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Future of Sandplay: Responses from the Sandplay Community

*Harriet S. Friedman
Rie Rogers Mitchell*

Harriet S. Friedman is a founding member of Sandplay Therapists of America and a member of the International Society for Sandplay Therapy. She is a Jungian analyst in Los Angeles.

Rie Rogers Mitchell is a Professor of Educational Psychology and Counseling at California State University, Northridge, and is a member of Sandplay Therapists of America and the International Society for Sandplay Therapy. She is a psychologist in Calabasas, California.

THIS ARTICLE REPORTS THE RESPONSES TO a questionnaire on the future of sandplay distributed at a conference sponsored by Sandplay Therapists of America (STA) on "Sand, Psyche, and Symbol," in San Rafael, California, May 15-17, 1992. The responses clearly reflect the diversity of voices within the sandplay community.

Forty-six questionnaires (18%) were completed of approximately 250 distributed. Most of these were completed and returned at the conference; ten of the questionnaires were mailed to the researchers after the conference. We owe a debt of gratitude to all the participants who thoughtfully responded and openly expressed their thoughts and feelings about the future of sandplay.

PROFILE OF RESPONDENTS

Respondents were asked to describe their professional background and experience with

sandplay. With four exceptions (one individual with 26 years of experience and three with no experience), all respondents reported between six months and 16 years of experience with sandplay. The average number of years of experience was 7.4, with the largest number of respondents (7) stating that they had 15 years of experience.

Seventeen respondents reported that they had "moderate knowledge" of sandplay, 11 stated that they had "much knowledge," and six described themselves as "very knowledgeable." Twelve said they had "some" (11) or "little" (1) knowledge of this technique.

Most of the respondents held advanced degrees and were licensed in their respective states. Twenty-six had master's degrees, 12 held doctorates, three were medical doctors, two were students, and three did not indicate professional degrees. Three types of licenses were commonly held: marriage, family, and child counselor (12), licensed clinical social worker (12), and licensed psychologist (10). Other licenses or credentials mentioned were registered nurse, registered art therapist, credentialed school counselor, and medical doctor.

Professional titles included: child and family specialist, art psychotherapist, child psychiatrist, Jungian analyst, behavioral pediatrician, professor, intern. Other titles were: psychologist, psychotherapist, social worker, school counselor, and marriage, family, and child counselor.

Respondents lived in 12 different states within the United States and three additional countries (Germany, Israel, and Italy). Representatives from other countries were present at the conference but did not complete the questionnaire. Eighty-five percent (39) of the respondents were females, while 15% (7) were males.

QUESTIONNAIRE RESULTS

The questionnaire focused on two areas of inquiry: (1) What do you think the future of sandplay will be? and (2) What is your most cherished fantasy about how sandplay might evolve and be used in the 21st century? Many respondents also took this opportunity to express their present concerns about sandplay and their feelings regarding the sandplay organization. We have attempted to include these spontaneous remarks as well as those concerning the future of sandplay.

The responses were organized into several different categories: Suggestions for Training, Concerns about the International Society for Sandplay Therapy (ISST) and Sandplay Therapists of America (STA), Research Issues, Men's Participation in Sandplay, Types of Clients and Future Settings, and Fantasies about the Future.

SUGGESTIONS FOR TRAINING

With regard to training, the overall feeling was that a high quality of training must be maintained in order for sandplay to progress. It was felt that this training must continue to have a strong clinical base that includes an understanding of symbols, transference/countertransference, and Jungian theory, with more Jungian analysts involved in the training process. One respondent suggested that:

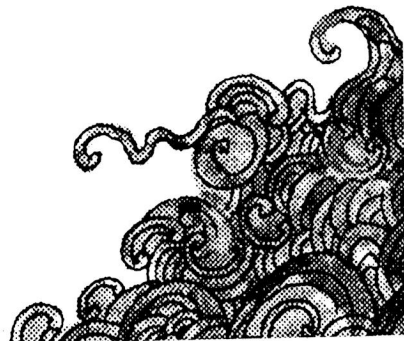
Sandplay training could become concretized and too concerned with 'meaning of symbols' and thus overly conceptual. Training should therefore include how to listen to stories and journal writing to keep therapists open to unconscious processes.

