Sandtray Therapy through the lens of the Expressive Therapies Continuum: Helping children who experienced trauma tap into their creative potential

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Sandtray Therapy through the lens of the Expressive Therapies Continuum: Helping children who experienced trauma tap into their creative potential

Capstone Thesis

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Abstract

This study explores the use of Sandtray therapy with children in middle childhood who have experienced trauma. Sandtray therapy allows children to create a world of their own with sand and symbolic figures. It supports children’s need for autonomy and provides a way to engage in healing through playful and non-verbal means. Based on the intermodal nature of Sandtray therapy, it was presumed that the Expressive Therapies Continuum (ETC) could be used alongside the intervention as an assessment tool to better understand how development impacts artmaking. Based on the developmental needs of this population, a method including play and art-making seemed best. For that reason, an adapted sandtray was developed, ensuring that it was best suited to travel and allowing for each student to have a similar experience, despite meeting them in different settings. Each child had a 45-minute session in which they had the opportunity to interact with the tray. Knowing the contradictions between Sandtray’s natural blend of all levels of the ETC and the developmental limitations of this population, this study hoped to illuminate Sandtray’s ability to enhance children’s art-making capacities, allowing them to work at all levels of the ETC. Using Sandtray, it became clear how each child felt most comfortable engaging in the art-making process, which coincided with their developmental milestones. Further, research pointed out how Sandtray can uncover symbols that may not be conscious to the child but can inform the therapist and provide further connections.

Keywords: sandtray, expressive arts therapies, expressive therapies continuum (ETC), middle childhood, trauma, play therapy
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**Introduction**

For many people, sand holds different meanings. Perhaps it is a reminder of the beach and calming sound of the waves. It may awaken one’s inner child, reminding them of playing in a sandbox with peers. It could feel like a desert, vast and dry. Whatever meaning it may hold, sand presents endless possibilities for exploration and play.

Throughout this year, I was been exploring individual outpatient therapy with young children for the first time. I was searching for expressive art therapy activities that work with a diverse set of needs and developmental statuses. My background is rooted in theater, but while I was drawn to drama therapy techniques, this age group worked best with play-therapy activities. Many of the students enjoyed playing with dollhouses, figures, or board games. For those resistant to play, art therapy techniques suited them best. I wanted to provide something new for my clients that could help spark a desire for change. When considering the modalities I used most, art, theater, and play, Sandtray therapy seemed like the perfect fit.

Sandtray therapy allows children, teens, and even adults to create a world of their own with the natural element of sand and symbolic figures, creating a sensory and metaphoric experience (Rae, 2013). For children, this method can be successful in that it does not require verbal explanation but instead allows for scenes to be made in the tray. Sandtray therapy is incredibly beneficial for children who have experienced trauma, which was a large percentage of the population I worked with. This method allows for aesthetic distancing in which the child can
view painful memories from a safe place without being retraumatized (Rae, 2013, p.147). Sandtray puts the child at the center of their own healing, as the therapist plays a witnessing role and guides them through the exploration.

While sandtray work can be organic and free-flowing, before the sandtray can be introduced, the therapist should evaluate the child’s developmental ability and readiness for healing and change. (Eberts and Homeyer, 2015, p135). One tool that could be helpful for this process is the Expressive Therapies Continuum (ETC). The ETC is a tool for classifying on what level the art-making process is taking place. Just as Sandtray work is an intermodal blend of expressive therapy techniques, it is also a blend of the levels of the ETC. The feeling of playing in the sand fulfills a kinesthetic/sensory need, choosing figures and responding to feelings fulfills a perceptive/affective need, and creating a scene representative of a personal narrative fulfills a cognitive/symbolic need. It may even be possible to experience the fourth level, the creative level of functioning, reflecting on more than just art-making, but rather one’s ability to make sense of themselves and the world they live in.

Based on my understanding of the population and Sandtray therapy, which by nature is intermodal, I decided to use an adapted sand tray to help children explore their creativity and challenge them to function across all levels of the ETC. While I recognized the developmental limitations for children ages 7-10, I wanted to see if Sandtray therapy could help them interact at all levels of the ETC, as well as strengthen their cognitive functioning. Due to the mobile nature of my internship, the sand tray and figures had to be suited for travel and allow for each child to have a similar experience, despite meeting them in different settings. Each child was seen for individual, 45-minute sessions in which they had an opportunity to interact with the tray. Using the instructions found in the research, children were asked to create images in the sand based on
desires, connections, or themes they wished to explore. Each session was intended to be client-centered and primarily client-led. For children who felt stuck in a particular level of art making, sandtray therapy could help them explore the other levels of the ETC and create with different intentions.

