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ATTITUDES OF THERAPISTS SURROUNDING SAND TRAY THERAPY WITH ADULTS

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ATTITUDES OF THERAPISTS
SURROUNDING SAND TRAY THERAPY WITH ADULTS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in Family Sciences in the
College of Agriculture, Food and Environment
at the University of Kentucky

By

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Lexington, Kentucky

Director: Dr. Nichole L. Huff, Professor of Human Environmental Sciences

Lexington, Kentucky

2023

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ABSTRACT OF THESIS

ATTITUDES OF THERAPISTS SURROUNDING SAND TRAY THERAPY WITH ADULTS

Sand tray therapy provides a unique experience for adults and children to interact with their experiences and feelings from a distance. However, it is not used as frequently as talk therapy techniques in adult therapeutic treatment. The following thesis explores therapists' attitudes about using sand trays with adults. A qualitative thematic analysis suggests that while some therapists deem sand trays as helpful with treatment, especially for clients who have a history of trauma, there are barriers for therapists to overcome in order to incorporate sand trays more frequently into practice with adult clientele.

KEYWORDS: Adult therapy, Sand Tray Therapy, Play therapy, Therapy

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04/14/2023

Date

ATTITUDES OF THERAPISTS
SURROUNDING SAND TRAY THERAPY WITH ADULTS

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To my Heavenly Father without whom none of this would have been possible.

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CHAPTER 1. LITERATURE REVIEW

1.1 Introduction

Play therapy is known for its use with children through symbolic play that allows children to express themselves in new and inventive ways. Despite the prevalent narrative, play is not just for children; research suggests play therapy techniques can decrease anxiety and increase feelings of safety in adults (Foo et al., 2017). Play therapy, and the use of sand trays specifically, has led to increased mindfulness with clients. Sand trays allow clients to create new experiences specifically in areas that they struggle to discuss or that otherwise would have been unapproachable (Stanescu, 2021). The symbolic nature of sand trays fosters deeper connections and acceptance within oneself that allow clients to overcome traumatic experiences in a way that can be more difficult to do in talk therapy (Adams, 1999; Freedle, 2020).

Despite the literature discussing how sand trays help clients make progress toward their treatment goals, sand trays are still a less utilized practice outside of children (Morin, 2021; Freedle, 2020). Therefore, this study will examine the general attitudes of therapists surrounding sand trays use with adult clients. Sand tray therapy is a symbolic form of therapy that does not require clients to use words to work through various presenting problems, and while the main focus surrounding sand tray therapy has been with children, it is important to note the impact that sand tray therapy can have for adults (Adams, 1999; Freedle, 2022; Kalf 1991; Kalf, 2006).

1.1.1 What are Sand Trays?

Sand tray therapy, similar in scope to play therapy, allows clients to express their inner thoughts using methods other than talking (Kalf, 1986; 2006). Exploring options

other than talk therapy is important for clinicians whose clients may not be able to articulate the right words or phrases to express their experiences. Using experiential means such as sand trays may allow communication when talking fails, such as when clients speak different languages or are trying to process trauma (Morin, 2021; Rice, n.d.). Sand trays are multi-sensory, allowing people to express themselves in ways they may not have previously as a form of “self-directed creative expression” that allows the client to build new experiences (Freedle, 2022, p. 133). Integration into therapy allows the client’s unconscious to enter their conscious expression and gives another avenue for the client’s inner world to enter the external world (Kalff, 1986), thus supplying an opportunity for discussion between the therapist and their client(s).

Sand trays are typically described as wooden boxes with blue bottoms that are filled with sand (Kalff, 1986; see Figure 1). The blue bottom is important because it is commonly understood to depict water but can fit whatever symbolic meaning the client sees fit (Kalff, 1991). Additionally, a selection of figurines is provided by the therapist and chosen by the client, then put into the sand to represent the client’s inner consciousness (Kalff, 1991). Therapists are intentional in finding generic figurines that offer a variety of topics for their trays (Kalff, 1986), including using human figurines representing multiple races, ethnicities, and gender orientations; environmental figurines (e.g., trees, ponds, seashells); and life representations (e.g., food, homes, beds, toys, instruments) (see Figure 2). Therapists may also choose to have figurines that more explicitly represent self-harm, death, or spirituality (Kalff, 2006). The figurines are intended to hold whatever

representation the client assigns to aid clients in communicating their inner thoughts and feelings.