Many respondents commented on the importance of completing one's own sandplay series as part of the training. For example, one respondent said: "Since sandplay is such a powerful modality, I think people who attend seminars need to be encouraged to experience their own process, so they get an idea of that power."

Strongly expressed was a wish for more training in the basics of sandplay, including integration of the basics into case presentations at conferences. Some suggested that an STA-approved reading list and lending library of video- and audiotapes, as well as a study guide, would be particularly helpful for therapists living in isolated areas.

In order to determine competency as a practitioner of sandplay, one person suggested that an examination be given on the theoretical basis of sandplay. Another suggested that, in addition to ISST certification, guidelines for competency should be outlined. These guidelines might specify the exact information that should be learned and mastered.

Other expressed training needs included an opportunity to network with therapists using sandplay, preferably in a supervisory



tation group setting led by a knowledgeable and experienced practitioner. One person pointed out that networking with other therapists was especially important in order to hold the “space of gestation for clients” and to help therapists deal with “not knowing.”

Participants from outlying areas frequently stated that they needed more support and mentoring while in training. One respondent observed that the training was “too geographically narrow, so that those in other areas are at a disadvantage and are unable to personally choose with whom they study or do a process.” As one respondent expressed it: “We need to find imaginative ways to help people become well-trained while being supported in this work.” A proposal by another respondent spoke to this issue:

It might be helpful to offer training and/or conferences in different parts of the country—such as regional programs. I think there would be interest in this.

There was concern expressed regarding the cost of sandplay training. For example, one person said, “We need to make sandplay training available to those who cannot come up with all the money necessary...Perhaps there are ways we can be creative about that.”

Other concerns about training were:

There is a much needed integration of deeper analytic thinking and understanding (i.e., synthetic process) to deepen sandplay work. I see a ‘drift’ in the direction of superficialities and technique—which is always a draw for the poorly trained clinician and insecure therapist.

We need a better understanding of sandplay’s relationship to other therapies and the interweaving of both verbal and nonverbal.

This is a complex theory that requires a lot of work and commitment, not just a tray, miniatures, and attendance at a couple of lectures or conferences.

CONCERNS ABOUT ISST/STA

There seem to be concerns regarding the ability of ISST and STA to meet the needs of therapists using sandplay. Some needs currently felt

to be unmet are: receiving training from STA in outlying areas, lowering the cost of STA training, and clarifying standards required by the international organization.

One respondent felt frustrated in her attempt to understand the standards and reported that she received conflicting interpretations of the standards from several ISST/STA members. One ISST/STA member unknowingly responded to this concern:

Part of the problem is that ISST growth is so rapid that it is difficult to integrate and educate our own members to become knowledgeable and in turn to train others.

Conflicting comments reflected both the negative and positive feelings that are held toward the ISST training standards:

It feels as if there is a narrowness to the organizational structure of what a 'qualified' sand tray therapist should be...it needs to be broadened so that it is protected from cult or trendy qualities.

Another person continued in this same vein by saying:

I fear that there will be a too codified training and certification process with disdain for 'not fully trained' practitioners. I'd rather see it remain open, fluid.

A very different, more supportive view of the standards was expressed by another respondent:

I don't think ISST should lower its standards at all. As I begin to understand sandplay, I am grateful for the requirements.

One respondent wanted yet different standards:

Far more training is required to use *any* deep symbolic technique adequately than ISST requires; conversely, persons properly trained in the use of other depth techniques don't need the kind of 'training' the ISST requires.

There also seems to be some negative feelings about a perceived division between STA members and non-STA members. Some respondents indicated that they feel like outsiders who are not acknowledged by the STA organization, even though they use sandplay (and may even be

Associates to the STA). One person wished that there would be "less hierarchy, less politics, and more love and acceptance between those who practice sandplay." In partial response to this problem, one respondent acknowledged:

It would be a good idea to identify Associate[s] in some special way to include them and increase their sense of belonging to this organization.

