

## **Transformation hidden in the sand; a pluralistic theoretical framework using sand-tray with adult clients**

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**Abstract**

Jungian sandplay predominates the existing literature on sand-tray therapy.

Although there is a small volume of literature on alternative approaches of using sand-tray with adults, most primarily focuses on children and adolescents. The study aimed to establish a sand-tray therapy framework to be utilized by practitioners who are not Jungian trained and intend to use this intervention with adult clients. The grounded theory (Strauss and Corbin, 1990, 1998) multiple case study involved six client-participants receiving six sand-tray therapy sessions. The pluralistic model established incorporates inter-relational and intrapsychic dimensions. Concepts include phenomenological shift and two sand-tray specific mechanisms of phenomenological anchor and phenomenological hook, aiding 'edge of awareness' and unconscious processing. In this study, pluralistic sand-tray therapy was deemed successful based on improved CORE-10 clinical scores and the various participant feedback collected.

**Keywords:** sand-tray therapy; phenomenological process; dialogical; grounded theory; pluralistic; case study; creativity in counselling; adult therapy

## **Introduction**

Welland (2009) described how ‘there is something therapeutic about sand, and indeed it has long played a role in healing ceremonies of widely different cultures’ (p. 31). In sand-tray therapy, this powerful medium facilitates a client to explore their ‘inner-experience, personal history, relationships with others, and relationship with the wider world’ (Fleet, Burton, Reeves & DasGupta, 2016, p. 330). The tactile element combined with the symbolism of objects placed in the sand is significant in the therapeutic process (Badenoch, 2008). Jungian sandplay predominates the existing literature on sand-tray therapy. Literature on other orientations using sand-tray exist but primarily focus on working with children. Therefore, the literature excludes therapists who are not Jungian trained and want to incorporate sand-tray into their practice with adults. This paper, which is part of a broader PhD study (Fleet, 2019) aimed to develop a novel theoretical framework for using sand-tray with adult clients.

## ***Literature Review***

Lowenfeld (1935) is acknowledged as the first therapist to practice and publish her work using sand-tray with children. Her World Technique (1937), based on her argument that there was a need to supplement talking therapy with a visual medium, which could be manipulated by the client, aided their expression. Lowenfeld (1993) stated, ‘the sand-tray gives the child power to express his ideas and feelings’ (p. 4) by creating a ‘picture’ in the sand, rather than trying to communicate something ‘which won’t go into words’ (Lowenfeld, 1994, p. 4).

In 1954 Kalff, a Jungian therapist attended a lecture by Lowenfeld and was motivated to use this symbolic tool with children, naming her approach ‘sandplay’ to distinguish her work from Lowenfeld’s. Jungian sandplay, today is also used with adult

clients, involves interpretation. Turner (2005) described how this involves therapist interpretation of the objects used, including archetypal content, which is a shared understanding of common symbols. In comparison, a person-centered (PCT) approach (Rogers, 1959) to sand-tray, which in the literature primarily focuses on working with children and young people, would avoid making interpretations and stay close to the client's meaning of the objects. PCT places trust in the individual's actualizing tendency (Rogers, 1951), a genetic predisposition for growth and in an ideal environment, the person will fulfil their potential. In PCT sand tray therapy the client can "experience, express, and accept phenomenological awareness" (p. 305).

The rationale for avoiding therapist interpretation for this argument is that objects will have unique meanings for each individual. For example, a dragon may represent danger or fear to one client and safety and protection to another. Therefore, PCT requires "a free and protected space" (Isom, Groves-Radomski & McConaha, 2015) for the client to explore their intra and inter experience. Rogers, Luke and Darkis (2020) argued how sand tray therapy is expressive, creative and kinetic and a credible intervention for older adult clients.

Bradway and McCoard (1997) suggested a further advantage of sand-tray therapy is to facilitate unconscious processing. Eimers (2014) referred to a case study with the client engaged in sandplay whose twin brother was dying of cancer. Eimers stated how the client's 'unconscious was unravelling a very complex problem' (2014, p. 136). This client created three sand trays in which his psyche was trying to self-heal. The three trays with objects representing 'the space between the unconscious and the conscious' (p. 136) reflected his powerful emotions, including the deep love he had for his brother, his worst fears, his courage and his hope for the future.

Dale and Wagner (2003) considered sand-tray displays to be a projection of a client's inner world, as well as a representation of their worldview. Kalff (2003) stated how in sandplay, 'an unconscious problem is played out in the sandbox, just like a drama. The conflict is transferred from the inner world to the outer world and is made visible' (p. 9). Homeyer and Sweeney (2011) suggested that the process of projecting into the sand-tray establishes therapeutic distance for the client, enabling them to stay with and express their pain rather than becoming overwhelmed. They stated that this had the benefit of being able to cut through defences; for a client who engages in intellectualization and rationalization as a defence, the sand-tray process challenges them to connect with their feelings as the tactile process makes it more difficult to stay with their thinking alone (Badenoch, 2008).

An advantage of sand-tray therapy over talking therapy alone is that it allows the client to benefit from touch. Homeyer and Sweeney (2011) suggested that the tactile nature of sand-tray work is particularly useful for anxious clients, as touch is self-soothing, helping them to relax and engage. These authors stated, 'It's almost as if the touching of the sand facilitated the loosening of the tongue' (Homeyer & Sweeney, 2011, p. 32). Parsons (2013) described how clients can 'kinesthetically connect to their inner cognitions' (p. v). Untouched sand may be explained as the client experiencing 'edge of awareness' (Gendlin, 1996), with the client unable to find the 'right' words to describe that specific issue. Gendlin described this concept as an implicit knowingness, not communicated explicitly. However, once the client begins to touch the objects and the sand, a shift may occur, helping exploration.