Kalf (2006) describes how sand tray interaction begins: At the beginning of session, the therapist opens the sand tray for the client (see Figure 1) and offers a question to the client. The question should be specific to the client but still vague enough to allow for the client to interpret the question however they consider relevant. If the therapist is doing an assessment genogram session, for example, the therapist may ask the client, *“Can you show me your family in the sand?”* Questions or prompts will change as therapy progresses. For example, if the client describes experiencing a transition, a plausible question may be, *“Can you show me what it was like before and after ‘the transition’ for you/your family?”* This question is specific to the situation the client has experienced without telling them exactly what figurines to put in the sand, which is important since the purpose of this technique is to allow clients to have the freedom to find their own meanings and solutions (Wilson & Ryan, 2007).

After a question is posed, which should be as non-directed as possible to allow the client to interact with the sand and the figurines as they feel led (Kalf, 2006), it is important for the therapist to take note not only of what the client puts in the sand, but also how they place the figurines, and how the sand is involved (Kalf, 2006; Morin, 2021). For example, in Figure 3, the humanoid figure on the far right is facing away from the rest of the figurines who are in a fairly linear shape leading toward the bottom of the box where another humanoid figure is sitting at the bottom of the box with no sand. If a client presents this box to the therapist, it can be tempting for the therapist to apply their own symbolic meanings, but it is important to ask the client what the picture means for them (Kalf, 2006;



Figure 1 An Empty Sand Tray.



Figure 2 Example of Figurines on Shelf

Rice, n.d.). The therapist should work to keep the client's meanings and focus within the sand tray by asking probing questions about the figurines and their placement in the sand rather than how the client specifically feels about the events represented in the sand (Ramirez et al., 2005). Reinforcing client-created meanings encourages the client to remain present within the situation they are trying to process without becoming overwhelmed by their emotions surrounding the event (Addams, 1999; see Figure 4 for an additional example of a sand tray).

1.1.2 Symbolism and Sand Trays

A critical tenant of play therapy, and by extension sand tray clinical techniques, is that the techniques are symbolic, thus allowing the subconscious to come to the forefront of the mind during therapeutic conversations (Kalff, 1986; Kalff, 2006). They also facilitate deeper conversations between therapist and client, as symbolism may bring up things not previously mentioned or prioritized by either the client or therapist (Kalff, 2006). Symbolic interactions that appear during therapeutic play allow clients to communicate thoughts in ways that may have been previously unavailable to them because the topic or language felt unsafe, taboo, or unapproachable (Dickinson & Daly, 2021; Gordon, 2014; Kennedy & Gordon, 2017).

Symbolism promotes self-expression when clients struggle with verbal articulation. Sand trays provide a safer context for some clients to confront more intense subjects (Foo et al., 2017). The use of symbolism is effective in therapy with children, for example, because they may not have the words or cognitive ability to verbally express or describe experiences or feelings in the same way that adults may be able to articulate. Similarly, many adults find it difficult to describe their inner thoughts, especially if they have

experienced trauma and other mental health disorders (Kalff, 1986). Even without any extenuating circumstances, there are themes and experiences that adults find hard to express in therapy such as sex, grief, or low self-esteem (Morin, 2021; Yandave et al., 2012).

Context is essential in understanding the symbolism expressed through sand trays (Kalff, 2006). Understanding context allows sand trays to be beneficial to a multitude of different presenting problems, such as generalized anxiety disorder, anger management, and depression, by allowing the therapist to better understand the symbolic meaning that the client is trying to express (Freedle et al., 2020; Foo et al., 2017). If two people use the same figurines in their respective sand trays, it does not mean the figurines mean the same thing to each client. The context of a client's experiences and their individual thought processes allow figurines to have meanings specific to an individual (Kalff, 2006). Kalff (2006) specifically notes how "consciousness should not be limited to what can be verbally expressed" (pp.1), and that change does not require clients to be conscious of inner content on a verbal level. Furthermore, Stanescu (2021) argues that it is through creating tangible, visual representations of inner thought that our unconscious concerns are allowed to be revealed and accepted in ways that would otherwise be unacceptable, such as coming to terms with their own sexuality for example. Sand play offers a unique opportunity for people to connect with who they are on a deeper level and make connections about themselves that will allow them to flourish in and out of therapy (Adams, 1999).