One particular interest was to better understand how clients experience working at the fourth level on the ETC, creating something that feels whole and like an active part of treatment, despite the lack of a physical product. Additionally, I hoped to gain a better understanding of this population’s developmental and art-making needs by using Sandtray therapy and looking at their work through the lens of the ETC. I expected that the children would be able to work at all levels of the ETC, despite their developmental level, based on the nature of Sandtray therapy and the power that play is known to have for children. However, I also gathered that each interaction would yield different themes and challenges for each child.

**Literature Review**

**Sandtray and Sandplay Therapy**

In short, Sandtray therapy is defined as “an expressive and projective mode of psychotherapy involving the unfolding and processing of intrapersonal and interpersonal issues through the specific use of specific sandtray materials as a non-verbal medium of communication, led by the client(s) and facilitated by a trained therapist” (Homeyer and Sweeney, 2011, p.4). Sandtray not only defines a method but acts as an umbrella term for specific theories or methods that use a sand tray. For example, there are Adlerian, Humanistic, and Gestalt approaches to Sandtray therapy, which therapists may use depending on their own counseling perspective (Eberts and Homeyer, 2015). Additionally, there is Sandplay therapy,
which is a Jungian-based method founded by Dora Kalff intended to tap into both “conscious and unconscious processes and to activate the psyche’s natural healing capacities” (Freedle, 2022, p.129). While some practitioners and researchers see Sandtray and Sandplay as two entirely separate methods, for the purpose of this study, the word Sandtray acts as an umbrella term for all methods of sand work, and specific theory names will only be used to provide clarity or describe specificity when needed.

Sandtray therapy originated in the late 1920s with the “World Technique” established by Margret Lowenfeld, who founded and worked in one of the first psychological clinics for children (Friedman and Rogers, 1994). Inspired by H. G. Well’s book *Floor Games* and her observations of children playing with small toys or materials such as beads and matchboxes, she added trays with sand and water to the playroom. The play that took place in the trays created a way for children to communicate in a non-verbal way and for observations to be recorded and analyzed (Friedman and Rogers, 1994). The World Technique involved inviting the child to use the sand to create a bridge between themselves and the therapist, or as Lowenfeld calls them the creator and witness (Rae, 2013). Another aspect was to invite the child to make a picture in the sand using the toys available in the room. Those “pictures” helped provide an insight into the child’s world and determine what activities would best follow what was depicted (Friedman and Rogers, 1994).

Those prompts still reflect the basis of Sandtray therapy, specifically Sandplay. In other methods of Sandtray therapy, the therapist provides more directive prompts, such as thinking about a word or experience that can be played out in the sand. The therapist observes and helps facilitate reflection following the creation, helping the client shift from right-brain image/symbolic thinking to left-brain linear/verbal storytelling (Homeyer, 2015). This shift is not
meant to undermine the non-verbal aspect of sandtray, but to give voice to what the creator or client has brought forth, to get a pulse on the conscious and unconscious material at play, and to engage the whole brain, promoting transformation (Rae, 2013). Further, it is crucial that the therapist not interpret, but wait for symbols to first be identified by the client (Manny, Staples, & Edwards, 2017). One should not assume to know the meaning behind all pieces in the tray, as they could represent something outside the ideas of the therapist or could hold multiple meanings.

Alongside the overarching structure of Sandtray therapies are some general guidelines for set up, toy selection, and sand. It’s suggested that there be at least two trays, one for wet sand and another for dry sand. The tray size is not consistent across practices but should be around 20 x 24 x 3 inches (Rae, 2013). Many Sandtray therapists, especially those in the Sandplay specialty, suggest making sure the base of the tray is blue, to simulate water or sky (Freidman and Rogers, 1994). Many Sandtray practitioners suggest natural sand which is consistent in texture and can get wet or dry easily (Rae, 2013). When it comes to the miniatures that can be placed in the sand, it is important to have a wide and diverse variety. It is recommended that there are plants, animals, people, human environments, elements, and materials that can be used imaginatively (Rae, 2013). Often, these figures are put on open shelves, so that the client can see the options and choose which ones they resonate with (Freidman and Rogers, 1994).

**Trauma**

While Sandtray therapy meets the needs of many populations, for children who have experienced trauma, this method can be successful in that it does not require verbal explanation but instead allows for scenes to be made in the tray. Sandtray allows for aesthetic distancing in which the child can view painful memories from a safe place without being retraumatized (Rae,
2013). Often children can’t talk about traumatic experiences and don’t feel as though they have autonomy over them either. Sandtray puts the child at the center of their own healing and allows the therapist to step back and witness or gently guide the client through exploration. This sense of empowerment leads to further confidence in themselves and a greater connection with their therapist, which can be strengthened further through the common language that Sandtray therapy provides. Miller and Boe (1990) researched this specifically and found that, as the child’s symbolic language was established through the use of a sand tray, the therapist was able to understand the child better and respond with their preferred language or within the realm that the child created. Often, what the child creates in the sand is unconscious material, so it helps both parties understand what is going on. Ultimately, this grows the therapist’s empathy for the child, helping them understand where the client is coming from without interpreting or assuming.