Badenoch (2008) suggested how sand-tray therapy offers the ability to 'awaken and then regulate right-brain limbic processes' (p. 220), which is effective in working through 'painful, fearful and dissociated experiences' (p. 220). Badenoch argued that an integrative process begins as soon as the client begins to engage with the sand; once they touch, there is an instant connection between body, emotion, and thinking. As brain processes are activated, the client establishes a rich relationship with the sand, recalling painful experiences and when 'met with empathy and kindness communicated by the therapist, new synapses carry that information throughout the brain, and blood flow changes course to more soothing paths' (Badenoch, 2008, p. 12).

A further advantage of sand-tray therapy is it can help access 'deeper intrapsychic issue more thoroughly and more rapidly' (Homeyer & Sweeney, 2011, p. 372) than talking therapy alone. Reber (1985) defined intrapsychic as 'anything assumed to arise or take place within the mind...intrapsychic conflicts refer to conflicts between beliefs, needs or desires' (P. 372). Hermans and Dimaggio (2004) generated a theory known as the dialogical self in psychotherapy. They described 'the self as a multiplicity of parts (voices, characters, positions)' (Hermans & Dimaggio, 2004, p. 13), which can engage in dialogue, existing within the intrapsychic experience of the individual. Hermans (2004) suggested the Internal domain comprised of I-positions, such as 'I as mother' or 'I as dancer', and the External extended self, made up of I-positions, such as 'my mother' 'my husband' or 'my enemy'. In the External I-position, other people' function in the self as another I' (Hermans, 2004, p. 20). Using the sand-tray, with objects representing different I-positions, can facilitate the dialogue and help explore and resolve inner conflict (Cooper, 2004).

The current research aimed to develop an additional theoretical framework using sand-tray, enabling therapists, other than those Jungian trained, to integrate this intervention with adult clients. Grounded theory (Strauss & Corbin, 1990) was adopted as the primary method to analyse the data. Three core research questions that needed investigating to meet the aim of the study were:

- How does the sand-tray function as a therapeutic aid?
- What is the therapeutic process of each participant, engaged in sand-tray therapy?
- What are the adult participants' experiences of sand-tray therapy?

With these three questions in mind, the research objectives were to:

1. Understand the participants' experience of sand-tray therapy.
2. Analyse the data collected to identify theoretical concepts by utilizing grounded theory (Strauss & Corbin, 1990).
3. Construct an overall theoretical framework of sand-tray therapy with adults, providing implications for practice.

## **Methods**

### ***Materials***

Sand-tray, range of symbolic objects, digital recorder.

### ***Underpinning philosophy***

The epistemological stance for the present study is constructivist-interpretivist (Schwandt, 1994). This stance views knowledge as 'a compilation of human-made constructions' (Raskin, 2002, p. 4). Schwandt (2000) argued that this is a hermeneutical approach where meaning is hidden and deep reflection is needed to enable the truth to

emerge. This deep reflection is conducive to the researcher-participant dialogue in qualitative research. The quest of the present study was to make sense of the participant's experience of sand-tray therapy. Schwandt (1994) stated that the constructivist-interpretivist stance is to understand 'the complex world of lived experience from the point of view of those who live it' (p. 221). Thus, this epistemological stance is based on relativist ontology, suggesting the truth is subjective.

### ***Multiple case study***

To establish a theoretically viable framework of sand-tray therapy, it was necessary to complete a qualitative multiple case study of participants receiving sand-tray therapy that was conducive to the research's underpinning philosophy. This method enabled the collection of the participants' perceptions of their unique experiences of sand-tray therapy. Adopting a qualitative approach enabled the first researcher, who delivered the therapy, to be open to each participant's individual therapy experience.

For this research, it was always the intention to engage in a multiple case study. The rationale for this was that other researchers' views (Herriott & Firestone, 1983; Yin, 2009) argued that the findings from multiple case studies are far more powerful and robust than for single-case designs (Chapter 3, 3.5). Yin (2009) suggested that although each case is a whole study in itself, the analytic conclusions arrived at independently from the different cases enhance the internal validity of the research.

### ***Dual role of counsellor-researcher***

The rationale for taking the dual role of counsellor-researcher was to investigate 'phenomenon in depth and within its real-life context' (Yin, 2009, p.18).

Also, this stance facilitated a closer connection to the voice of the participants experiencing the therapy, rather than interviewing therapists and analysing their interpretations of their clients' experience. A 'role-fluency' approach managed the challenges of adopting the dual role, first suggested by Gabriel and Casemore (2009). In the initial meeting with each participant, 'obligations of both roles were kept in mind – the ethics related to the therapy sessions and the research process' (Fleet, Burton, Reeves & DasGupta, 2016, p. 331). Informed consent for both the research and the sand-tray therapy was discussed and agreed with the participants. This involved them signing a therapeutic contract and a research contract. The dual role discussed with each prospective participant made them aware of the process before taking part. During the mid-stage, the first researcher predominantly took the therapist's role but held in mind that this could shift to the role of researcher if the participant decided to withdraw or wanted to change or exclude any of their material.

Finally, during the end stage of the study, the researcher's role was predominant, involving transcribing, analysis, and write up. Transcripts were only analyzed once each participant had completed their six sessions of sand-tray therapy.