1.1.3 Play Therapy

When used in therapy, sand tray activities represent a form of non-directive play therapy (Gordon, 2014). Non-directive play therapy suggests that children are fully capable

of resolving their own problems when they are provided the opportunity to freely explore and express themselves (Wilson & Ryan, 2007). Particularly with children, the focus of non-directive play therapy are the experiences and feelings of the child; the therapist does not try to guide what the child does but instead allows the child to direct what happens during play and what meanings are attributed to toys (Dickinson & Daly, 2021; Ramirez et al., 2005). Through play, therapists can learn the child's experiences and help them achieve therapeutic goals (Pehrsson, 2007; Wilson & Ryan, 2007). Play is a means of communicating about attachment and learning about the child's world, so play and playfulness are essential for child development and growth (Gordon, 2014).

Therapists strive to help children develop mindfulness through play, which will allow them to make progress towards their goals and translate those skills into their lives outside of therapy (Dickinson & Daly, 2021). The foundational tenant of the present study is that while play is integral for the development of children, there are still benefits of play for adults, especially when they are processing events that happened when they were younger; similar to non-directive play therapy, adults will find the solutions that they need when given the space to do so (Stanescu, 2021; Wilson & Ryan, 2007). Sand play allows adults to work through their presenting problems more comfortably and experientially without playing dress up or games that are traditionally a part of play therapy (Dickinson & Daly, 2021; Timm & Graza, 2017)

1.1.4 Play Therapy and Sand Trays with Adults

Play, and by extension play therapy is important for child development, but there are arguments that suggest that play in therapy can be impactful for adults as well (Stanescu, 2021). Yadave et al. (2015) suggest that sex therapists already incorporate

aspects of play therapy without referring to it in such a way. They incorporate elements of playfulness to reignite passion in their clients' sexual relationships. This incorporation has allowed clients to feel more at ease with their sexuality, especially in a society where it is a taboo topic (Yadave et al., 2015). As Yadave et al. (2015) notes, using playfulness as a therapeutic intervention creates a safe space with clients for them to be able to approach difficult topics. The present study considers sand trays as a form of play that can be intentionally incorporated into therapy with adults to ease client stress and unease when discussing topics that have societally been labeled as taboo, such as sex, relational distress, or religion.

Despite most research on clinical sand tray use being conducted with child clients, there has been more exploration into using sand trays with adult clients in recent years. For example, Freedle et al. (2020) found that adding a sand tray to treatment resulted in a statistically significant reduction in stress in outdoor behavioral health care for emerging adults. Participants reported that the sand trays were stimulating, relaxing, playful, safe, and insightful. This allowed participants to confront the traumatizing situations that led them to be in the behavioral health care facility in the first place. Similarly, in a study that used sand trays with women who experience generalized anxiety disorder, there was a significant difference between groups, with the experimental group experiencing a significant decrease in anxiety (Foo et al., 2017). A study conducted with adult women diagnosed with anxiety suggested that sand tray work helped them explore their anxieties and overcome them in ways that traditional talk therapy did not allow and in a quicker timeframe (Foo et al., 2017). The use of sand trays with adult clients has been shown to reduce stress and anxiety and increase therapeutic participation.