Many respondents expressed a belief and concern that ISST/STA members are trying to control sand tray use. Some respondents indicated that they were offended when judgements were made about the "proper" use of sandplay; they wondered about the motivation for such boundaries.

RESEARCH IDEAS

A number of respondents expressed a strong need to expand the theoretical base of knowledge as well as to identify more clearly the agents of change in the sandplay process. Specific research suggestions included: (1) creating a data-base on the effectiveness and outcome of sandplay therapy; (2) conducting research on long- and short-term sandplay therapy with specific populations; (3) comparing the effectiveness of sandplay with other accepted treatment modalities for particular problems (e.g., separation anxiety); (4) expanding the research on cross-cultural themes; (5) examining scriptures as they relate to sandplay. The following quote is representative of a majority of the respondents:

More research [is] needed on the validity of sandplay as a healing technique. While individual cases appear to show valid healing, more research over a broader base would be appropriate.

An opposing voice said:

Sandplay should not focus on the external collection of data or finding validation through scientific research. Its main focus should be on the deeper internal, creative process itself. More emphasis [is needed] on the healing powers of Sandplay and less on diagnosis and labeling of the meaning of symbols only.

Another respondent agreed:

I know that in some places the sand tray is used in a diagnostic way.
I hope that this stops and that sandplay 'à la Kalf' will spread.

MEN'S PARTICIPATION IN SANDPLAY

Many participants noted that sandplay has become mainly a one-gender approach in the United States. Few men are actively participating in the field (even considering that there are fewer men than women entering the psychological field today). There also seems to be some indication that fewer male clients than female clients are participating in the sandplay process. There were many levels of responses addressing the issue of the lack of men's involvement in sandplay. One respondent proposed that a discussion needed to be held at a future conference on the issue of men's involvement in sandplay therapy to investigate this phenomenon. Some specific research suggestions from the respondents included examining men's self-esteem, self-awareness, and their reluctance to participate in a therapeutic play activity. Speaking to one aspect of this issue, another respondent observed that in their experience, "men are more likely to use Sandplay if the therapist labels it sand tray."

TYPES OF CLIENTS AND FUTURE SETTINGS

There were varied visions of where and with whom sandplay would be used in the future. Several respondents suggested that sandplay would expand from its use in private practice into schools, mental health clinics, and in-patient facilities. Two innovative comments addressed the use of sandplay outside of therapy with those individuals seeking an initiatory or spiritual experience. Specifically, one respondent said:

Expect a tremendous increase in the popularity of sandplay, particularly among adult men, especially as men's ritual groups increase.

Another comment was:

Retreat houses [will offer] a form of sandplay for spiritual direction and spiritual consultation [in the future].

Respondents also predicted that sandplay would be increasingly used with three types of clients: (1) those with dissociative disorders

(especially multiple personality); (2) those who struggle with articulating their thoughts (for example, dyslexic, learning-disabled, neurologically-impaired, blocked, resistant, as well as overly verbal clients); and (3) cross-cultural clients for whom English is a second language. One person said that "children must be reached first because the medium is so natural and powerful for them that adults are forced to notice and ask about it."

Two respondents envisioned sandplay being used in group work and to facilitate communication in couples and families, while another person stated the opposite position that "Sandplay should *not* be used in family groupings or for therapy groups, but only...with individuals."

FUTURE DIRECTIONS

Generally there was a positive feeling that sandplay would continue to grow and expand. One respondent suggested a reason for sandplay's growing popularity:

Sandplay seems to be gaining in popularity—my guess is as a reaction to the 'fix it' types of therapy that deal with symptoms, but don't get to the root of the issues. The quiet, meditative atmosphere created within the sandplay process seems to respond to our need for a spiritual connection and getting to the core of 'who am I' in a direct and visible way.