### ***Introducing the participants***

Once the University Ethics Panel granted ethical approval, participants recruited via advertising: invited people seeking therapy who would consider working creatively and be part of the research. When a prospective participant communicated an interest in

the research after reading the information sheet, a mutually convenient time was arranged for the initial appointment. Six participants were involved in the study, including five females and one male. Shirley, Anne, John, Jackie, Ruth, and Grace, given pseudonyms to protect their anonymity, presented various problems/issues (Table 1].

→ *Insert Table 1*

(Adapted from Fleet, 2019)

***Grounded theory***

The study adapted Strauss and Corbin's (1990) grounded theory intending to establish a theoretical framework. Strauss and Corbin (1990) stated, 'Theoretical saturation is of great importance. Unless you strive for saturation, your theory will be conceptionally inadequate' (p. 188); therefore, sampling continues until no new concepts emerge. Theoretical saturation, claimed in the present study, occurred after six participants had six therapy sessions, giving thirty-six hours of rich data to analyse.

The grounded theory process aimed to identify concepts that were grounded in the data, moving from data to theory (Cresswell & Cresswell, 2018) by engaging in the microanalysis of the transcripts and memo writing. Strauss and Corbin (1990) stated how their method uses a 'systematic set of procedures to develop an inductively derived grounded theory, about a phenomenon' (p. 24). This method was conducive to understanding and exploring the complex phenomenon of each participant's sand-tray therapy process.

***Analysis process***

The analysis involved establishing categories in the open coding stage related to the issues explored by each participant in the sand-tray therapy. Also, each category

was analyzed using axial, selective coding and coding procedures (coding paradigm; dimensional range). Strauss and Corbin (1998) suggested the dimensional range concerned exploring the ‘varied conditions along which the properties vary’ (p.73). In the present study, the dimensional range helped map any change to the category analyzed over the six sessions of sand-tray therapy. However, the coding paradigm provides a general frame for analyzing relationships between categories and theoretical concepts, essential to building density and precision into the theory (Strauss & Corbin, 1990). In the present study, the coding paradigm included session number, significant object/s, symbolization of the object/s and transcript excerpt encapsulating the meaning of the category in that specific context. Both these coding procedures applied iteratively (Strauss & Corbin, 1990) involved the continuous moving back and forth between the data sets. This systematic analysis helped confirm or dispute the identified concepts as viable and whether they could be incorporated into the final theoretical framework.

Another prominent feature of grounded theory is memo writing, which facilitates theory development (Strauss & Corbin, 1990). The reciprocity of analysis, memo writing, and data collection identified the theoretical concepts. Strauss and Corbin (1990) describe how memo writing in grounded theory facilitates theory development. Various forms of memos were written based on epistemology, theory, method, research supervision, clinical supervision, and personal reflexivity.

### ***Reflexivity***

Birks and Mills (2011) argued that reflexivity is ‘an active process of systematically developing insight into your work as a research to guide your future

actions' (p. 52). However, Glaser (2001) rejected reflexivity as a requirement of grounded theory, arguing that it could lead to 'reflexivity paralysis' (p. 47). Strauss (1987) and Charmaz (2006) suggested constructive grounded theorists need to consider reflexivity when designing their study. In the present study, personal memos and a journal helped avoid bias when there was a risk of prejudgements and assumptions. The reflexive memo writing began in the planning stage and continued throughout the research process, which facilitated the critical reflection on any interpretations made. This process made it more likely to stay closer to the participant's frame of reference and bracket existing assumptions more effectively. Research supervision and clinical supervision were also an ethical requirement and necessary for researcher reflexivity.

### ***Assessment and feedback***

Assessment and feedback were considered two crucial aspects of data collection. All participants completed a pre and post CORE-10 assessment questionnaire (Twigg & McInnes, 2010). Although CORE-10 is a measure used routinely in counselling (Barkham et al., 2013), qualitative feedback was also collected. This involved end of session and end of therapy qualitative feedback, enabling participants to express how they experienced the sand-tray therapy.

### **Results**

The theoretical framework (Figure 1) is holistic in that it aims to understand the participants' intra-psychoic and inter-relational experience as they engaged with sand-tray therapy. Establishing categories for each participant (Figure 2) were related to the issues explored in sand-tray therapy. An example of a category identified when analysing Shirley's transcripts was 'state of anxiety'. The various coding structures and

coding procedures (Strauss & Corbin, 1990) were then applied to each category whilst simultaneously writing theoretical memos.

***Insert Figure 1***

(Fleet, 2019, p. 144)

***Insert Figure 2***

(Adapted from Fleet, 2019)

**The Pluralistic Theoretical Framework**

***Foundation of the Theoretical Framework***

*Sand-tray as a metaphorical experiential theatre*

When investigating the first research question, ‘how does the sand-tray function as a therapeutic aid?’ it was established that the sand-tray was not simply a therapeutic aid but was more integral to the therapeutic process. As the analysis and theoretical memo writing progressed, the sand-tray was best understood by referring to a theatre metaphor. The sand-tray serves as a stage where clients could present their intra-psychic, inter-relational and cultural/spiritual issues. The objects represented their different voices within, their cognitions, emotions, and significant others concerning the issues being explored. It was the participant who was ‘The Director’ of the ‘play’. It was they who selected the object/s to represent their experience and who set the agenda; the ‘act’ in the ‘play’. The researcher had a fluent role; sometimes as the empathic active listener and at other times being ‘The Co-director’ by making suggestions, offering challenges and asking exploratory questions.

