

## CHAPTER

# 5

# Integrating Play Therapy and Sandplay Therapy

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## INTRODUCTION

Both play therapy and sandplay therapy provide children with the opportunity to use symbols (i.e., toys and other materials) to communicate their thoughts, feelings, fantasies, and experiences nonverbally to an accepting and supportive therapist. For most children, play is the only way to express and communicate their difficulties; often, words are not used in therapy to express inner issues until adolescence.

Sandplay therapy, based on the psychological principles of C. G. Jung (1956), was developed by Swiss therapist Dora Kalff, who studied at the Jung Institute in Zurich and with Margaret Lowenfeld in England. Sandplay therapy is sometimes referred to as a “creative arts therapy,” as well as a play therapy technique. Certified sandplay therapists mostly use sandplay with adults (Friedman & Mitchell, 1992), though it can be used with children.

When children enter the *free and protected space* (Kalff, 2003) of a playroom that contains a variety of small and large toys, sand, and other play equipment, their imagination is immediately stimulated, and the natural healing powers of the psyche are enlivened, allowing them to express and “play through” the issues that have brought them

to treatment. "Free" because children can create whatever they desire in the sand, and "protected" because the therapist is present to protect the children and the space from intrusions, harm, and other distracting events. The presence of the therapist, who understands the literal and symbolic meaning of the toys, supports positive development and growth of children through either silently witnessing the creation of a sand picture or actively playing with children during play therapy.

## THERAPEUTIC PLAY

Although most children are naturally drawn to the toys in a playroom, many child therapists have found that an introduction to the playroom and toys facilitates and sets the tone for therapeutic play. Some therapists, for example, introduce the playroom by saying (with an "awe-inspired" voice), while motioning to the room and toys, "This is a very special place where you can play and do almost anything you like here." Some add, "I will tell you if you can't do something." Thus, children know that there are some limits in the room. Typical limits are developmentally appropriate rules, such as not hurting self or others, inappropriate destruction of property, and so on. The therapist may then suggest that children look or walk around the room to choose what would be fun to do.

When introducing sandplay, directions are somewhat more specific than in introducing play therapy. Sandplay therapists often say, "Here are two trays filled with sand. As you can see, one tray is wet; the other tray is dry. Would you like to feel the sand?" Then, "Here (gesturing to shelves of miniatures) are miniature toys and other objects you can use in the sandtrays. If you like, you can use these objects to make a picture in the sand." Later, if children create a sand picture, sandplay therapists often add, "After you leave today, I am going to take a picture of what you've made in the sand, if that is all right with you, so you can later see all of your sandplay pictures." Usually children are uninterested in seeing pictures of their old sandplay trays; they are busy creating new aspects of their lives. However, some child clients return as adults to review their sandplay pictures.

Some therapists prefer a more organic introduction to sandplay therapy. They wait to see how children intuitively use the sand, water, and

miniatures. If a child is playing with only the sand or the miniatures, the therapist may mention that the miniatures and sand can be used together to create a picture in the sand.

Sandplay therapy, within the context of play therapy, allows children to create an imaginative world by placing miniatures in a tray (19.5 inches by 28.5 inches with a depth of 3 inches), half-filled with fine-grained, sterilized white sand and painted blue on the inside to give the impression of water and/or sky. Dora Kalff (1971), the founder of sandplay therapy, said that sand represents instinct, nature, and the healing power of Mother Earth. The miniatures on nearby shelves are a stimulus to children's imagination and represent many aspects in their world. The children's choice of miniatures helps the therapist to symbolically understand the issues that are displayed in the sand.

Normally, two trays are available in sandplay therapy, so children will have a choice of wet (damp) sand or dry sand. A container of water is often placed nearby, so more water can be added to the sand. The therapist usually sits a little behind the client and takes notes on the order of the miniatures placed in the tray and their movement, client comments, and therapist's thoughts. Some therapists draw a picture of the sand pictures for their notes. Photographs of the sandplay scene, taken by the therapist after children have left the therapy session, provide a permanent and ongoing record of children's internal processes. Thus, sandplay serves as a window into the children's inner world, and provides the opportunity to express a myriad of feelings, unspoken thoughts, and even the unknown. Sandplay scenes may be created quickly, in as little as 10 minutes, or take the entire therapeutic hour. Usually, a sandplay picture is not created at every therapy session; it is the child's choice when, and if, to use sandplay.

After giving the child an opportunity to examine the toys and miniatures during the first session, some therapists ask, "Would you like to make a picture in the sand now?" The reason for inviting the child to create a sand picture during the first or second therapy session is that playing in the sand often helps the child feel more comfortable in the new play therapy environment. In addition, the content of the tray and the process the child uses in creating a sand picture can provide useful information about the child. For example, Kalff (personal

communication, July 1978) said that a first tray may suggest: (a) how the child feels about therapy, (b) the child's relationship to the unconscious, (c) the nature of the problem, (d) the solution to the problem, and (e) in our experience, the first tray can also give information about the child's relationship to the therapist. Also, because children under 8 years old tend to create trays similar to other children of the same age, it is possible to acquire a deeper understanding of the child's developmental level from the child's first sandplay creation, especially if the tray deviates from the norm (Bowyer, 1970).