**Development in Middle Childhood**

Middle childhood describes children ages 6 through 12. Physically, children in this age range are still growing significantly. Around age 10 is when some children may begin to go through puberty, experiencing changes in their bodies and hormones (Glowiak & Mayfield, 2016b). Consequently, this affects children's emotions and self-image, as they may feel out of control with the changes occurring. Alongside physical changes is further cognitive development. According to Piaget (1936), middle childhood marks a change from preoperational functioning to the concrete operational stage. In the preoperation stage, children ages 2 through 6 are becoming attuned to symbols in their life and culture, such as the alphabet. They begin to speak, draw, sing, and, towards the end, read and write to some degree (Feldman, 2004).

Not only are children able to think symbolically, but they begin to participate in symbolic play. Symbolic play can be described as, “performing stories that involve multilateral
perspectives and manipulate ideas and emotions through play…Development of symbolic play is motivated by hidden cognitive changes and the capacity of a child to manipulate symbols and representations” (Petrović-Sočo, 2014, p. 237). Play is a crucial part of development for children, as it helps them work through problems, aiding cognitive and social-emotional maturity. Further, children are more creative during these early years than they will be after they turn six. This is seen not only in their play and the desire to be hands-on but also in their perspective of the world. Children during these years have their own set of principles that defy adult logic yet do not lack coherence (Freedle, 2022). Their imagination is beyond just play, but their outlook on life. When children enter the concrete operational stage at around 6 years old, however, this changes. Children begin shifting their thoughts to be logic-centered, mirroring adults. Still, this change is not sudden, as there can be plenty of overlap between the current and the previous stage.

During the concrete operational stage, children begin to focus on categories and hierarchies. (Feldman, 2004). Many children in society are in school and beginning to do more rigorous work. This is reflected as well, as the child becomes more wrapped up in their academics than play. Children in this stage also become less egocentric and can understand basic perspective-taking (Glowiak & Mayfield, 2016a). This is the beginning of empathy and highlights the value of relationships, which is a growing concern at their age. Another hallmark of their social-emotional development is the pressure put on developing a self-image. Children become increasingly aware of the social groups around them and the expectations put on them (Glowiak & Mayfield, 2016a). Depending on the culture in which they live, these expectations may establish the value or diminish the value they put on their own self-worth and self-image.
As children are becoming more aware of themselves in the context of life, their personalities or self-expression may change.

**The Expressive Therapies Continuum (ETC)**

The ETC is a tool for classifying on what level the art-making process is taking place. It was founded by Sandra Kagin and Vija Lusebrink as a way to encompass all the methods of art making and help art-based therapists determine what kind of modality and material would best meet the client’s needs (Kagin and Lusebrink, 1978). Lisa Hinz has done further research and development on the topic, and summaries the content of the ETC:

Image, formation, and information processing are categorized in a hierarchical fashion from simple kinesthetic experience at one end to complex symbolic images at the other. The ETC is arranged in four levels of increasingly complex processing. The first three levels are bipolar by complementary… the two components of these first three bipolar levels represent functions or ways of processing information. The fourth level, the creative level, can occur at any single level of the ETC or can represent the integration of all functions from all levels. (2020, p.5).

The ETC often coincides with a child’s development, showing a progression from the early need for sensory input and motor growth to the more mature skill of cognitive processing. Young children may be creating at the early sensory/kinesthetic level and may not be able to work at a cognitive/symbolic level due to their lack of development in that area. For therapists, the ETC can play a dual role as an assessment tool and an indicator of areas of growth.
Figure 1

**Visual Representation of the ETC**

![Diagram of the ETC showing the relationship between Creative, Symbolic, Affective, and Sensory levels.]

**Note.** From *Expressive Therapies Continuum: A framework for using art in therapy*, by L. Hinz, 2020, p. 5.

The first level, sensory/kinesthetic is all about the physical experience and stimulation that comes from art-making. There is no final product or goal in mind for what is created at this level (Kagin and Lusebrink, 1978). Still, most art-making cannot take place without this basis. Hinz shares that “children need to physically manipulate and handle materials in order to form internal images of them(selves)” (2009, p.6). This is often why children learn best from hands-on experiences.
The perceptual/affective level centers on processing information and forming images and thoughts around the work. Often raw emotions follow suit at this stage (Hinz, 2009, p.6). Lusebrink and Kagin describe this stage as possessing “form potential” as there is much embedded into the work, but not all is uncovered (1978, p.174). The perceptual side of the brain is centered on structure and form, creating a visually pleasing or more organized type of art. An example of this is the pleasure or comfort people find when coloring in Mandalas, reducing anxiety in some instances (Hinz, 2009). The affective component is all about emotions, which may be raw, uncontrolled, and at times overwhelming. For those who have not gained emotional control, working at the stage of art-making can help create a “socially acceptable release” of their feelings (Hinz, 2009). There may be more attention to detail, as the intensity of the world around them leads to a shift towards more realistic creations (Hinz, 2009).