*Pluralistic component*

Early on in the grounded theory process, it became evident that the sand-tray

therapeutic approach was pluralistic (Cooper & McLeod, 2007) and based on humanistic principles (Rogers, 1951). The aim of delivering the sand-tray therapy was to meet the participant's needs by drawing on other methods, offering the core conditions (Rogers, 1959), and establishing a safe, trusting relationship. Merry (1999) discussed how three of Rogers' necessary and sufficient conditions (Rogers, 1957) of unconditional positive regard, empathy, and congruency became recognised as the core conditions (Merry, 1999). Methods from various orientations were incorporated depending on the participant's goals, methods, and tasks agreed upon in the initial appointment. This agreement involved creative collaboration with the participants by engaging them in purposeful dialogical conversations (McLeod, 2018). Furthermore, purposeful dialogue occurred with the participants throughout the therapy.

The second research question was, 'What are the adult participants' experiences of sand-tray therapy?' This question addressed via assessment and feedback allowed participants to share their views on how effective the therapy was and produced clinical outcome measures. Both processes were critical to ascertain how helpful the therapy was for the participants. The pre and post clinical outcome measures (CORE-10, Twigg & McInnes, 2010) were used as a quantitative assessment to investigate reliability for measuring psychological distress. Barkham et al. (2013) argued that the CORE-10 was a feasible instrument giving an overall clinical score for clients in therapy. All participants showed improvement in their clinical scores (Table 1), corresponding to a decrease in their distress levels by the end of therapy.

A third resource that emerged during analysis indicated how beneficial the sand-tray therapy involved the final sand display. For each participant, this was in stark contrast to earlier displays, indicating client progression. In all cases, each participant

had placed a significant object into the sand that represented their progress. Shirley initially presented with anxiety, stating:

*“Being in fear all the time is tiring...I’m boxed in; sometimes I can’t breathe.”*

She represented how her anxiety made her feel trapped by placing a closed wooden box into the sand. However, as she engaged in the sand-tray therapy, there was progression, and at the end of therapy, she used the same box but, this time, opened the lid. This symbolized a change, and she communicated:

*“There is some kind of progress...I’m starting to find new ways to cope with it...not panicking...slowly getting there”.*

In her first session, Anne described how she had a severe accident resulting in a compound fracture to her femur, causing her severe distress. She was in physical pain and psychological and emotional distress, expressing her fear of never being able to walk again and losing her ability to dance. She symbolized this by placing an object of an elderly female in a wheelchair into the sand and began to express her overwhelming emotions. However, by the final session, she replaced this object with an object of a key:

*“The wheelchair got less and less important...lesser and lesser until we come to this now...this key...it spurred me to find something else...I know I’m able to do things but with some limitations”.*

### ***The dynamic phenomenological Field***

To investigate the final research question of 'What is the therapeutic process of each participant engaged in sand-tray therapy?' analysis of the data and memo writing resulted in theoretical concepts identified, contributing to the theoretical framework.

The concepts existed within the dynamic phenomenological field: defined as the

individual's subjective perceptual field; not static but a dynamic 'space' where the individual strives to understand, perceiving their inner world and external events in their unique way. The field comprises various components, including phenomenological shift: flux: distortion/denial that occurred within the participants' dialogical intrapsychic experience. Two sand-tray specific mechanisms of phenomenological anchor and phenomenological hook also identified, both serving to facilitate the therapeutic process.

### *Phenomenological Anchor*

The phenomenological anchor relates to a significant object acting as a point of reference, positioning the beginning of the participant's exploration in the 'here and now'. This physical reminder freed the participants to engage in creative discovery resulting in insight regarding the issue explored. Sometimes, a client who is engaged in exploration can lose track of where they began, and integration of any insight gained can be difficult, but the phenomenological anchor helped free the person up to explore without remembering the starting point.

In his first session, John placed an object of an owl with large blue eyes into the centre of the sand-tray to symbolise his ex-fiancée who had left him, ending the relationship without giving him any indication:

*“This resembles X, with her for two years...never got the opportunity to say goodbye”.*

John communicated how he felt numb and could not express his feelings. However, the owl, acting as a phenomenological anchor, facilitated him to engage in creative discovery. He went on to explore the love he had lost, the love he still had (with his pet dog) and his perceived change to his self-concept. In the final session, he expressed his deep sadness, finding the ‘right’ words:

*“It was as good as a death to me”* (pushed the owl into the sand positioned in the bottom left-hand corner) *“I’ve now got closure...and a new girl”*.

The phenomenological anchor (owl) helped John break new ground in understanding his loss and served as a bridge of return where he integrated his powerful feelings of loss with his new positive outlook.

### *Phenomenological Hook*

The phenomenological hook identified as the object placed in the sand acting as a hook helps unconscious material to emerge into that person's awareness. Jackie's presenting issue was that she was experiencing anxiety due to her forming a relationship with a married man who had recently left his wife, and Jackie was anxious that he might leave her and go back to his family. In session four, Jackie explored two aspects of self; 'My outer-me', which she represented with an ornate decorative egg and 'My inner-me' symbolised with a turtle's egg-shaped object peeking out of its shell. Her outer-me was how she presented to the outside world, confident and in control, in contrast to her inner-me, described as hiding, trying to stay safe. She placed the turtle egg (inner-me) in the corner of the sand tray for two sessions and focused on the centrally placed objects. A challenge made in the next session aimed to help her work with her avoidance by suggesting:

*"I'm wondering how it would be to place that turtle egg into the centre today".*

Jackie tentatively took the challenge by placing the turtle egg into the centre, face down, so the turtle was not visible. The position of the object with the turtles face hidden was reflected:

*"Your inner-me is hidden".* Jackie responded, *"Oh, okay, I will put you up".*

She then placed the ornate egg next to the turtle egg and positioned a shark object in between, and the following discourse took place:

- Jackie: *“It’s a shark...I’m not sure why I have chosen that!”*
- Researcher: *“Okay...so if you were describing a shark to someone who had never seen or heard of one before what would you say?”*
- Jackie: *“Oh...it’s mean...vicious...and it attacks...scary.”*

The Socratic question (Padesky, 1993) and the phenomenological hook (shark object) helped to bring her fear to conscious awareness for processing. She adopted the observer-experiencer position and began to explore her fear. She ended this session by stating:

*“I’m trying to stay safe, but I’m not. I will need to find the strength to face this.”*

By the end of therapy, the lizard-egg had gone. She placed the ornate egg into the centre:

*“This is me.”*

This statement indicated that some integration had taken place; these two somewhat opposing aspects combined into one.