1.1.5 Current Study

The purpose of the present study is to understand therapists' attitudes toward using sand trays with adults. Previous studies surrounding adult sand tray use have been from the perspective of the clients but have not explored the therapists' attitudes toward facilitating the sand tray (Foo et al., 2017; Freedle et al., 2020). This could be because a majority of articles published on this topic appear in *The Journal of Sand Play Therapy* or from sand play therapists (i.e., therapists who are specifically licensed and trained in sand trays from The International Association for Sand Tray Therapy). Both imply that the researchers come from a sand play background or at least include sand play in their prominent theoretical approach. Case in point, in his 2021 study, Stanescu notes the limitation that having a sand play orientation may impact his ability to be objective in his data analysis. It is important to note that while there is a way to be specifically certified as a Sand Play Therapist, therapists do not have to be certified to use this therapeutic approach, similarly to how therapists can be certified to become a certified Cognitive Behavioral Therapist who primarily uses cognitive behavioral therapy (CBT) but a therapist does not have to be certified to use CBT with their clients.

Haslam and Harris (2011) found that despite recent literature on sand trays with adults, therapists still assume that play therapy techniques do not hold a place in adult therapy. The researcher is assuming that negative attitudes about the usage of sand trays with adults contribute to the decrease of use in therapy. The current study examines whether these opinions hold true more than a decade later when it comes to using sand trays with adult clients, using the following questions to guide the research:

1. What are the general attitudes of therapists surrounding sand tray work with adults?
2. What limitations are stopping therapists from using sand trays?

CHAPTER 2. METHODOLOGY

2.1 Methods

The present study utilized survey methodology. After receiving approval from the University of Kentucky Institutional Review Board, participants were recruited using a convenience sample from university-based family therapy programs and professional therapist organizations (e.g., University of Kentucky Couples and Family Therapy program, Local Mental Health Specialists, University of Las Vegas Nevada Couples and Family Therapy program, University of Miami Couples and Family Therapy program, Brigham Young University Marriage and Family Therapy program, North Dakota State University Family Sciences program). Organizational gatekeepers were emailed and asked to share the survey link with students, alumni, members, or other professionals who may meet the inclusion criteria, as described below, or who may be able to share the survey with others in their networks. Thus, snowball sampling techniques were used by asking invited subjects to share the survey with colleagues who meet the inclusion criteria.

To participate in the study, adult subjects must work as a licensed or provisionally licensed therapist, counselor, or mental health provider. The sample size obtained for this study was $n=24$ therapists.

The thesis utilized a survey research design that was self-administered through Qualtrics online survey tool, housed at the University of Kentucky. The survey included a mix of qualitative and quantitative questions (see Appendix A). The survey began by asking, “*Do you use sand trays with adults?*” After which, a series of Likert questions were asked to gauge the attitudes of participants surrounding sand tray usage with adult clients. Example questions included, “*I see the benefit of using a sand tray with adults in*

therapy,” with 1 being strongly disagree and 5 being strongly agree. Following these statements, a series of open-ended response questions were posed, (e.g., *Briefly describe your thoughts about NOT using sand trays with adults*), to provide participants an opportunity to share additional feedback.

2.2 Data Analysis Plan

Likert survey questions were descriptively analyzed by examining the distribution of agreement with the statements and the percentages in which therapists agreed or disagreed with the statements provided. Additionally, the Likert questions were used to further contextualize themes that emerged from the qualitative data.

A qualitative thematic analysis (Creswell, 2013; Clarke & Braun, 2013) was applied to the open-ended response questions to assess emergent themes. Based on the questions posed in the survey, expected themes included *benefits* from using the sand tray, *limitations* to the sand tray, and general *attitudes* of therapists regarding sand tray use. Examining themes that emerge from participant responses helps the researcher better describe a general narrative that therapists may have related to the use of sand trays in their practice with adult clients.

The process of thematic analysis included coding, searching for themes, and defining the themes that emerged (Clarke & Braun, 2013). Open-ended responses were aggregated and read over the responses several times by the researcher, highlighting and coding similar responses. To identify emergent themes, the highlighted text was color-coded based on passages that contained similar ideas. As suggested by Lester et al. (2020), to make the themes more concise, the researcher copied the parts of the responses that were

similarly titled into a different word document under common headings. This is where the themes were named and defined based on what was similar about the responses.