The third stage, cognitive/symbolic, is when higher thinking is involved. The client often uses more logic, verbal communication, and memories to understand the meaning behind the making (Kagin and Lusebrink, 1978). Following Piaget’s school of thought, children can think symbolically, but it is not until adolescence that abstract thinking is expected (Feldman, 2004). Prior to that, children’s cognition is based on concrete experiences, and they struggle to comprehend similarities between different events or objects (Hinz, 2009). Piaget himself even mentions the complex contrast between children’s ability to engage in symbolic play but not function with a deep understanding of metaphoric symbolism (1999). From a play perspective, “mental representation cannot happen until the child has gone through the process of internalization i.e., until it comes to the separation of the external, physical plan (objects and actions) from its mental image - image on the inner, mental plan which requires maturation, and is preceded by the so-called affective and underlying communication” (Petrović-Sočo, 2014, p.
While symbols and images may seem parallel to the child’s experience, the child may not be fully conscious of this. Piaget took notice of the unconscious symbols in play, titling them “secondary symbols” (1999, p.171).

Additionally, Kagin and Lusebrink clarify that “not all perceptions and experiences can be labeled, since internally many sensations are not within the field of conscious awareness” (1978, p.176). Not all experiences will be something the child is consciously able to understand, creating another obstacle when working with this level of functioning. This may make it harder for children to verbalize connections they see in their work. Still, symbolic thinking can be continually developed with more exposure to symbolic material, such as through warm-ups or guided mediation (Hinz, 2009). Similarly, children can engage in basic cognitive functioning simply by following steps or instructions given to them, as that in itself is a cognitive action. Through continued interaction with the arts, these levels of functioning and thinking will develop and grow with the child.

**Creativity**

The final level is the Creative level. At this level, people should be integrative in their work, using any or all levels of the ETC without difficulties and engaging both sides of the brain. It is encompassing both the “synthesizing and self-actualizing” tendencies of a person (Kagin and Lusebrink, 1978, p.172-173). To go a step further, Hinz, Rim, and Lusebrink clarify that, “the Creative dimension can be seen as being comprised of creative expression leading to a sense of closure and/or joy and resulting in feelings such as pride, appreciation, and release. The feelings of satisfaction and completion around the creative process should be acknowledged by the therapist and client as an integral part of ongoing art therapy” (2022, p. 2). This could be a sense of finishing an art piece or accomplishing a goal. However, the Creative level is often
confused as an end goal of the expressive therapies instead of a continual goal and process (Hinz, Rim, and Lusebrink, 2022). Lusebrink describes it as self-actualizing in part because an individual will never fully reach and maintain full creative functioning. It is a trait that can be tapped into and explored.

Creative functioning can happen at any level of the ETC and it has a continuum of its own to describe the level of creativity being interacted at (Kagin and Lusebrink, 1978). So, while creative functioning may be reflected by moving between the levels of the ETC, it is not determined by that. Instead, there is a focus on the spontaneity and desire to encapsulate an experience in a form of art. It often comes with feelings of “wholeness” and “letting go” as art can take on weight (Kagin and Lusebrink, 1978, p179). This is the essence of how art can hold emotions, memories, and experiences for the artist.

Outside the realm of the ETC, creativity is viewed as a strength. Those who are creative can adapt to the situations around them and be resourceful to ensure their goals are met (Csikszentmihalyi, 2008). Those traits parallel resiliency, which the American Psychological Association (APA) defines as the ability to adapt to difficulty and challenges while also adjusting to the internal demands of the self (2022). Resilience is a protective factor, helping one heal from trauma and continue on even after adversity.

**Method**

**Participants**

Individual counseling sessions were held with 7 children ages 7-10. The clients were all cis-gender, 3 male and 4 female, and had received outpatient therapy from an agency in Massachusetts since October. Each client was seen individually once a week at their school within counseling rooms, art rooms, or classrooms with varying resources and privacy. These
children held diagnoses of ADHD, anxiety, depression, or other trauma-related diagnoses, as they had experienced some form of hardship such as homelessness, witnessed or experienced abuse, difficult family relations, or the loss of a family member. The clients were accustomed to expressive arts or play-based sessions, so the transition to using a Sandtray was smooth. Most participants had an interest in the sand tray and used it for two sessions, however, some clients only interacted with it once due to lack of interest or attendance.