### *Phenomenological shift*

The concept of phenomenological shift comprises various dimensions (intra, inter and intera-phenomenological shift) of the participants’ intra-psychic experience.

#### *- Intra-phenomenological shift*

Intra-phenomenological shift defined as a shift in the participant’s inner-world perceptions (self-mode) of I think, I feel, I believe, I am, involves change regarding the issue explored. John experienced a phenomenological shift concerning an aspect of self he described as his ‘Cheeky-Chappy’. He symbolized this with the object of a comical

red devil, communicating how much he liked his Cheeky-Chappy. He explored how he was losing his confidence stating:

*“The Cheeky-Chappy is taking a back seat.”*

As he engaged in the sand-tray therapy, expressing his thoughts and feelings concerning his loss, he began to regain his confidence and this prized aspect of self:

*“The Cheeky-Chappy is coming back most definitely.”*

*- Inter-phenomenological shift*

Inter-phenomenological shift defined as a shift in the participant’s inner-world perceptions (self-others mode) of I think, I feel, I believe is bound up in relation to others. Anne explored her lack of openness when talking to family and friends about the impact her severe accident was having on her:

*“I needed to try and say it how it is...and can’t do that with my family and friends. I wouldn’t want to worry them.”*

She symbolised her incongruent communication by placing an object of Pinocchio into the sand:

*“Pinocchio...because I lie to them...pretend...I tell them lies...say I’m fine when I’m not!”*

She began to explore her lack of openness as she progressed through therapy and realised that she did not want her family to see her as a victim. Her avoidance of being transparent, communicating how much physical and psychological pain she was in resulted in her feeling alone and not getting the support she needed. Near to the end of therapy, she was able to be open and in session six said:

*“Now I say...I’m not well you know...it’s good to know I can be honest now.”*

Anne had experienced an inter-phenomenological shift resulting in her being more congruent in her communication with others about the impact of her accident.

*- Intera-phenomenological shift*

The concept of intera-phenomenological shift is defined as a shift in the interaction between the intra (self-mode) and the inter (self-others) mode, moving between these two phenomenological positions and where there is some progress for the participant regarding the issue explored.

Ruth worked with the sand-tray, which provided a safe and contained mechanism to express her overwhelming feelings of anger concerning her childhood abuse. She used the objects to express her intense feelings from an intra and inter-phenomenological position, from past and present experience, moving back and forth in both processes.

Her communication demonstrating intera-phenomenological shift included:

*“I used to get angry all the time...felt ignored...but now I don't. She (ageing mother) is like a little frail old lady...she can't say anything now...brings tears to my eyes...if I touch her, she recoils from me...but it doesn't matter now.”*

In session five, Ruth demonstrated acceptance of not being able to change what had happened to her, deciding to let go of her past. There was also a shift in how she perceived her mother, from a threatening figure to a more vulnerable person who could not hurt her any longer. She demonstrated how she protected herself and placed an object of a Knight carrying a shield:

*“That's my shield...I don't like being miserable in my life...I make a joke out of most things”. “It's all in the past now...they can't hurt me now...I have lifted a big weight off my shoulders.”*

*Phenomenological flux*

Every participant in the study focused on more than one issue at various times during the six sessions of sand-tray therapy. Although all participants experienced a

phenomenological shift regarding their significant issue, three participants also experienced phenomenological flux. This concept defined as the issue remaining unresolved by the end of therapy due to external forces beyond their control. This 'stuckness' results in the person experiencing inner conflict concerning a particular issue.

For Jackie, her inner conflict involved her moving between fear of her partner leaving her and going back to his wife, to her reassuring herself this will not happen as their relationship was too good for him to end it. She began to express conflicting thoughts and feelings throughout therapy, and although she experienced relief by unpacking her fear, she had not been able to resolve her inner conflict by the end. She experienced phenomenological flux and helplessness as other external forces were beyond her control: the threat of her partner's estranged wife and family enticing him back, resulting in Jackie being left alone.

#### *Phenomenological distortion/denial*

Phenomenological distortion defined as semi-conscious material, with the person having some awareness of an experience, but is distorted and only partially symbolized.

Grace explored the issue of her husband's heavy drinking (alcohol consumption) being a threat to their relationship. Initially, Grace began to talk about her and her husband's psychological/emotional distance due to his drinking and symbolized this by placing male and female objects into the centre of the sand tray with a gap between them.