## **SANDPLAY IN A PLAY THERAPY SETTING**

Sandplay is one of many expressive arts therapy interventions that a therapist can use within the play therapy environment. Both sandplay and play therapy are considered to be mostly nonverbal and non-directive creative techniques. However, children do seem to talk more during play therapy than sandplay therapy, probably because in play therapy the children and therapist have face-to-face interaction and often play together; relating and reacting to each other is an important part of play therapy. In contrast, children using sandplay have the opportunity to connect to their own internal self without verbal involvement of the therapist. In sandplay the focus is strictly on the relationship to oneself, so that the sand pictures reflect what is happening within children's inner world. Thus, children usually create sand pictures mostly in silence with the therapist sitting nearby, observing the play.

Although both play therapy and sandplay therapy can serve as a window into children's internal world, sandplay adds structure to the relatively unstructured play therapy environment. For example, in sandplay, children are asked to create a picture within the confines of the sandtray using miniature toys that are usually not used in play therapy. In child-centered play therapy, the therapist typically does not suggest the nature or outcome of the play; children play freely with any item in the playroom, as long as they stay within the traditional limits of play therapy. However, some children, especially young children under 8 years old, prefer to play freely in the sand and not make a picture.



After a play therapist actively engages with children in play therapy, they may decide to create a sandplay picture. At this point, the therapist normally changes his or her role from an active participant in the play to a silent observer of the sandplay process. This allows children's own natural imagination to be the guide in creating sandplay pictures.

It is important for the therapist to realize that the developmental level of the child affects how she or he uses sand and miniatures. Bowyer's 1956 research (summarized in Bowyer, 1970) on the influence of age on the scenes created in a sandtray indicates that young children (2 to 3 years old) usually demonstrate little or no focus; their trays are chaotic and disorganized, and they typically use only a small portion of the tray. Sand is often dropped and thrown outside of the tray.

Bowyer in 1956 (Bowyer, 1970) also found that children 4 and 5 years old often use only a small portion of the tray; however, they sometimes move toys around the tray, while fighting, making noises, and speaking for the miniatures. The sand is mostly used for burying and unburying miniatures. A fixed picture in the sand is unusual for children at this age.

At ages 6 and 7, according to Bowyer in 1956 (Bowyer, 1970), children normally begin to use the full space of the tray and expand their ability to control the way they create the tray, with transport (e.g., cars, trains) often being used. Children 8 and 9 years old use sand in a constructive way, creating roads, waterways, and buildings. Most of the tray is used, and miniatures are arranged to represent action rather than having to move the miniatures around the tray. At 10 and 11 years old, children frequently show control in the tray by using fencing. The peak age for use of fences and signs in the tray is 10 years old. By 12 years old, sand pictures are often indistinguishable from those created by adults (Bowyer, 1970).

When a play session is over and the child leaves the playroom, the therapist (with the child's previous permission) photographs the child's work in the sand. A photographic record of the child's sandplay pictures provides permanent and ongoing information about the child's therapeutic process.

## Role of the Therapist

The therapist's role in sandplay is to establish a *free and protected space* in which children can relax and allow their internal state to be accessed

and expressed. This experience is similar in feeling to Winnicott's (1965) description as that of *being alone in the presence of the mother*, who is present and accepting, but not intrusive.

Play therapists often participate in the child's play if they are invited by supporting, mirroring, and sometimes modeling and encouraging play behavior (Green, 2012). In contrast, play therapists who are also sandplay therapists generally sit near the child, but to one side, as the tray is being created, often taking notes, but not being involved directly in the child's play in the sand. This close proximity can help establish trust and rapport beyond just verbal interaction, including an unconscious connection between client and therapist. When a safe space is provided by an empathetic therapist, children can truly relax, access their imagination, and allow the internal world to be safely experienced and expressed in the tray.

It is important that the therapist knows how to tolerate in silence the uncertainty of not always consciously knowing what children are communicating. Watching and listening without using words may be unfamiliar and difficult for some therapists; however, silence is important in sandplay. "Silent listening," while maintaining an attitude of openness and acceptance, helps create a safe and protected space that leads to children's spontaneous, new internal directions.

Through the process of playing in the sand and creating pictures using miniatures and/or actively playing outside of the sandtray, children can experience psychological and cognitive changes. Play allows children to express themselves nonverbally, retrieve memories of early childhood experiences, as well as become calmer and more at peace. To illustrate this therapeutic process with children, David's work in play therapy and sandplay therapy is discussed in the following section.

## Case Study

David began therapy when he was 7 years, 6 months old and in the second grade. During nearly four years of almost weekly therapy sessions, he created a series of 25 sandplay scenes and participated in many play therapy activities. Some of these activities are discussed, along with six of his sandplay trays. During his time in therapy, David moved from an anxious, frightened child to a more relaxed and confident preteen.

My first impression of David was of a skinny, frail-looking wisp of a boy. He seemed so anxious, helpless, and depressed that my first impulse, which I (Mitchell) had to control, was to reach out and take care of this weak and lethargic child. Although David was normally silent at home, in his first session he talked openly about his experiences and feelings, and from the beginning he was committed to regularly attending therapy sessions.

Initially I did not know that his fears and fantasies had entrapped his life energy; thus, his energy was unavailable to him to use in his outer life of school and relationships. Early on, he told me in many ways that he felt different from others.