At no point during the coding process was information deleted or cut. If something needed to be re-spelled or phrased differently (e.g., changing *college degree* to *degree program* to quantify where participants received training), the responses were struck through rather than deleted. This created an audit trail that was reviewed by a fellow researcher during the course of data analysis. Additionally, this helped to keep the results and discussion of the data true to the voice of the participants. At the end of this process, the themes were reviewed in a confirmability audit to ensure they accurately reflected the participants' original responses.

CHAPTER 3. RESULTS

3.1 Participants

A total of $n=24$ therapists provided responses to the survey, although not all participants provided demographic information. Of those who did, sixteen self-identified as female, and four self-identified as male. Fourteen participants self-identified as white, three self-identified as African American, and one participant self-identified as bi-racial. Thirteen participants reported currently using sand trays with adult clients (see Table 1.1 for a detailed demographic summary). A majority of participants (55.5%) reported being Marriage and Family Therapists and working with couples in therapy; however only 15.8% of participants reported using sand trays in their work with couples.

3.2 Descriptive Quantitative Analysis

A mixed-methods survey instrument was created for the present study. The quantitative results utilized a Likert scale to determine how strongly participants agreed or disagreed with the presented statements. The responses *strongly disagree* and *disagree*, as well as *strongly agree* and *agree* were combined into respective categories to indicate overall participant *disagreement* and *agreement*. Because the sample size was $n=24$, the responses were condensed to Agree or Disagree for ease of understanding (see Table 1.1). Of the responses received, 76% of therapists indicated that they saw the benefit of using a sand tray with adults in therapy, but only one participant reported administering sand trays with all of their adult clients. Additionally, statements that reflected participants thought sand trays were therapeutically beneficial, such as “*Sand trays help my adult clients in ways that traditional talk therapy does not*” and “*Sand trays benefit clients with a variety*

Table 1.1 Sample Demographics

	n	%		n	%
<i>Sand Tray Use with Adults</i>			<i>Received Formal Sand Tray Training</i>		
Yes	13	54.17	Yes	12	50.0
No	11	45.83	No	12	50.0
<i>Type of Clients who use Sand Trays</i>			<i>Self-Described Race / Ethnicity</i>		
Individual	12	63.16	White	14	77.78
Couple	3	15.79	African American	3	16.67
Family	4	21.05	Bi-Racial	1	5.56
<i>Therapist Licensure Level</i>			<i>Type of Therapist/Licensure</i>		
Fully Licensed	11	61.11	Marriage and Family Therapist	10	55.56
Associate Licensed	7	38.89	Mental Health Counselor	5	27.78
			Clinical Social Worker	2	11.12
			Other	1	5.56
<i>Therapist Specialties*</i>			<i>Populations with Whom Therapists Work*</i>		
Couples Therapy	10	41.67	General	6	27.28
Play Therapy	3	12.5	Couple/Adult Therapy	5	22.73
Cognitive-Behavioral Therapy	3	12.5	Children	5	22.73
Children	3	12.5	Trauma	3	13.64
Other	5	20.83	Did Not Specify	3	13.64

Note: *Open-ended categories, so response totals may not match the total participants.

Table 1.2 Therapist Agreement of Statements

	<i>Disagree</i>		<i>Neutral</i>		<i>Agree</i>		<i>M</i>	<i>SD</i>
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>		
I administer sand trays to every adult client.	18	85.72	2	9.52	1	4.76	1.48	.85
I see the therapeutic benefit of using sand trays with adults.	1	4.76	2	28.57	14	66.67	4.10	.97
Sand trays help my adult clients in ways that traditional talk therapy does not.	0	0.0	12	57.14	9	42.86	3.71	.88
I see the benefit of using a sand tray with adults in therapy.	0	0.0	6	28.57	15	71.43	4.24	.87
Sand trays help adult clients from different cultural backgrounds.	2	9.52	6	28.57	13	61.9	3.81	.96
Sand trays benefit clients with a variety of presenting problems.	0	0.0	4	19.05	17	80.95	4.38	.79
I have heard of sand trays as a therapeutic technique before this survey.	0	0.0	1	4.76	20	95.24	4.67	.56
I have considered using sand trays with adults in therapy before.	4	19.04	2	9.52	15	71.43	3.95	1.36
I used to use sand trays with adults but have stopped.	12	57.14	2	9.52	7	33.33	2.52	1.68
I am open to incorporating sand trays with adults into my therapy.	1	4.76	3	14.29	17	80.95	4.24	.87
I know resources on where to get the information to start using sand trays.	8	38.1	1	4.76	12	57.14	3.33	1.46
I see the benefit of using a sand tray with adults in therapy.	0	0.0	5	23.81	16	76.19	4.33	.84