However, she tended to minimize her feelings:

*"I do obsess about things...I need to try and focus on other things."*

In session four, Grace placed a spider in between the male and female objects:

Grace: *“I tried to speak to him about it, and he seemed to take it on board”. “But it’s always there at the back of my mind...so this is like this thing...probably...the spider...this horrible thing always there.”*

Researcher: *“So...this horrible thing which is hidden almost...but you know it is there.”*

Grace: *‘Yeah...yeah.’*

Researcher: *“And...I’ve just noticed you have placed the spider upside down.”*

Grace: *“Oh yeah...maybe...mmm...like trying to hide almost.”*

Researcher: *”Hide?”*

Grace: *“Yeah, like don’t want to confront it...yeah a big spider!”*

*(Pause)*

Researcher: *“So when you think of a spider...on its back...”*

Grace: *“It’s probably DEAD!”*

Researcher *“Dead?”*

Grace: *“Suppose...like the relationship...DEAD!”*

Throughout this process, Grace had become conscious of the full threat to her relationship; her perception initially was that there was a possibility that her relationship may end, but in this session, she perceived the threat as a probability. She moved the male and female object (with one raised hand) further apart:

*“Look, its hand is up like I’m saying goodbye to him.”*

The spider object acting as a phenomenological anchor and therapist interventions had enabled Grace to accept the full threat to her relationship ending, helping to work beyond her phenomenological distortion.

Phenomenological denial occurs when an overwhelming experience is not in the person's awareness and not symbolised but denied. The significant object acting as a phenomenological hook facilitates that material to emerge from the unconscious for processing. In session two, Ruth placed three objects of tiny babies into the sand:

*“ I don't know why I chose them...don't know why I'm looking at these.”*

She sat in silence for a few moments then said:

*“Oh...if anybody has a baby, I'm going to die...oh, I don't want to be a Nana!”*

Ruth went on to explore this possibility, using powerful terms like:

*“I'd hate it”, “I'd be trapped”, “I'd be stuck with their kids”, “I'd feel old.”*

Ruth then communicated how she felt free and described herself as:

*“I'm a bit of a gypsy really and I definitely can't give that up now.”*

As a child, Ruth had shouldered the responsibility of caring for her siblings even though she was only a child herself and giving up her freedom as an adult was unbearable to contemplate. Now in awareness, Ruth was helped to explore her feelings of guilt, yet her desire for freedom was more potent than her being a grandmother who would be responsible for any grandchildren. The tiny baby objects used had acted as phenomenological hooks bringing this material into conscious awareness for processing and helped her to work through her phenomenological denial.

### *Pre-phenomenological Process*

The pre-phenomenological process describes the participant 'setting the scene' using descriptive communication relating to an issue's context. This process is a precursor for some participants prior to engaging in the exploration of their phenomenological experience. This essential step for some participants regarding a specific issue enabled them to engage in more profound discovery.

Returning to the case study data and investigating what lay outside of the participants' intra-psychic process identified this concept. For example, Shirley began talking about her experience of entering a school in Europe after she left Africa as a child, and there was a need to set the context before she moved into exploring her phenomenological experience.

*Additional aspects of the sand-tray therapy, significant to the therapeutic process*

There were other significant aspects of the sand-tray therapy that impacted the participants' therapeutic process. All participants touched the sand and objects at different times, sometimes making valleys and hills, and manipulating the sand as they spoke. Also, they moved objects around the sand tray and changed the position to emphasize the point they were making. Some participants buried objects at times, and the meaning was unique to the person, and the issue explored. Jackie moved the object representing her partner up and down a rail-track piece, emphasizing his behaviour, leading towards her feeling threatened in their relationship.

The spatial arrangement was also a significant feature, which represented an issue being explored, with the centre of the sand-tray and the corners being sometimes significant in their process. At times, all participants placed significant objects in the centre prior to exploring their meaning. The use of the sand tray centre was evident in the final displays, with all participants placing the object/s representing their progression in the centre. Objects placed in a corner symbolized people or issues which were either unwanted, threatening, less prized or when there was an element of

distortion/denial. This action was a signal to the researcher to further explore this issue by using challenge, asking Socratic questions, and making suggestions.

## **Discussion**

The sand-tray, viewed as a metaphorical experiential theatre, enabled the participant to take the role of Director by using the objects as symbols to represent their experience related to the issues explored. Verhofstadt-Deneve, Dillen, Helskens and Siongers (2004) also use this metaphor in psychodrama in their Social Atom Method when working with children who have experienced trauma. In this work, the child works with two therapists: the first-named the Director, who asks the child questions, facilitating the child to express their emotion; the second takes notes as the session progresses. The therapists in this approach take a directive role encouraging the child termed the Protagonist to use puppets to act out their traumatic experience.

In the present study, the participant adopted the Director's role by selecting the objects, positioning them in the sand, and deciding on the issue for exploration. The researcher took a flexible role, sometimes being the empathic listener, then moving to the Co-director's role by asking Socratic Questions (Padesky, 1993), challenging and making suggestions. The rationale for the interventions as Co-director is that sometimes the therapist can 'see' something that the client cannot. Farber and Doolen (2011) suggested that offering suggestions and strong challenges could help clients overcome their defences.

This research offers the unique contribution of phenomenological shift, describing progression for participants; the type of shift is related to the issue explored and the relevant intra-psychic position activated. Hermans and Dimaggio (2004) also

explore the internal and external I-positions accounting for the client's different intrapsychic experiences; however, the present study identified the interaction between the two positions (intra- phenomenological and inter-phenomenological states) where a shift can occur.

The findings also offer two sand-tray specific mechanisms that facilitate phenomenological shift: phenomenological anchor and phenomenological hook. Along with therapist interventions, these mechanisms indicated a combined advantage that facilitated both 'edge of awareness' (Gendlin, 1984) discovery and unconscious processing (Jung, 1969). Gendlin (1996) also makes the distinction between 'edge of awareness' and unconscious processing. He suggested how in 'edge of awareness' the person has a 'non-verbal felt sense (1996, p. 18) described as 'the implicit originating at the border zone' (Gendlin, 1996, p. 17, 18) between conscious awareness and the unconscious. He also described how material could emerge from the unconscious originating at such a depth where we cannot sense its source.