### ***Background Information***

Before David started therapy, I met with his mother; his father was unable to attend this session. She reported that David's symptoms included stomach cramps, which appeared during school months but disappeared during vacation. He had also had sleep problems since birth, including insomnia, sleep terrors, and sleepwalking. When he was stressed, he had strong emotional reactions, including rage, tears, and once, when he was 6 years old, a threat of suicide. Additional symptoms concerned his mother: thumb-sucking at home but not at school; excluding himself from social contact with his peers (even when his peers actually wanted to be with him); unfocused speech patterns; and underachievement at school, including not finishing his work and daydreaming. His mother commented, "The impression is that David is slow, but actually he is bright. I have a bright boy who doesn't know how to communicate it to the world."

David is a middle child with two sisters. His older sister, an intellectually gifted teenager, was actively involved with friends and extracurricular interests. His younger sister was born about 18 months after David. His mother thought that perhaps David was not given as much attention as he needed, since their births were so close together. However, she said that she feels a very special connection to David, and she is much more protective of him than she is of her daughters.

David's father is a police officer. His mother described her husband as having a "horrible temper." She said, "He gets angry unexpectedly,

especially at David. My husband is not physically abusive, but when he gets angry and yells, it's as though he hates us. Most of the time, he worships the children."

The extreme worry that David's mother carried began even before his birth, when the results of an ultrasound test suggested that David was missing one leg. At his birth, he was immediately taken away from her without reassuring comments from the doctor. While waiting to see her newborn son, her fears magnified and grew to incredible heights. Later, when David was finally brought to her, the doctor said, with apparent relief, "He's fine, just fine." However, the doctor's words and David's normal appearance did not relieve the terror she felt, and she continued to carry that feeling with her in interactions with David.

Another important dynamic in understanding David's issues is that he had a very porous and intuitive nature, which left him with few defenses against the highly charged issues in the home and in his inner and outer worlds. For example, David was described by his mother as "very perceptive." According to her, if David said something was going to happen, it would happen or had already happened. She cited this example: One evening his police officer father was on a stake-out, waiting for suspects in a burglary to appear so he could arrest them. At home, without any knowledge of what his father was doing, David suddenly became very upset and told his mother, "Dad is chasing some criminals, and they pointed a gun at him." Later, when she told her husband what David had said, he verified that David's description of the arrest was correct. His mother told me that this type of knowledge was typical for David, and he intuited happenings in other situations as well, not just with his father.

I came to realize that David's withdrawn and inhibited behavior was supported by a whole spectrum of difficulties: his mother's anxiety and fear for David, which resulted in her becoming overprotective; his father's anger and rejection of David because of his timidity, which made David feel even more frightened, worthless, and helpless. David's own sensitive nature both caused, and was a result of, his intuitive and close connection to his mother and his father's angry and negative behavior toward him.

## ***Therapeutic Process***

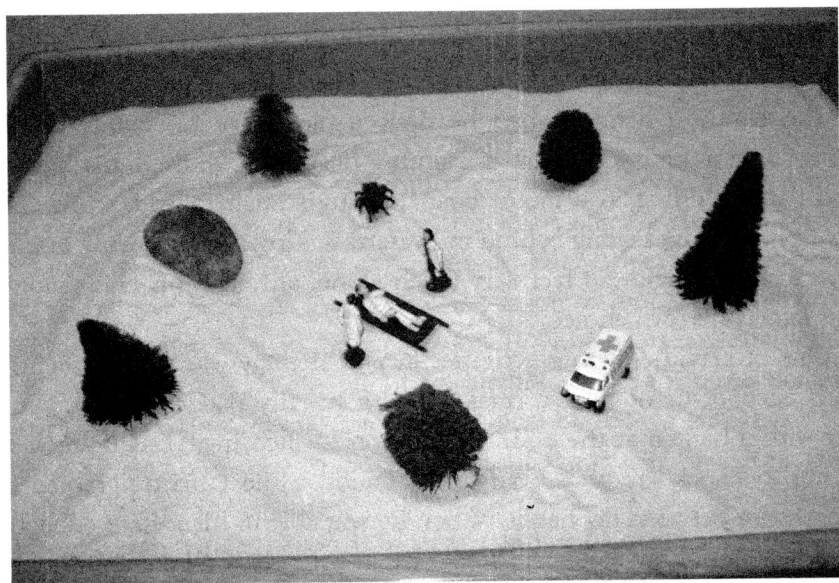
During our first therapy session together, David best expressed his view of the family dynamics when he drew a picture of his family doing something a kinetic "Draw a Family" [DAF]. It showed his sisters and parents riding in a motor boat, looking straight ahead, while the boat pulled David along behind on waterskis. No one was paying attention to him. David did feel very much alone, although his being alone was largely his own choice.

One of David's favorite activities in play therapy was to "play fight," with each of us holding a *bataka* (i.e., a heavily padded paper cylinder with a handle at the end). In addition to "fighting," David enjoyed trying to knock my *bataka* out of my hands, while I tightly grasped it lengthwise between my hands. When he was able to hit it hard enough, so it flew out of my hands, he would laugh with glee and pump his muscles. He also enjoyed playing board games, especially when he won, and he loved playing with puppets; they could express what he could not.

Later in therapy, we explored the stream and small hills outside of my office. We even played a little soccer and baseball, although he soon found out that I was no challenge. Mainly, toward the end of therapy, we talked about his life, the challenges he experienced with his father, the demands of his schoolwork, and his growing enthusiasm and abilities in athletics. Throughout his therapy he often created sandplay pictures, which not only chronicled his growth and development but also allowed him to express what was happening consciously and unconsciously in his life.