**Materials**

Since the sandtray had to be mobile, moving from school to school, the contents of it had to fit that need. The tray itself was a clear Rubbermaid bin, (20in x 12in), with blue paper attached to the bottom. Prior to this, a test run was done in a smaller tray, (12in x 6 in). Traveling with dry sand, wet sand, and water was not conducive, so the tray was filled with 8 pounds of purple kinetic sand. On one hand, many aspects of this went against what experts believe is optimal. That said, kinetic sand created a unique sensory experience that allowed for molding and building just as wet sand would.

As this project was not funded, the figures for the tray had to be sourced economically. Many of them were gathered from second-hand stores, the dollar store, or from pre-owned materials. There was a wide variety of people, animals, and house items. Finding natural elements was difficult, so stones, shells, and fake flowers were presented. There were a few buildings, some fences, and one vehicle provided as well. These were separated loosely by category and kept in clear plastic bags, which were emptied or searched through by the child.
Procedure

As the 45-minute session began, the sand tray was opened up and the bags of toys were taken out. The child was invited to touch the sand and play in it. This helped them experience the sensory nature of the sand and understand its capacities. They were then asked to form a landscape that felt best for them. When they expressed that the sand was ready, the client was invited to pull out the figures that “called” to them. They were invited to dump the bags if they prefer or the therapist pulled pieces out of the bags and line them up for the client to see better. Next, they placed the figures that they chose in the sand in any way they liked. While they did this, the therapist acted as a witness, sometimes verbally tracking their process. When the client expressed being done, the therapist led them through some reflection by asking questions. For example, the client was often asked to “tell the story” of the tray. Another reflection was if they felt a figure in the tray represented themselves. This whole process took around 20 minutes.

This activity was intended to be client-led, so the second half of the session was dictated by the client’s desires and needs. For some clients, this led right into imaginative play using the figures in the sand. During that, the therapist verbally tracked the play or engaged in the activity if the client asked. For others, they asked the therapist for guidance. In those instances, the therapist provided a prompt for them to create using the sand and figures. For example, they might have been asked to “make a tray based on family.” The process for witnessing and reflection was repeated for this tray and any future trays. At the end of the session, the client was invited to help deconstruct and “refresh” the tray. This entailed putting the figures back into the bags and flipping the sand over so that it no longer had marks or imprints. If the client did not wish to deconstruct, then the therapist explained that they were not required to, but it would be taken apart after they were gone.
Data Collection and Analysis

The process of collecting data was slightly difficult, as taking physical notes during a session was not typical or expected by the clients. I was concerned that this would feel jarring for them, so I chose to remain present and engage as they directed. However, following the session, I wrote detailed notes about the content of the sand tray and the interaction between myself as the therapist and the client. This included a general overview of the session, the client’s response to reflection questions, and any other relevant information from the sessions. Another way of keeping a record of the sand trays was to take photos. The clients were asked if a photo could be taken that would not be shared with anyone. If they agreed, that data was collected and paired with the post-session notes.

To analyze the data, the notes were compared with the levels of the ETC. The client’s speech, behaviors, and choices were compared to the overall themes and goals of each level. I also took into account the age and developmental milestones of each child, which helped inform where they fell and how they interact with each level on the ETC. Inspecting the children’s cognitive capacities helped illuminate when cognitive or symbolic functioning was happening at a smaller degree than initially imagined. Additionally, I took note of comments that might suggest a sense of wholeness or closure. Part of this was reflecting on my own felt sense during those sessions. Those personal reflections were recorded as well.

Results

Overall, all 7 clients participated in Sandtray work. Client one showed excitement for the sand, stating “I wish I could take it home.” During his session, he was unsure how to interact with the tray. Taking this as a cue for guidance, I chose to give him a word to inspire further
creation. In previous sessions, he only wanted to engage in board games or card games, so I suggested he make a tray based on the word “games.” The client moved all the sand to one side of the tray, making a hill. In one corner of the tray on the sand, he put dinosaurs behind a fence. Then, the client surrounded the fence with a dog, a lion, and a monster. On the other side of the sand, he put a building and some people. On the side of the tray with no sand, the client placed another person, a dog on its belly, a lizard, and a lion. When I asked him to describe what was happening in the tray, the client explained that the dinosaurs had to be locked up or else they would be out of control. The dog and lion were placed as another layer of protection. I asked which figure he related to most, to which he shared that he was the “dog that lays” who didn’t have to do anything. For me, this highlighted the importance of games for this client, and why he was reluctant to try any other interventions. This client often does not speak up and frequently says “I don’t know,” but his reflections were clear and direct answers, which seemed significant.