The study acknowledges the reality in therapy when some issues seem beyond the client's control, making change difficult at that time due to external influences seeming to block progression. This unique concept was named phenomenological flux, which some participants experienced concerning issues where there was no resolution by the end of therapy. Instead, the participants experienced inner-conflict related to the specific issue, communicating they wanted change but perceived this was beyond their control and reliant on others' actions. Although there was some relief resulting from unpacking the issue, there remained a sense of powerlessness due to external influences, blocking progression.

At other times, a participant's feelings were so overwhelming that the related issue was not or only partially symbolised. Phenomenological distortion/denial concerned a lack of conscious awareness of an issue until the sand-tray therapy facilitated a fuller awareness of it. Homeyer and Sweeney (2011) argued how 'sand-tray therapy might cut through these defences' (p. 11). Phenomenological distortion occurred when an experience was partially symbolised, and the phenomenological anchor, along with the significant object, redressed the distortion, bringing clarity concerning the specific issue.

Phenomenological denial occurred when the experience was not symbolised, which was redressed via the phenomenological hook, bringing unconscious material into conscious awareness. In both processes, Socratic questions (Padesky, 1993), suggestions, and challenges made by the researcher are significant in bringing change.

In addition to the concepts of the theoretical framework, there were also additional elements built into the sand-tray therapy that facilitated the therapeutic process. The research identified how touch aided the therapeutic process. For example, John consistently manipulated the sand. He would smooth it, pinch the grains between his fingers, and bury the objects before digging them up at different times.

Turner (2005) described how touch and manipulation of the sand express the client's autonomy. Whilst, Homeyer and Sweeney (2011) suggested the tactile nature reduces tension in anxious clients. Badenoch (2008) wrote from a neurobiological position and suggested how sand-tray therapy stimulates regulation of the right-brain limbic processes, helping to process painful and dissociated experience.

Badenoch argued that touching the sand begins a process of integration, as there is an instant connection between body, emotion, and thought. Other actions associated with

touch and significant to the participants' process were moving and removing objects, burying objects and the spatial arrangement.

This research study argues that adopting a pluralistic approach to sand-tray therapy has advantages that single modalities, arguing that there is a 'right way' to deliver this intervention, do not. Cooper and McLeod (2011) described how the pluralistic perspective views people as 'meaning-seeking purposeful beings' (p. 19), and by working creatively in collaboration with the therapist, goals and ways of working can be identified. There is a need to draw on the strengths of other therapeutic approaches and incorporate methods and strategies to meet the individual client's goals and expectations for therapy. This process, established by facilitating purposeful dialogue (McLeod, 2018), serves to develop shared decision-making and build the participants' autonomy.

### **Limitations**

The gender and diversity of participants were restricted in the study. There were one male and five female participants. Although John actively engaged in sand-tray therapy, expressing his thoughts and feelings, not all males in the population may have engaged so readily. Similarly, in terms of diversity, there was only one Black-African participant and five White-British participants. Therefore, a broader range in terms of ethnicity may have given variation to the findings.

There is ongoing debate concerning the ethics and the efficacy of the dual role, with the researcher delivering the therapy. Although some will see this as a limitation, this has not been experienced in the present study, and a paper on the methodology has

been published (Fleet, Burton, Reeves & DasGupta, 2016), providing an additional argument to the debate.

### **Implications for practice**

This research has relevance for the counselling profession, including therapists, counsellor educators, and counsellors in training who want to expand their practice and incorporate pluralistic sand-tray therapy. The pluralistic framework is creative, collaborative, and draws on the client's strengths and the therapist's knowledge and experience. In the initial appointment, the tasks and methods for therapy agreed upon during purposeful discussion, tailored to meet the individual's goals and expectations for therapy, help the client engage in the therapeutic process.

The therapist will need to incorporate a clinical assessment (pre and post scores) and client feedback and draw on other orientations when making suggestions to the client of how to work together, such as offering a CBT type of relaxation strategy to anxious clients. The objects' symbolism, spatial arrangement, and tactile process all contribute to a phenomenological shift, change in the client's behaviour and personal relationships, and ease their psychological and emotional distress.

The therapist will respond to additional cues such as the client touching the sand and burying or moving the objects. They will also need to adopt a flexible attitude of sometimes being the empathic listener and at other times being active by asking purposeful questions, challenging and making suggestions.

The non-verbal element of pluralistic sand-tray therapy might also be attractive

to those who find emotional expression difficult. The added processes of symbolism and touch help clients to access and express feelings. In addition, this type of therapy might have implications for more diverse communities with less emphasis on intra-personal only processing, facilitating and acknowledging a broader range of emotional expression. Finally, the pluralistic framework of sand-tray therapy furthers the development of the pluralistic movement by introducing new theoretical concepts for further research and testing.

## **Conclusions**

This study has established a pluralistic framework of sand-tray therapy as an intervention used with adult clients, offering challenges to the Jungian perspective's predominance and contesting the view of some that it is an intervention primarily suitable for working with children. The framework incorporates a process of change for the client, including phenomenological shift, facilitated by two sand-tray specific mechanisms (phenomenological anchor and phenomenological hook), aiding 'edge of awareness' and unconscious processing. Concerning improvement in CORE-10 clinical scores and the various forms of participant feedback collected, it is asserted that pluralistic sand-tray therapy was successful. Moreover, the established framework offers a new addition to the literature on the developing pluralistic approach.