During his therapeutic process, David created 25 sandplay scenes. Six of David's sandplay scenes are discussed as follows. For each sandplay picture, the following information is given: David's name for the sandplay and his age. These were created from the age of 7.5 to just past 12 years old. The sandplay scenes represent various aspects of his development during his nearly five years in therapy. David named all of his sandplay scenes, which is unusual for children his age.

In the center of the sandtray, David placed a bandaged man on a stretcher, with two doctors, a male and a female, standing on each side of the stretcher. David moved the sand so that these miniatures appear



**Figure 5.1** MASH Unit (7.5 Years Old)

contained within a womblike space. Nearby and to the right is an ambulance. Above the stretcher and slightly to the left are three objects that form a triangle: a spider, a rock, and an autumn tree. Four green trees surround the medical scene.

David's situation is depicted clearly in this tray, suggesting a strong (and perhaps porous) connection to the unconscious. The tray has a somewhat barren and empty quality; its starkness suggests isolation, desolation, and suffering, which is what David was experiencing at both home and school. Trays that have an empty quality, depict injury, and contain prone figure(s) suggest the possibility of early wounding.

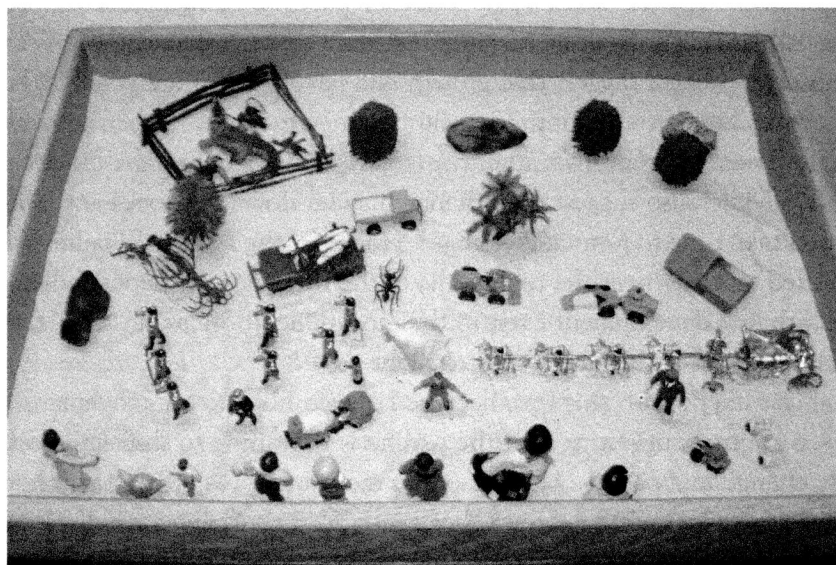
The prone, bandaged man on the stretcher is similar to David, wounded and helpless, both caught between his parents and yet needing their assistance. Help is available in the form of two doctors (male and female) and the ambulance. I noted that David placed the doctors and ambulance near to where I was sitting, and David was standing as he created his tray. The visible sign of the ambulance helping the distressed figure on the cot was a potentially positive sign, as it may have been depicting David's psyche showing it had the capacity for self-care or inherently knew when distress was abounding and healing was needed.

With all of the other barren landscape and shadowy figures in this picture, this one symbol gave rise to hope that David did have some inner resources to rely on to help him in his trajectory to self-healing.

The spider, located above the wounded man, suggests potential for further wounding. The spider is most often viewed symbolically as a poisonous mother symbol. In David's outer life, he was caught in his mother's overanxious web of worry about his well-being. I believe her constant uneasiness and overprotective behavior was experienced by David as being caught and held back. David may have felt caught in the web of anxiety from his mother's projections and overprotectedness, similar to a fly being unsuspectingly tangled in freshly spun spider web.

As I viewed the tray, additional questions came to mind: What do the four trees in the scene symbolize? Natural energy and growth? Or perhaps they represent the four other people in his family? Does the ambulance and doctors, placed near to us, indicate a positive transference and that perhaps help is now available?

The dying evergreen tree at the back of the tray concerned me, as did the rock and the spider, which seemed to be threatening the wounded man. I wondered about David's potential to resist change and growth



**Figure 5.2** The Big Parade (7.6 years old)

in therapy. I hoped that the four green and vibrant trees represented David's life force and would help him connect to the energy he needed to move forward. This may have depicted, early on, a glimpse of his *self-healing archetype* (the ability of a child's psyche to generate symbols and for the child to follow them toward healing).

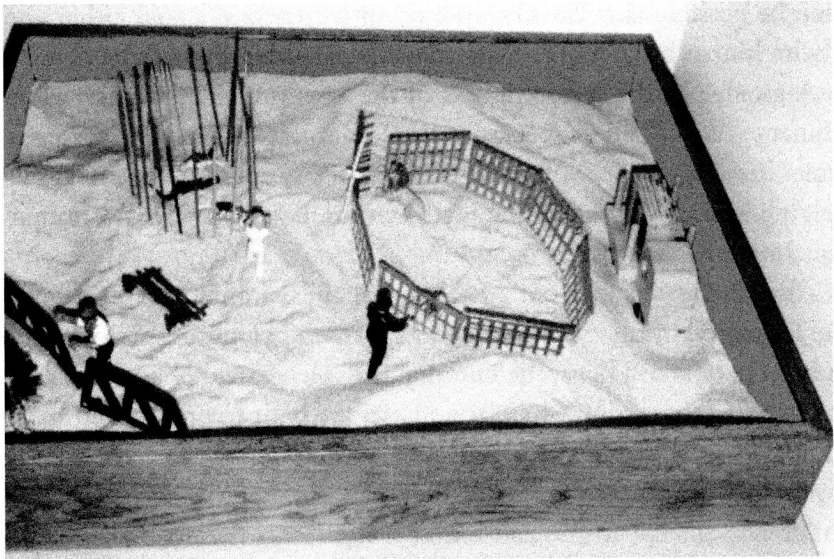
In this tray, help is again available. The same wounded man (from the first tray) is now in a jeep (left/middle) with the doctor and nurse. Presumably, he is being taken to a hospital for treatment. The parade (representing David's psychological movement) includes a horse-pulled gold coach, which is being protected by the police and soldiers from intrusion by the bicycle riders and the black spider (behind the doctors in the jeep).