of presenting problems,” had 100% of respondents either feeling neutral or agreeing with them, and others such as “*Sand trays help adult clients from different cultural backgrounds*” were met with over 60% agreement from respondents (See Table 1.2).

3.3 Thematic Qualitative Analysis

A qualitative thematic analysis was conducted using the qualitative coding process as set forth by (Clark & Braun, 2013; Lester, et. al., 2020). Specifically, the text portions of the survey were assessed for commonalities that emerged from like responses along three broad dimensions: *benefits* of using the sand tray, *limitations* to the sand tray, and general *attitudes* of therapists regarding sand tray use.

Benefits. Among the reported benefits of using the sand tray, three themes emerged: (1) significance of non-verbal client-therapist interactions; (2) allowing conversations to be client directed; and (3) creating an avenue for clients to discuss trauma. Participant responses indicated how over the course of sand tray work, the non-verbal aspect of putting figurines in the sand allowed for a more relaxed atmosphere for clients who were initially more reserved when it came to therapy. Additionally, because clients are the ones who put the sand tray together (i.e., they choose figurines and assign meaning), the metaphors used, and experiences discussed are decided and led by the client. Congruent with literature, the first two themes provided a foundation for therapists to create an atmosphere where clients felt more comfortable talking about trauma as it happened to the “figurines” (Kalff, 1991).

Limitations. Participant responses related to the limitations of using sand trays with adult clients produced four emergent themes: (1) therapists being unfamiliar or untrained in this specific type of therapy; (2) experiencing barriers to their access to sand trays; (3) not feeling as though adults are the appropriate audience with whom to use sand trays; and

(4) not having the resources to use sand trays outside of the therapy room, like over telehealth. Many reported not ever having been exposed to sand trays, and if they had been exposed it was not in a way that promoted comfortability using with adult clients. Therapists also expressed that if they were trained and comfortable using sand trays, they experienced many barriers to using sand trays such as unsupportive agencies or having to acquire materials out of pocket. Other therapists suggested that sand trays seem “childish” or that they would not feel comfortable offering sand trays to adults. Lastly, with the increase of technology assisted therapy services (TAS), therapists have been limited in practice modalities because clients do not readily have the same therapy resources, such as sand trays, in their home.

General Attitudes. With general attitudes of therapists around sand tray use, no new themes emerged; however, some therapists offered new insights into their attitudes that ranged from positive (such as suggesting it would be a “fun date night”) to negative (such as not knowing how to introduce the tool or feeling uncomfortable bringing up using sand trays with their adult clients). The latter insights help to reinforce some of the limitation-related themes described above, such as questioning adults being an appropriate audience for the technique, or lacking training that could help therapists approach their clients about using sand trays as part of therapeutic practice.

CHAPTER 4. DISCUSSION

4.1 Discussion

Of all the themes that emerged, three themes were mentioned more frequently throughout participant responses than the others, or they combined smaller themes in their discussion by participants. Thus, to increase the overall thematic narrative of the present study, the focus of the discussion section will be on three overall key findings: (1) how therapists experience barriers to using sand tray with clients; (2) the benefit that not relying on talking can provide; and (3) how therapists have seen sand trays to be especially beneficial to help clients with a history of trauma.