## **Acknowledgments**

The first author would like to thank all the participants involved in the study and gave their consent to share the sand-tray images, excerpts from their sand-tray therapy sessions, and valuable feedback.

## “Disclosure Statement”

*“The authors report no conflict of interest”*

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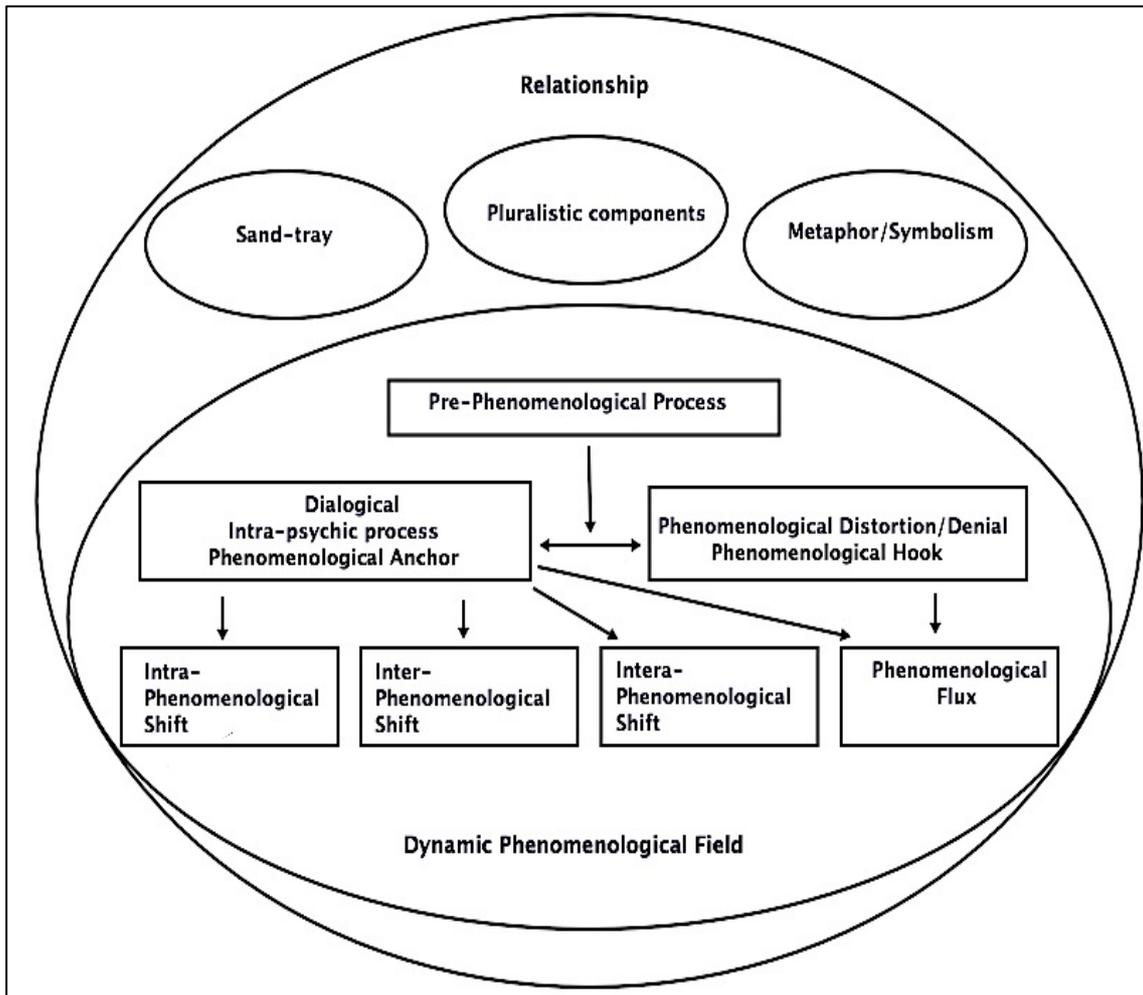
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**Table 1: Participants Presenting issues/Pre and Post CORE-10 Scores**


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<u>Participant</u>	<u>Presenting issue</u>	<u>Pre-score</u>	<u>Post-score</u>
Shirley	Anxiety	17	8
Anne	Distress/severe leg accident	24	6
John	Loss/End of relationship	8	3
Jackie	Relationship issue/anxiety	6	2
Ruth	Relationship issue/historical abuse	10	2
Grace	Anxiety/Partner's alcohol misuse	18	8

**Figure 1: The Theoretical Framework**



**Figure 2: Categories relating to participants' issues**

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<b><u>Client-participant</u></b>	<b><u>Category</u></b>
Shirley	State of Anxiety
"	Feeling Judged
"	Fitting-in and feeling different (weird)
"	Locus of control
"	Location of the key to happiness
"	Individual voice VS collective voice
"	Choosing a future husband
Anne	A question of recovery
"	Incongruency-congruency in communication with others
"	Grief related to losses
"	Inner conflict; satisfying own wants then regret
"	Being dependent on others
John	Loss; fiancée leaving
"	Loss & recovery of Configuration of Self
"	Vicarious loss for pet dog
"	Impact of no contact
"	Inter-family conflict
Jackie	Opposing configurations of self
"	Compliance to partner's demands
"	Inner-conflict; will he go or will he stay?
Ruth	Impact of child abuse
"	Wanting/not wanting a relationship with a man
"	Threat to freedom
Grace	Perfectionism
"	Husband's heavy drinking, the threat to her relationship
"	Do I end the relationship?
"	Communication style with husband