Work machines (a cement mixer, dump truck, and tractor) suggest that internal work is going on. I was pleased to see that David placed a white shell (near the front of the tray in the middle) in the midst of the parade. The shell is one of the eight emblems of good luck in Chinese Buddhism, signifying a prosperous journey.

With the penned alligator and spider (top/left), I could see that David was now in the process of containing elements that may have hindered his development in the past. The alligator and spider are considered to symbolize negative archetypal maternal energies (alligators feed only the babies that snap at flies; spiders eat their young). The snow-covered wintergreen trees suggest that growth and development are possible, but the trees are currently dormant; thus, change may not happen immediately. The rock from his initial tray (top/right corner) and the driftwood (middle/left) also suggest that change may be slow (i.e., rocks and driftwood take time to form and change). However, the four small palm trees nestled together near the top/middle of the tray suggest the possibility of growth and development even in the most difficult of circumstances, for palm trees are strong and highly resilient.

I was happy with this tray, because I always hope to see movement in a second tray, suggesting that the psyche is beginning to shift and possibly change in a positive way. Also, the movement was ordered and non-chaotic, suggesting the ego was beginning to potentially constellate and regroup. However, the rock and driftwood reminded me that, while progressive elements (the parade and trees) are alive and active in David's





**Figure 5.3** Testing the Animals (age 9.0)

process, regressive and resistant aspects are also evident in this tray; the rock suggests resistance and inflexibility. Now that I look back on this tray, I see that the natural piece of driftwood symbolized David's therapeutic process (i.e., that transformation would occur but through a natural process that would take some time).

At 9 years old, David was doing somewhat better in school, and he was a member of a Little League baseball team. He created a tray named "Testing the Animals." In this tray, David placed two males and a female (he called them "scientists") in front of enclosures that housed untamed animals. David said that the scientists were studying the animals' behavior.

The scientists in the sandtray suggest that it is now possible for David to have the ability to think about and develop a more objective attitude about his situation. The primitive and younger aspects of his psyche—the alligators, giraffe, lions, and bear (in the cage on wheels, located on the right side of the tray)—are now separated. This is a necessary separation if David is to disentangle himself from his enmeshed family.

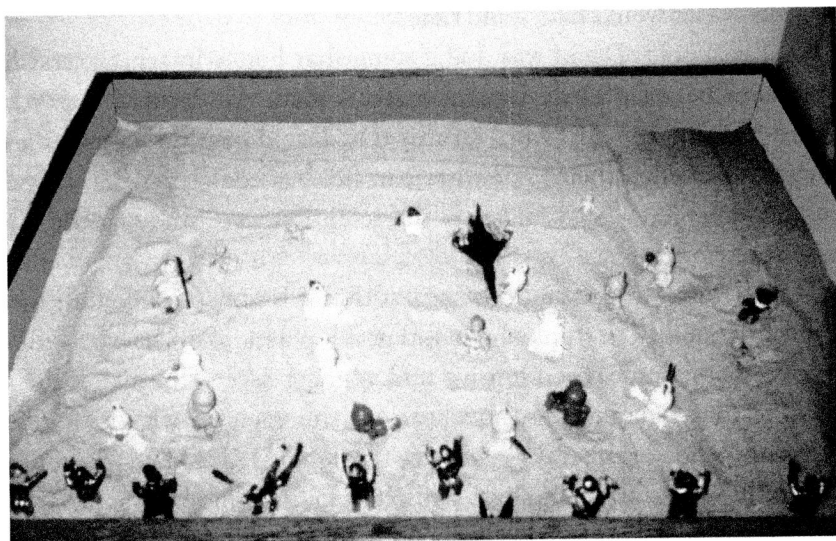
It may be possible for the lion to escape from its cage through the break in the fence. If this "break" were to happen for David, it would

then be possible that David's wild, primitive energies could either overwhelm him or bring him the considerable primitive strength he needs.

A giraffe, on the left-front side of the tray, is eating, taking in nourishment. As the tallest species, a giraffe has a wide range of vision and symbolizes objectivity of thought. Objectivity is necessary in David's life, helping him rise above his family situation of both overprotection and rejection.

Also, the appearance of mandalas, or circular formations representing the formation of the Self, appeared in this sand picture. This is typically indicative of a child's psyche entering the Alchemical phase, *nigredo* (or "charring of the soul"), where boundaries are built to protect and bolster the defenses of the fragile ego in preparation for the next phase of the psychological "hero's journey." When mandalas appear spontaneously in children's symbols, in Jungian terms, it represents the ego-Self axis (the child's psychological and often tenuous connection between the inner [affect] or "Self" and outer [behavior] or "Ego"), seeking balance before it begins the next part of the heroic journey.