There also were concerns about the direction sandplay might take. Several respondents emphasized that sandplay should be viewed as an *adjunct* to therapy. One stated:

Sandplay is a tool—a *very* powerful tool—but it must be done in the context of a well grounded ethical therapeutic process...We can become wrapped up in trays—in their archetypal meaning—and lose track of the here-and-now client.

Another respondent echoed this view:

The broader clinical perspective gets lost with clinicians who only focus on sandplay and become lost in the trays. Sandplay must be contained within the therapeutic process and not be split off from clinical treatment.

A corollary to the above statement was expressed by another respondent who feared that a therapist might use sandplay training in lieu of obtaining a strong clinical background.

While most respondents wanted sandplay to be incorporated into mainstream psychotherapy as a point of intersection for the verbal and non-verbal therapies, one person thought that people should be educated about sandplay *before* it becomes "another New Age thing from California." Another respondent predicted that sandplay would *not* be integrated into other therapeutic approaches:

Sandplay's future will reflect that of society. I believe there is a current trend toward the suppression of individual creativity, with a corresponding pull toward socialized health delivery, which in turn focuses on expedient relief of complex symptoms without embarking on [deep explorations of the psyche]. In this climate, I think sandplay therapy will not be incorporated into the larger therapeutic community, but will develop along the less comfortable periphery of alternative treatments. [Its alternative status will continue] to draw invalidating projections from the dominant (thinking, sensate) therapeutic community, while simultaneously amassing a larger body of enthusiastic support from first-hand participants. I don't think sandplay should expand too quickly, as it will suffer by opening its doors to the larger community in the spirit of increasing or winning acceptance. Too much will be sacrificed and tarnished in terms of its initiatory powers and life blood.

Two respondents envisioned a place for sandplay within the short term model demanded by insurance carriers: "Sandplay could be used as a brief therapy mode"; it is a "good mode for clients who have a prescribed number of visits."

Other concerns about the future of sandplay included:

Some of the same problems in the fields of expressive therapies will crop up here—untrained people will use the modality and there will be no way to stop it.

I am concerned that sandplay will become ossified [if practitioners remain] oriented towards preserving its past at the expense of encountering and integrating its potential future.

FANTASIES ABOUT THE FUTURE

Respondents also were asked to share their fantasies about how sandplay might evolve in the 21st century. The ideas offered were often provocative, sometimes humorous, and always filled with optimism and hope for sandplay's expansion. There were two general themes. The first was a shared wish that sandplay would be perceived as a respected technique with professional standards. One respondent hoped that "sandplay will be seen as a discipline with rigor and appropriately sturdy standards, not just a technique used by all and sundry."

Another person wished that "sandplay would emerge as a leading form of therapy and that the therapists would be among the most extensively trained."

The second theme was that sandplay could have a healing effect on the larger world community through its impact on individual children and adults. One person suggested that sandplay could educate people to "understand the need for curative play [and this understanding] could broaden into a deeper appreciation of the benefits of curative play for both children and adults." Another respondent envisioned "sandplay being accepted as part of the developmental program in every school curriculum—every child participating in a series of 10 sandplays each year throughout grade school and high school." Another respondent especially wanted "children from intellectually and physically deprived environments" to experience sandplay. Another person wanted the schools to provide all children in kindergarten through third grade with the opportunity to experience sandplay free of charge.

Many respondents stated that they wanted sandplay to be included in university curricula that prepare adults to work with children. One person proposed that "a Sandplay Institute [be established] in the United States [to serve] as a training ground and networking facility."

Several respondents emphasized the spiritual potential of sandplay. One fantasized about "sandplay becoming a sacred rite for each human being—a return to one's connection to earth and body—a reintegration of self—a way to complete the cycle—a religious substitute and spiritual path."

Two people imagined sandplay being used to support the rebalancing of psychological energies. One imagined that "sandplay will be a key tool for the psychological support needed for the reemergence of the power of the feminine." The other respondent hoped that "sandplay will be a vehicle for the emergence of the masculine in us as well as the feminine and spiritual aspects."