4.1.1 Barriers to Using Sand Trays

Not every comment received about sand trays praised their ability to help in the therapy room. Several participants discussed reasons why they have not and probably will not use sand trays in the future. A common concern among respondents was the increase in providing virtual therapy appointments that did not provide the opportunity to use sand trays with clients because they were not seeing the client in person. In these instances, participants shared that *“providing therapy virtually is extremely limiting and does not allow for sand tray work.”* This holds especially true post-Pandemic as there are therapists who work outside of the traditional therapy room and reported that they were *“not sure if it’s a model that can extend outside of the therapy room.”*

Additionally, many respondents reported that a lack of access to sand trays caused a decrease in their ability to use sand trays with their clients, whether children or adults. One therapist stated that their new agency does not support using sand trays with their clients. Another reported that there is only one sand tray at their agency, and it is easy to

forget to reserve the room where it is kept when booking clients. One respondent in private practice reported the cost of collecting the items needed for a sand tray would be an extra expense to the therapist that is seen as *“not necessary when there are other models of therapy that have positive results.”*

Finally, with regard to barriers to using sand trays, several respondents reported that they have not used sand trays since graduate school or have never been introduced or trained to use them in any way. This creates a barrier to therapeutic practice as clinicians are not likely to employ a modality that they do not feel comfortable using. As one therapist reflected, *“I sometimes worry that I do not use it correctly since I have never been ‘formally’ trained.”*

4.1.2 The Benefit of Not Talking During Therapy

The most common theme that emerged related to the benefits of using sand trays in therapy was the significance of providing an *“outlet that does not require talking”* in therapy. There are many reasons that clients may be hesitant to speak up or often in therapy, such as English being their second language, having anxiety, or naturally having a quieter personality. Being able to have a therapeutic method for clients that does not put pressure on them to keep the conversation going can allow for a *“more relaxed atmosphere”* and promote comfortability in the therapy room.

Additionally, one therapist noted that this atmosphere could create a calming space for clients from multicultural backgrounds. Even when the client and therapist are from the same cultural background, they may not view the world the same. For example, one therapist reported how the sand tray helped them to observe the world through their clients’ eyes and better understand how they see the world differently. Several respondents

discussed the importance of naturally occurring symbolism, meaning it is the client's symbolic meaning rather than the therapist's meaning that emerges from sand tray therapy. This naturally occurring symbolism shows the therapist how the client sees the situation rather than how the therapist sees the situation.

One therapist noted the significance of how sand trays can take confrontation out of conversation. One important aspect of the sand tray is how it can distance the individual from the experience and the feelings they are trying to express (Freedle, 2022; Kalff, 1991). Sand tray therapy has allowed clients to move through healthy foundational human developments with clients that they had previously missed, such as anger management or as a result of adverse childhood experiences (ACEs). As one respondent remarked, sand tray therapy allows clients to *“access their inner child and symbolic meaning that is difficult to replicate in traditional talk therapy.”* Another therapist mentioned how role-playing interactions in the sand could help couples and families to connect without confrontation.

4.1.3 How Sand Trays Can Help Process Trauma

Several participants mentioned that in the work they do with clients, using sand trays to provide a visual representation aided clients when discussing difficult topics such as past traumas. One therapist shared how clients *“find it easier to share traumatic events using ‘toy like items’ that are symbolic than sitting eye to eye retelling their trauma.”* In these situations, it may be hard for clients to talk about what they have been through. Participants expressed that having a visual aid helps to break down that barrier in therapy. Another therapist reflected having *“experienced informative emotional reactions to client's use of sand trays that I would not have experienced with just verbal exchanges.”*

Additionally, as discussed in the previous section, there is less emphasis on the therapist and the client to keep the conversation going. Participants mentioned how sand trays are helpful because they encourage a more relaxed atmosphere where clients are not required to make eye contact while talking about negative things that have happened to them. The sand tray becomes a guide for the conversation rather than “*my own techniques guiding them,*” which allows the client to feel in control. As corroborated by literature, this can help clients when processing traumatic events, they have experienced (Freedle, 2022; Foo, et al., 2017). Sand trays can also encourage clients to think about their experiences in different ways. One therapist noted, “*Sand Tray has helped me connect to adult clients that have trouble describing their experiences or tend to stay more ‘logical’ or ‘cognitive’ during talk therapy.*”

4.2 Limitations and Future Directions

While the information gleaned from this data offers new insight into the use of sand trays in therapeutic practice, there are noted limitations to the study. Most notably, the survey had a small sample size, which limits the generalizability of the data. Additionally, because of the survey-based methodological design, the reliability and validity were not tested; thus, results of the survey represent the opinions of the therapists who chose to respond to the call for participation.

