed.

8. *Sandtray therapy provides a unique setting for the emergence of therapeutic metaphors.* There is an increasing amount of literature on metaphors and psychotherapy, much of which focuses on verbal metaphors. Siegelman (1990) suggested that metaphors "combine the abstract and the concrete in a special way, enabling us to go from the known and the sensed to the unknown, and the symbolic. . . . They achieve this combination in a way that typically arises from and produces strong feeling that leads to integrating insight" (p. ix). Metaphors can indeed be therapeutically powerful. We would suggest that the most powerful metaphors in therapy are those that are generated by the clients themselves. Sandtray therapy creates a consummate setting for this to occur. The sand and miniatures are ideal for clients to express their own therapeutic

metaphors. Clients often express that they don't know what one or more miniature figures initially means to them or why they selected it, but that it 'just needs to be there'. The ability of a client to release the need to build a logical, sequential, literal, left-brained scene, results in the use of symbols, imagery, and feelings that are right-brained. When clients choose to remain intuitive, and respond with a more right-brained action, meaningful symbols and metaphors are formed in the tray.

Where therapeutic metaphors emerge, therapeutic interpretation naturally follows. We would echo Kalff's (1980) warning against focusing on interpretation, recognizing that it is the client's interpretation that is the most important. We would further suggest that interpretation of sandtrays is not essential to the healing process, and often need to remind ourselves that when we interpret, we do so with our own minds and experiences, not the client's. It is a helpful reminder that when interpreting a client's expression of an experience that the sharing of the interpretation is meant to serve the needs of the client, and not the curiosity of the therapist.

9. *Sandtray therapy is effective in overcoming client resistance.* It is important to remember when working with children and families, that involuntary clients are frequent and typical. Children generally do not self-refer, and not all family members are enthusiastic about entering therapy. Sandtray therapy, because of its nonthreatening and engaging qualities, can captivate the involuntary client and draw in the reticent family member. Since play is the natural medium of communication for children, child clients who have been compelled into therapy by an adult are generally amenable to treatment because they are being allowed to express self through the familiar activity of play.

   For the resistant adult or family member, sandtray therapy provides a means of communicating that diverts away from the fear of verbal conflict. With couples, for example, it is not unusual for one partner to be less enthusiastic or even reluctant to participate. Related to this, the level of contribution that each family member makes to the construction of the sand tray scene may be a reflection of the level of his or her investment in the family. In this regard, resistance can be overcome by participation in sandtray therapy, and it can be more fully identified as well.

10. *Sandtray therapy provides a needed and effective communication medium for the client with poor verbal skills.* Beyond the developmental importance of providing children with a nonverbal therapeutic medium, there are clients of all ages who have poor verbal skills, for a variety of reasons. Poor verbal skills include clients who experience developmental language delays or deficits, clients with social or relational difficulties, clients with physiological challenges, and more. This includes clients who use English as a second language. Many bilingual clients prefer to express themselves in counseling in their first language. Sandtray therapy allows for the expression of deep and personal issues in a common, symbolic language.

    Just as the toddler who wants something desperately but cannot communicate this to the parent, so anyone can have a high level of frustration when unable to effectively communicate needs. When the toddler has a tantrum because he cannot communicate his want or need, there is an intense relationship challenge between parent and child. In the same way, many types of relationship challenges emerge in families when family members are not able to verbalize their wants and needs. The sandtray therapy process creates a place where expression of needs and wants is not dependent upon words. The client with poor verbal skills, regardless of its etiology, finds a place of relief in the

sand tray—a place where expression does not depend upon verbal acuity, but on the freedom of the medium.

11. *Conversely, sandtray therapy cuts through verbalization used as a defense.* For the pseudo-mature child who presents as verbally astute yet is developmentally unable to effectively communicate on a cognitive level, sandtray therapy provides a means to communicate through the child's true and natural medium of communication. For the verbally sophisticated adult, who uses intellectualization, rationalization, or storytelling as a defense, sandtray therapy may cut through these defenses. This is an important dynamic to be aware of, since a family system that includes a verbally well-defended member may also include one or more members unable to establish effective communication and relationship. The nonverbal and expressive nature of working in the sand tray identifies this dynamic and provides a way to address it.
12. *Sandtray therapy creates a place for child, adult, couple, family, or group clients to experience control.* One of the primary results of crisis and trauma is a loss of control for those involved. The loss of emotional, psychological, and even physiological control is one of the most distressing results. Both the individual and family in crisis feel the frustration and fear of having lost control. A crucial goal for these clients must be to re-empower them.