Another client was introduced to the sand tray and also enjoyed the sensory experience of the sand. To start, she chose to loosely smooth out the sand. Unsure of what to make in the sand, I asked her to create based on the word ‘basketball,” as she recently joined a basketball team. She put a piece of furniture that mimicked a hoop in one corner and placed 5 figures in the tray looking toward the hoop. All the figures had traditionally feminine traits to them, such as female-looking Barbies, pink and purple humanized animals, and a kangaroo with a baby. When she expressed feeling done, I asked her to describe the story behind the tray. She described it as a basketball team looking towards the hoop. The client shared that she was one of the Barbie girls and her best friend was the other. Both of those figures were put in front of the others and closer to the hoop. The next word explored was “friends.” She created a scene in which the two girls from before were next to a couch and lamp, in front of the T.V. The client described the scene as
two best friends hanging out after school. She was able to share a more detailed narrative about their friendship and the situation when prompted. As she previously struggled with interpersonal relationships, this gave some insight into how she was doing based on how she depicts the interaction between friends.

The client was asked to pick the last word, to which she picked “zoo.” She used animal figures and fences to create a zoo scene. With the desire to find closure, I asked the client to combine all of the trays she’d created so far into one. The client created a tray in which two girls were seen using the previously described basketball hoop. On one side of the tray was an array of animals watching. Behind the girls were smaller animals eating from the pen. This prompted conversations about how her basketball matches felt like a zoo. She was able to draw connections between the two and describe how she could get through the loud noises and anxiety that these games present. This seemed to be a thoughtful metaphor that held significant emotion for her. It also helped highlight her resilience as, despite the anxiety surrounding these events, the client was able to continue on during each basketball game and make close friends on the team.

A third client who interacted with the tray was excited about the selection of figures, opening each bag and sorting out the figures he liked and wanted to use. When asked to put the pieces that called to him into the tray, he decided to put the pieces into a respective corner per category. Animals lived in one corner, humans in another, and those in between had their own corners too. The client showed enjoyment when figuring out where to place each figure so that they could relate most. With each direction that followed, a similar structure continued in which the figures had to be categorized. At first, I felt a sense of frustration that the prompts I gave were not leading to a more symbolic response. However, leaning into his desired direction and
his playful nature helped me stay with where he was and allowed for developmentally appropriate pushes. For example, the client was especially drawn to the animals and continued to use the word “wild.” When asked how he related to “wild,” he proceeded to pull out the animals that had that quality and share how they related to him. For example, he related to a monkey because he is good at climbing and has lots of energy. Then, the client prompted the final tray in which he wanted to make animals look as though they were being humans. This included having them hold purses, watch tablets, and interact with furniture. This was him thinking more symbolically without any prompting or guidance from me.

In the next session with the tray, the client interacted through imaginative play. He pulled out familiar figures and began using them to play. This day, the client was especially drawn to a large mouth, which could hold certain figures. The client created a story in which the character in the mouth was able to “charge up” while in that space and come out stronger than before. However, when other characters disrupted the space, it could no longer serve a purpose. The therapist asked if the client had ever experienced something similar, to which the client shared an instance in which they needed time alone but people continued to invade their space.

The fourth client who interacted with the tray had no trouble picking and placing figures that called to her. She was able to point out each figure and describe how they related to the story she wished to share, which was about how her morning had gone. Without prompting, the client asked to hide the figures in the sand and dig them up together with the therapist. She asked me to join her in digging a place for the small items, placing them in, and covering them with sand. When this was done, the client and I took turns digging in one spot at a time looking for objects. In the end, the client picked up all the sand and continued to move it around until all the pieces
were found. It was during this session that I began to recognize the versatility of Sandtray therapy and that it does not look like what the textbooks described with every client.

The next time the tray was brought to the session, the client was interested in the sea shells, which had not been there before. The client placed them laying down in the sand, along with a rock and fake flowers. She created a hole in the sand where the blue could be seen, which represented a small pool. A doll was placed in the sand, and the client shared that she had created a “girls-only” beach where she and her cousin could interact together.

Client five also felt drawn to sea shells. In the first session, she spent a long time playing with the sand and laughing as it fell through her hands. During this session, it was difficult to follow the method or provide any prompts as she was caught up in the materials. She picked figures that she liked and place them in the corners of the tray. As new figures were pulled out of the bags, they were added to the tray and given a role, such as “a pet.” This client continued to place figures in and take figures out. Most figures were put in the corners and buried to some degree. While there was no clear story behind the play, at the end of the session she expressed that she had “a lot of fun.” In the next session, the sea shells were introduced. Again, without much prompting, she was captivated by the materials and quietly placed each shell standing up around the parameter of the tray. She created a small hole in the sand and placed two female-oriented figures and several food toys. She labeled this as a beach. While most clients were happy to take their trays apart, she was sad when the session ended and asked me to take the tray apart after she left.