Despite the limitations, the present study was informative in expanding the scope of understanding related to how therapists may perceive using sand trays in therapy with adult clients. Future research in this area could study the impact of using sand tray therapy with clients who are processing past traumatic events. It could be beneficial to experiential therapists and/or clinicians who practice trauma-informed care to learn more

about how sand trays may help with trauma specifically. Additionally, future research should explore when and how therapists make the decision to include sand trays as a part of their treatment plans. This could be the decision to be trained or even specifically when to introduce the idea to clients. With increased knowledge surrounding sand trays with therapists, this therapy modality has the potential to increase healing for clients without the weight of using vocabulary to express inner thoughts and feelings by showing them in the sand. The results of this survey suggest that while therapists see the benefits of using sand trays with adult clients, there are significant barriers currently in practice for this modality to be common practice.

APPENDICES

Appendix A: Qualtrics Survey

Do you use sand trays with your adult clients? Yes, or No?

Did you ever receive formal training with sand trays? *If yes, where (e.g., Degree program, professional development)?* _____

Likert Scale (1 = Extremely Disagree, 5 = Extremely Agree)

1. I administer sand trays to every adult client.
2. I see the therapeutic benefit of using sand trays with adults.
3. Sand trays help my adult clients in ways that traditional talk therapy does not.
4. I feel the training I had for sand trays was sufficient for my work with adult clients.
5. Sand trays help adult clients from different cultural backgrounds.
6. Sand trays benefit clients with a variety of presenting problems.
7. I have heard of sand trays as a therapeutic technique before this survey.
8. I have considered using sand trays with adults in therapy before.
9. I used to use sand trays with adults but have stopped.
10. I am open to incorporating sand trays with adults into my therapy.
11. I know resources on where to get the information to start using sand trays.
12. I see the benefit of using a sand tray with adults in therapy.

Briefly describe how sand trays benefit you as a clinician that has not otherwise been touched on.

Briefly describe your thoughts about not using sand trays with adults.

Briefly describe any other opinions you have surrounding using sand trays with adults in therapy.

How long have you been using sand trays in therapy with adults? _____

Is there a specific population that you work with? _____

What would you say your specialties are? _____

What are the two most common presenting problems that you use with sand trays? _____

What type of client do you use sand trays with? (Select all that apply) (*Individual, Couple, Family, Other*)

Therapist Level? (*Fully Licensed, Associates License, Student Therapist, Other*)

Credentials (e.g., LMFT, LCSW): _____

What certifications, if any, do you hold? _____

Where do you work? (*Private Practice, Agency, Other*)

Gender: _____

Race/Ethnicity: _____

Appendix B: Informed Consent

IRB Approval
3/7/2023
IRB # 85079
NMED

Dear Participant,

Researchers at the University of Kentucky are inviting you to take part in a survey about the attitudes that therapists have concerning the use of sand tray therapy with adult clients.

Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about if and how sand trays are used, and/or why they are not used, in therapy with adult populations. Some volunteers experience satisfaction from knowing they have contributed to research that may possibly benefit others in the future. If you do not want to be in the study, there are no other choices except not to take part in the study. The survey/questionnaire will take about 15 minutes to complete.

There are no known risks to participating in this study. Your response to the survey is anonymous, which means no names, IP addresses, email addresses, or any other identifiable information will be collected with the survey responses. We will not know which responses are yours if you choose to participate.

We hope to receive completed questionnaires from approximately 20 people, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey, but if you do participate, you are free to skip any questions or discontinue at any time. You will not be penalized in any way for skipping or discontinuing the survey.

If you have questions about the study, please feel free to ask; contact information is given below. Thank you in advance for your assistance with this important project. To ensure your responses/opinions will be included, please submit your completed survey by the end of March.

By clicking “NEXT” at the bottom of the screen, you indicate your consent to participate in this research study. The survey will continue on the next screen.

Sincerely,

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Therapy Program Department of Family Sciences,
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If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-4009428.

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