Almost immediately after David made this sandtray, his behavior and sandtrays moved in a new direction. Now, with clearer vision and an objective ego, David takes a more differentiated stance. He seemed



**Figure 5.4** Babies Take Over (age 10.1)

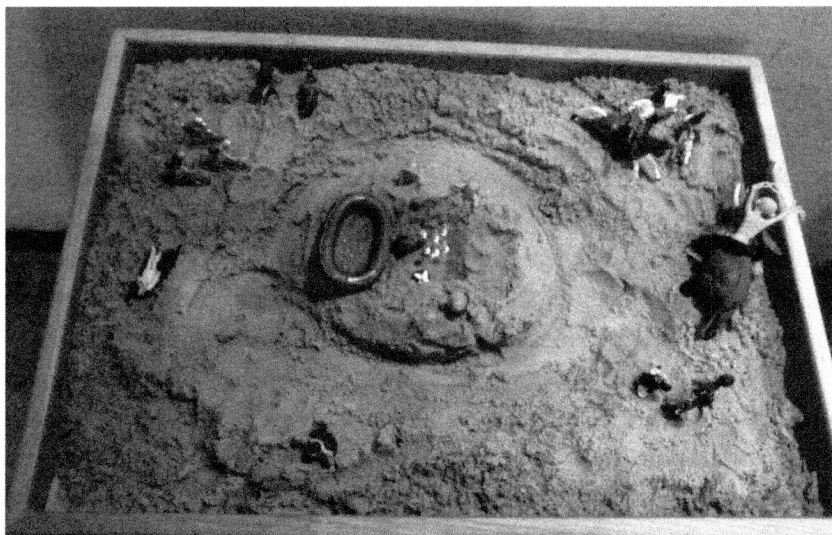
better able to use his fine mind, which aided him in his task of separation and individuation and freed him to embark on his necessary hero's journey, as well as to integrate his stronger, more positive capacities in his everyday life.

One year later, David made the tray he named "Babies Take Over." After smoothing the sand, he randomly placed the babies, with two of them sitting on a jet plane. He positioned rifles beside some of the babies. Next, David lined soldiers along the front of the tray with their hands up in the air, facing the babies as if they were surrendering.

As David drew barely visible lines in the sand, linking the men to the babies, he told me that the lines were electric wires, which the babies could pull and electrocute the men if they moved. He said, "The babies are tired of being bossed around. They have become bad now. Their pictures are on the Most Wanted posters, so the guys have come after them."

I was pleased to see that David (symbolized by the babies) was displaying so much new energy. However, many questions came to my mind as I reflected on the tray, and I wondered what had been awakened in David. Perhaps, he had discovered new independence and strength? If so, would this new power endanger his new energy (i.e., the babies)? I also gave some consideration to the possibility that this was a regressive tray. However, I was more convinced that David was finally gathering his strength to deal with the destructive masculine energy in his home. This was evidenced by his drawing clear demarcations in the tray, or archetypal "lines in the sand," representing, in Jungian terms, an activation of the psychic energy emanating from the *animus* (male) archetype.

Around this time, at 10 years old, David was willing to discuss his relationship with his father in more detail than ever before. He told me about his father's unpredictable temper and how scared he felt when he was younger. Now, he found he could relate to his father through sports. They both enjoyed watching sporting events together on television. He seemed to be gathering strength despite his mother's overprotectiveness. However, the babies in the tray suggested that this energy was still very new, quite young, and undeveloped. I knew that he would continue to need support in his development.



**Figure 5.5** Fight for the Crown (Age 12.0)

In play therapy, David was spreading his wings, and we often ventured outside of the office, taking walks, fording small streams, and climbing nearby hills. He shared with me his success in baseball; he was chosen the league's Most Valuable Player. Around this time, he was also performing at a high academic level. His school identified him as "gifted," and he entered that program.

For many months, David did not create sandplay scenes. Then, one day, he walked into the playroom and immediately went right to work in the sand and made two trays.

As David was making the tray, he told me the following story: "These babies are in trouble. The Indians (upper/left and upper/right) are trying to steal their crown and candles" (the six white candles are in the candelabra in the center of the tray, along with the crown). "But, the babies have a plan—if the bad guys get closer, the babies will take the candles and crown and put them into the lifeboat. Then the babies will use their special powers and lift the lifeboat into the sky away from the bad guys."

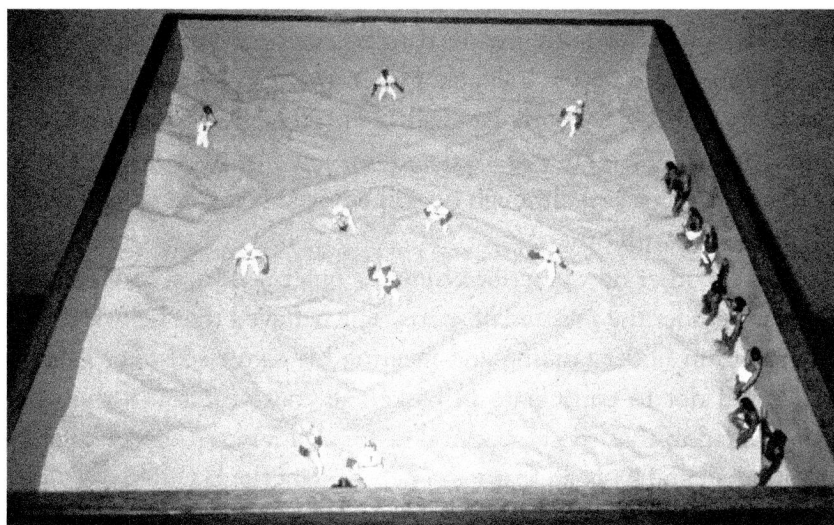
The central organizing principle, the Self, is symbolized by the circular area that David carefully delineates in the middle of the tray. With this emergence, David is now able to display a stronger sense of self. Within this area, he places the crown, candelabra, silver lifeboat,