    The self-directed process of sandtray therapy creates a place for control to be returned. For the client looking to attain and extend self-control, sandtray therapy establishes the boundaries and allows the freedom for this to occur. For the client attempting to avoid responsibility, the sand tray process places the responsibility for and control of the process on the client. If a goal of therapy is to help clients achieve a greater internal locus of control, sandtray therapy is an effective means toward this end. The selection of a miniature figure to symbolize a trauma or other distressing event can provide the client a way to concretize it, providing emotional and psychological control and power over it.
13. *The challenge of transference may be effectively addressed through sandtray therapy.* The presence of an expressive medium creates an alternative object of transference. Lowenfeld (1979a) proposed that in the creation of worlds in the sand, transference occurred between the client and the tray, rather than between client and therapist. Weinrib (1983) noted that the sand tray often becomes an independent object, so that the client may take away images of the tray rather than an image of the therapist. Regardless of one's theoretical view of transference, however, sandtray therapy provides a means for transference issues to be safely addressed as needed. The tray and miniature figures may become objects of transference, or the means by which transference issues are safely addressed.
14. *Lastly, deeper intrapsychic issues may be accessed more thoroughly and more rapidly through sandtray therapy.* Helping a client to access underlying emotional issues and unconscious conflicts is a challenge for any counselor.

    Although certainly not a comprehensive list, the qualities of sandtray therapy that have been suggested generate an atmosphere where deep and complex intrapsychic issues can be safely approached. Most clients have some level of motivation to change, as reflected by their presence in psychotherapy. Most of these clients likewise are often well defended when confronting challenges to their ego, which has already been injured. Sandtray therapy serves to decrease ego controls and other defenses and foster greater levels of disclosure. This in turn creates an increased capacity to consider interpersonal and intrapersonal alternatives.

Bonnie Badenoch (2008) discussed the broader perspective of sandtray therapy and the brain. Badenoch indicated that use of a sand tray awakens and regulates the right-brain limbic processes, promoting vertical integration in the right brain. New neural pathway "templates" are developed, effectively rewiring dysfunctional painful memories. Badenoch indicates that touching the sand activates the brain. The sensations travel to the prefrontal cortex, which makes sense of tactile input. The counselor and client stay attuned during the building of the tray, according to Badenoch, through right-brain resonance. Additionally, "[w]hen the client recalls painful experiences and is met with empathy and kindness, new synapses carry that information throughout the brain, and blood flow changes course to more soothing paths" (p. 12). Once the tray, or world, is created, verbally discussing the content results in left and right brain integration. Adding words to the story, which occurs in the left brain, to the imagery and feelings of the right brain, strengthens and grows the corpus callosum (the connecting tissue between the left and right brain hemispheres) resulting in greater regulation of the emotional content of the sandtray experience. Badenoch indicates that the use of the miniatures as symbols, even without the use of the sand, but with verbal conversation, also stimulates this bilateral integration, thus developing the regulating experience (p. 227). "Grounded in the body, sandplay unfolds through the limbic region and cortex, and spans both hemispheres as the symbolic unfolds into words" (p. 220).

SOME FINAL THOUGHTS

There are myriads of techniques used and advocated in the mental health profession. Hurting people, however, are not healed through technique. People experience emotional healing when they encounter someone and when they encounter self. It is an inner process, a relational process, and a heart process. King Solomon suggested, "Keep thy heart with all diligence; for out of it are the issues of life" (Proverbs 4:23). Verbal therapies that keep the focus on cognitive issues don't consider the importance of the heart, which bring to us the issues of life. We submit that sandtray therapy is more than just another cross-theoretical treatment modality, because sandtray therapy seeks and maintains this inner core. Spare (1981) wrote: "As with every aspect of clinical practice, meaningful use of sandtray therapy is a function of our own human hearts, and of the ever ongoing interplay between our own centers and the centers, hearts, and needs of those we are privileged to see in psychotherapy" (p. 208).

> Learn your theories as well as you can, but put them aside, when you touch the miracle of the living soul (Jung, 1928, p. 361).