Several respondents mentioned that they wanted sandplay to be used with all cultural groups and social classes. One person observed that sandplay therapists and their clients (especially the adults) seem to be white, upper-middle class. Another added her dream that sandplay would heal "the many deep psychological wounds in our society, without regard to economic class."

One respondent thought that perhaps sandplay could even help to solve world problems. She wondered: "Wouldn't it be neat if the United Nations table became a giant sand box?"

CONCLUSIONS

We believe that the responses to this questionnaire are reflective of the many divergent views within the sandplay community. Responses were received from only 18% of those surveyed; nevertheless, we were struck by the careful thought each respondent gave to the questions and how passionately opinions were expressed, suggesting a deep commitment and interest by a diverse cross-section of people.

Six major issues, identified through the questionnaires, need considered and conscientious examination by the sandplay community:

- (1) How can training be made more accessible and more meaningful?
- (2) How can training standards be clarified?
- (3) How can ISST/STA and the larger sandplay/sandtray community better work together in an inclusive and supportive manner?
- (4) How can research on sandplay be conducted in a manner that honors the spirit of its healing potential?

- (5) How can male therapists be encouraged to use sandplay?
- (6) How can the divergent views regarding the effectiveness of using sandplay with groups and families be addressed?

The optimism and energy that were evident in the imaginative responses of the participants helped expand our vision of the potential directions inherent in sandplay. Respondents predicted that sandplay would be incorporated into both long- and short-term therapy in institutional and non-clinical settings. Many felt that, since sandplay is well suited for those who have communication difficulties, it will be used increasingly by clinicians specializing in this work. Respondents also envisioned that people would seek the experience of sandplay, not just for the resolution of neurotic conflicts, but as a source of meaningful reconnection to their own creative and spiritual expressions. Through this means, many respondents believed that sandplay could have a healing effect on the larger world community.

It is clear that the many diverse voices represented here could benefit from some interchange. One comment from the questionnaire appeared to capture the attitude in which this interchange needs to take place:

In order for sandplay to flourish as it can and should, we need to address these issues in a loving and thorough way.

The desire for initiating dialogue (which was shared by many respondents), as well as the deeply reflective quality of all the responses we received, gives us much hope for the future of sandplay. It is our wish that, with the identification of these issues and concerns, dialogue among the entire sandplay community will be enhanced, resulting in an increased ability to meet the needs for education, training, and community in the future.

Editor's Note: Written comments regarding this article are welcome.

APPENDIX: QUESTIONNAIRE USED IN THIS STUDY.

Sandplay Questionnaire on the Future

We are asking your help in our research on the future of sandplay. As a participant in this major sandplay conference, your perspectives will be especially valuable. Would you please take a few minutes to respond to the following questions?

1. What do you think the future of sandplay will be? We are interested in any comments you have, including those dealing with its popularity, the type of client that will use sandplay in the future, the type of professional setting in which you see sandplay being used, needed theoretical augmentations and changes, future ways in which sandplay will be used clinically, the type of research needed in the future, and the healing power of sandplay in today's world. You might also want to consider these areas as well: training, certification, and sandplay organizations. *(Please feel free to write on the back of this sheet.)*
2. What is your most cherished fantasy about how sandplay might evolve and be used in the 21st Century?
3. How long have you used sandplay?
4. How would you rate your knowledge of sandplay? *(Please circle one)*
 - a. Little knowledge
 - b. Some knowledge
 - c. Moderate knowledge
 - d. Much knowledge
 - e. Very experienced and knowledgeable
5. Highest degree or certification
6. License(s) held
7. What is your professional title?

8. What is your home State or Country?
9. Sex: M F (Circle)

Will you please return this questionnaire to the Conference Registration Desk, if possible, or mail it to us at: 22945 Paul Revere Dr., Calabasas, CA 91302

Thank you very much for your thoughtful consideration of these issues.