and four babies. Four is the number of wholeness. The lifeboat is a symbol of help, rescue, and safety. The candelabra, near the lifeboat, offers warmth, energy, light, and consciousness to the situation. The crown is a visible sign of success and of *crowning* achievement. This circular shape, or mandala, illuminated the numinous transformation occurring within David's inscape.

Despite the threatening and possibly destructive forces of the unconscious nearby (i.e., the Indians), David is now able to separate and protect himself from their potential invasion. That is, the tortured figure on the elephant is leaving the tray, and the wounded man takes a more distant position. He is aided by the four clever and imaginative babies, who represent newly emerging aspects of himself.

After completing the previous sandplay, David began to play with the sand in the other tray. I asked if he wanted to create another picture. He responded with a "yes." As he quickly made this tray, he explained that the two baseball teams have traveled through time and represent the best teams from their worlds.

In the symbol of the baseball diamond, it was clear to me that David's internal Self had at last become consolidated and connected to his ego (his outer life); now both his inner and outer worlds are more



**Figure 5.6** The Baseball Game (Age 12.0)

connected. I watched with pleasure as David quickly and with confidence placed a baseball team on a diamond he outlined in the sand. The diamond shape is a powerful symbol of the totality of the Self. Through the game of baseball, on a diamond-shaped field, David has found an age-appropriate connection to the outer world. The opposing team of cavemen, waiting on the sidelines, symbolizes the archaic, primitive, and archetypal aspects of David that were symbolically being "sidelined" as more complex dispositions and healthier ego-defenses were constellating. In the past, these aspects have attempted to take over to detract and pull him in a regressive direction, often successfully. I was pleased to see that the cavemen were now on the sidelines.

## CONCLUSION

After David's 17th sandplay, he continued in therapy for quite a while, using the time to paint, play games, and talk together. He created eight more sandtrays, which suggested further consolidation and strengthening of his independence and ego. With his newfound awareness, David then worked in conjoint therapy with one of his sisters to deal with their family concerns. He was performing very well in school when he terminated therapy.

I last heard about David when he was 14 years old and in the eighth grade. He was successfully involved in baseball and football. That year he won the league's Most Valuable Player award in football, and he was chosen for the USA youth baseball team scheduled to go to Beijing, China, that summer. He was liked and respected by his teachers and was popular with his peers, although he still enjoyed being alone and did not socialize easily with others.

David's mother now described him as a quiet person, who is calm and consistent under the pressure of sports. She believed that he was particularly astute in understanding and meeting his own needs. For example, he decided not to participate in basketball that year (even though he also excelled in that sport), because he needed leisure time between the busy football and baseball seasons.

It appears that David, as a teenager, was able to access his own inner strength, while his outer life was a natural reflection of his

own distinctive abilities and interests. As he further matures, there will be more room for his excellent intellectual abilities to emerge. Whatever his future, I am certain that David will live it in his own unique way.

## SPECIALIZED TRAINING AND RESOURCES

### Selected Books on Sandplay

*Sandplay: Past, Present and Future* by Harriet S. Friedman and Rie Rogers Mitchell (Routledge)

*Supervision of Sandplay Therapy* by Harriet S. Friedman and Rie Rogers Mitchell (Routledge)

*Sandplay: A Psychotherapeutic Approach to the Psyche* by Dora M. Kalff (Temenos Press)

*Sandplay: Silent Workshop of the Psyche* by Kay Bradway and Barbara McCoard (Routledge)

*Sandplay and Storytelling: The Impact of Imaginative Thinking on Children's Learning and Development* by Barbara A. Turner and Kristin Unnsteinsdottir (Temenos Press)

### Selected Books on Integrating Play Therapy and Sandplay With Children

*Inscapes of the Child's World* by John Allan (Continuum)

*Handbook of Jungian Play Therapy* by Eric J. Green (Johns Hopkins University Press)

*Sandplay: Therapy With Children and Families* by Lois J. Carey (Jason Aronson)

*Sandplay Therapy in Vulnerable Communities: A Jungian Approach* by Eva Zoja (Routledge)

### Selected Sandplay Therapy DVDs

*Sandplay: What It Is and How It Works* by Gita Morena (Sandplay Video Productions)

*Jungian Play Therapy and Sandplay With Children* by Eric J. Green (Alexander Street Press)

## Helpful Links

The Sandplay Therapists of America  
[www.sandplay.org/links.htm](http://www.sandplay.org/links.htm)

International Society for Sandplay Therapy  
[www.isst-society.com](http://www.isst-society.com)

Canada: [www.sandplay.ca](http://www.sandplay.ca)

Germany: [www.sandspiel.de](http://www.sandspiel.de)

Israel: [www.sandplay.co.il](http://www.sandplay.co.il)

Italy: [www.aispt.it](http://www.aispt.it)