The last two clients did not show much interest in the sand tray. Client six ignored the invitation to make an image in the sand, choosing to play with the figures and use the sand tray as a pit where they could be thrown into. At times the sand came out to act as clothes or snow,
but minimal play happened in the tray. Similarly, client seven did not put any figures into the sandtray. When invited to use the tray to create an image, she used the sand to fill up certain toys as if they were molds. The client was trying to build with the sand and create certain structures but felt frustrated when the sand creations were not perfect or fell apart.

**Discussion**

The results reported above were based on my experience working with the seven clients individually. While each child interacted with the same sand tray, their experiences were quite different from one another. After writing out each encounter and reflecting on my observations, thoughts, and reactions, four themes emerged from the data. I described each of them below.

**Sandtray enhances the client's ability to work across all levels of the ETC**

A major goal of this study was to see if, by the versatile nature of Sandtray Therapy, my clients were able to work across all levels of the ETC. For many of the clients, this was a reality. For example, client two engaged in the sensory nature of the sand, made the choice of characters out of emotional connections, and verbally explained the symbolic nature of the trays she created. She even was able to tap into abstract thinking and cognitive dialogue about the metaphor of the zoo and the basketball field, showing a high level of cognitive functioning. The final tray helped concrete the exploration and hold her feelings around basketball, fulfilling that fourth-level creative functioning. For me, this case seemed almost “textbook” in the way it played out. However, I recognized that this client in particular was on the older end of my caseload and was quite high functioning.

For some clients, the interaction at different levels took more prompting and guidance from me as the therapist. For example, client three was working primarily at the
perceptual/affective level for a while, but with some prompting and patience, he was able to
draw a symbolic connection between himself and the figures. Further, by spending another
session with the sandtray, the interaction at the creative/symbolic level became lengthier and
more client driven. Reflecting on all the experiences, especially those with the younger end of
this population, I recognize that I needed to adjust my expectations. Just as Hinz (2009)
described, following step-by-step instructions can be an indication of cognitive functioning.
Almost all the children were able to do that, as they created images in the sand as instructed.
Further, the children presented several symbols in their work, which was significant even if they
were not fully developed. When I changed my perspective to see the small indications of
creative/symbolic functioning, almost everyone, aside from the two clients with resistance, was
able to explore all levels of the ETC.

**Congruence Between the ETC and Development**

Going a step further, the sand tray helped me identify how in-depth each child was able
to interact at each level of the ETC. What I recognized was that the level each child interacted
with most coincided with their developmental status. In the instance of client three who
organized and created appealing categories for each figure, it became clear that he was acting at
the perceptual/affective level, as described in Kagin and Lusebrink’s research (1978). This client
historically acted this way during our sessions, and comparing that to the ETC gave me a better
understanding of why. Further, I better understood where he struggles, which was his ability to
use symbolic and abstract thinking. Feldman (2004) noted that this is the age when children
begin to start thinking more concretely and logically, which aligned with my client. After
looking at the sand trays and comparing them to the ETC, I felt as though I had a better
understanding and language for this behavior and it informed my future choices in activities.
Similarly, for the two youngest of this population, it made sense that there was more sensory/kinesthetic engagement, such as the burying and digging up of objects. They enjoyed those sensations and felt held there. That said, both clients also were also able to engage in the perceptual/affective levels, choosing characters out of emotional impulse and setting up the shells in the sand with an aesthetic in mind. The sandtray illuminated this transition from one school of thought to the next. Reflecting on Freedle's (2022) research showing that younger children start with symbolic thinking and lose it as they get older, it made sense that these younger clients were able to engage with symbolism more easily than others. For example, client four was able to identify and place figures in the sand that represented how her morning had played out. While on one hand, this cognitive function was advanced, she was not looking at distant memories but a moment from her present time, which was congruent to what Hinz (2009) describes as developmentally appropriate. This showed me that children’s interaction with the ETC is not linear.

This rings true for those who are more mature for their age. For example, client seven typically engaged in more cognitive/symbolic tasks but struggled to use the sand tray in that way. However, even in her resistance, this client worked almost entirely at the kinesthetic/sensory level, as she filled objects with sand and tried to make figures. For this client, she was able to return to that earlier stage of the ETC, which highlighted her youth and developmental need to return to the basics at some level. Just as Hinz (2009) describes, kinesthetic/sensory engagement is the basis of all art making, and it helps inform one’s internal image. As this client struggled especially with her self-image and self-worth, her engagement with the sand in that way may have fostered some growth and comfort. Again, I had to shift my perspective from feeling like
this was a loss of an opportunity and instead realize that she was able to honor her age and developmental needs.