Netherlands: [www.sandplaynederland.org](http://www.sandplaynederland.org)

Switzerland: [www.sgsst.ch](http://www.sgsst.ch)

United Kingdom: [www.sandplay.org.uk](http://www.sandplay.org.uk)

Colorado Sandplay Therapy Association: Research & Training  
Institute  
[www.sandplaytherapy.org](http://www.sandplaytherapy.org)

Center for Jungian Studies of South Florida  
[www.jungcentersouthflorida.org](http://www.jungcentersouthflorida.org)

The Israeli Sandplay Therapist Association  
[www.sandplay.co.il](http://www.sandplay.co.il)

## Certification as a Sandplay Practitioner

The following information is taken directly from the *Handbook of Certified, Teaching and Practitioner Member Requirements and Procedures for Sandplay Therapists of America*, which can be accessed at [www.sandplay.org/pdf/STA\\_Handbook.pdf](http://www.sandplay.org/pdf/STA_Handbook.pdf)



## **Prerequisites and Training Requirements**

The SANDPLAY PRACTITIONER category of membership responds to an expressed need of STA members to recognize professionals who have completed a personal process and some sandplay training. This membership category is offered to those interested in offering sandplay within the scope of their license and training. It is also recognition of partial fulfillment of the requirements to become a Certified Sandplay Therapist (CST) and/or Certified Sandplay Therapist–Teacher (CST-T). A Sandplay Practitioner may provide sandplay in his or her work without supervision and advertise appropriately (e.g., on business cards) that she or he is recognized by Sandplay Therapists of America as a Sandplay Practitioner. A personal sandplay process or training hours provided by a Sandplay Practitioner cannot be counted toward membership in STA at the practitioner or certified levels of membership.

### ***Prerequisites***

Applicants must:

- Hold, in the United States, a valid state license or credential as a mental health professional or a professional license, credential, certificate, or equivalent in an allied field, such as nursing, teaching, or spiritual direction.
- Hold a commitment to in-depth inner development and insight as gained through analysis and/or psychotherapy.

### ***Training Requirements***

- Complete a sandplay process with a STA/ISST Certified Sandplay Therapist (CST) or Certified Sandplay Therapist–Teacher (CST-T). An honest, transformative personal sandplay process is the most significant, foundational requirement of the training sequence. The process must occur with a CST or CST-T after that individual has achieved certified status.
- Complete a minimum of 36 hours of education in sandplay with a CST-T or at an STA-sponsored conference, seminar, or workshop, including 18 hours of an introductory course in sandplay.

Twelve (12) of the 36 hours may be earned through field-tested, STA-approved online courses.

- Participate in group consultation with a CST-T for a minimum of 25 sessions in which the applicant presents at least five hours of sandplay case material or in individual sandplay consultation for a minimum of 15 hours or in a combination of group and individual consultation sessions for a total of 20 sessions. If an individual applicant selects a combination of individual and group consultation sessions, at least two hours of every 10 hours of group consultation must be presentation hours by the applicant.
- Applicants are required to seek consultation from someone other than the therapist with whom they completed their sandplay process.
- Work with a minimum of three clients or students per week, who engage with sandplay on a regular basis, for a minimum of one year (nine months for school counselors) under the consultation of a CST-T.
- Applicants may select an STA certified member as advisor during their training process (please see Applicant/Advisor agreement under Certified Requirements and submit Form 6).

### **Certification Requirements of the International Society for Sandplay Therapy**

- A personal process in Sandplay Therapy with an ISST member that precedes, if possible, a regular course of training.
- Theoretical training of a minimum of 100 hours of participation in training seminars in the tradition of Dora Kalff that is based on the principles of the psychology of C. G. Jung.
- Two written seminar papers, at least 10 pages in length, but not more than 20 pages, with 1.5 line spacing. At least one paper must include clinical sandplay material.
- Supervision of practical work in individual and group sessions, with at least two different supervisors. The total number of supervision hours is determined by each National Society (e.g., Sandplay Therapists of America), with a minimum of 80 hours of individual and group supervision with a Teaching Member.

Of these a minimum of 30 hours must be individual supervision. Fifty (50) hours of group supervision will be acceptable provided the student presents his/her own material on at least 10 occasions within the group supervision hours. In the view of ISST, the supervisor should be different from the personal process therapist.

- One completed case study of at least 30 to a maximum of 50 pages of text with 1.5 line spacing. The case study must be read and evaluated by three ISST Teaching Members, one of whom should be of a National Society different to that of the applicant. The applicant's personal sandplay therapist and the supervisor on the case cannot be one of the readers. The reader will provide an evaluation report of the case study to the advisor and to the candidate. The case reader's fee is determined by the National Society.

### Select Sandplay Trainings in the United States

Sandplay Therapists of America Annual Conference: [www.sandplay.org/training\\_conferences.htm#Conferences](http://www.sandplay.org/training_conferences.htm#Conferences)

Dee Preston-Dillon: <http://sandplayvoices.blogspot.com>

Rosalind L. Heiko: <http://www.drheiko.com/training/sandplay-training-heiko>

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- Green, E. J. (2012). The Narcissus myth, resplendent reflections, and self-healing: A contemporary Jungian perspective on counseling high-functioning autistic children. In L. Gallo-Lopez & L. Rubin (Eds.), *Play-based interventions for children and adolescents with autism spectrum disorders* (pp. 177–192). London, England: Routledge.
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