**Unconscious Symbolism**

While often the creations in the sand seemed developmentally appropriate, there were some instances where deeper symbolism was present, but it was unclear whether the client was aware of it themselves. For instance, there seemed to be a clear meaning behind client one’s tray on the word “games.” That said, the client himself did not explore the deeper connection to the tray, despite any prompting. He remained short with his connections and did not unpack how the tray related to his life or feelings. Kagen and Lusebrink (1978) did describe that not all sensations are in the conscious realm. In that case, likely, these symbols were not yet understood by the client. Using the term from Piaget (1999), this unconscious symbolism may have been secondary to the primary symbols he had reflected on, such as the figures which represented protection. Regardless of his own understanding, the tray gave me a sense of how these games were impactful for him and validated my choice to continue using games in our sessions.

Similar to Miller and Boe’s (1990) research, the child’s symbolic language was established through the use of a sand tray, and I was able to better understand and respond to his needs.

Another example of unconscious symbolism was client four and her “girls only beach,” which was created following a discussion of some struggles with her family and primarily her younger brother. My interpretation was that her tray was an artistic representation of the release of sharing. However, she did not engage in a larger discussion about the impact of this sharing or her relation to it. Similar to before, the sand tray created a common language and better understanding from my perspective. While I may have recognized some symbolism, it was important to not interrupt too much for the client, allowing her to identify the symbols on her
own (Manny, Staples, & Edwards, 2017). That said, what I recognized could be a symbol that was yet to be understood by the client herself. The unconscious nature should not undermine the importance of symbolism, as it was a part of her story and ego (Piaget, 1999). As children mature, these symbols may come to the surface later in life, or be replaced by something new. While those symbols were not conscious to the clients yet, were held in my own conscious realm and informed my decisions for future interventions.

**Uncertainty with the fourth level**

Throughout each experience with the clients, it was difficult to know when they experienced working with the fourth level on the ETC, expressing a feeling of “letting go” or “wholeness” (Kagin and Lusebrink, 1978). For some participants, I took their expressed pride as a feeling of closure. In the instance of client seven, she was able to clearly express dissatisfaction with the activity, making it clear she did not experience creative functioning. However, for almost everyone else, there was an aspect of my projected sense of doneness. For example, with client one, his sandtray response to the word “games” created a sense of wholeness for me. In some ways, it was like a counter-transference took place, in which I found meaning and wholeness in the client’s trays. In these instances, it was unclear how best to record or witness creative self-actualization. While I may have felt those things, it was not proven that the client did, as they did not verbalize that same sense.

In some ways, this experience may be similar to unconscious symbolism in which clients lack the conscious understanding or even the language to communicate it (Kagin and Lusebrink, 1978). While I did not interrupt for the client, I still found relevance and importance in what was not spoken. Further, creativity goes beyond just wholeness but exists as a trait and strength to grow into (Csikszentmihalyi, 2008). Helping children foster this skill, leading towards a greater
sense of resiliency, might be considered within this level as well. When looking at this stage from that broader lens, it is clear that each client was able to tap into some form of creativity. Ultimately, as Lusebrink describes, one’s interaction at this level will always be in flux and growing (Hinz, Rim, and Lusebrink, 2022).

**Limitations**

One limitation identified was that a few clients did not use the sandtray twice. Their experience with the sandtray could have been different with that additional session. An observation was that the more time the clients had with the sandtray, the more they were able to explore different levels of art-making. It would be interesting to see how clients engaged with a full month or longer working with the sand tray. Another limitation was my lack of training in Sandtray therapy. While I followed ideas from readings and brought this work up in supervision, I did not have any formal training on Sandtray therapy. There is a possibility that more advanced education may have helped the clients engage differently or deeper with their trays. Especially where I struggled to have the clients engage in the cognitive piece, I recognize that different prompting could have helped clients better verbalize their thoughts. On the flip side, I feel as though this study could encourage other Sandtray amateurs to try including this method in their sessions. It can change up the structure of typical sessions and help the child feel as though they have more autonomy. While I did not feel like an expert, I do believe I have a better understanding of not only Sandtray therapy but my clients.

**Implications**

There is more to explore with Sandtray and the ETC. For one, it is unclear whether the unconscious creation of symbolism can classify as symbolic functioning. I believe exploring
these symbols through other modalities and art-making could be an interesting next step, helping clients to recognize the significance of the symbols in their life. Another piece of exploration would be a clearer way to identify creative actualization. It seems as though the clients lacked the language to describe their experience with creative functioning. If this study was repeated, I’d consider adding a question that could help identify more concretely how the Sandtray process made them feel or if created a sense of wholeness. It would also support the cognitive/symbolic piece, helping further verbalize connections and thoughts. Lastly, I intend to bring the sand tray back out for clients. I would be curious to see how their interactions with the sand tray change over time and if I will see them develop and grow in terms of the ETC. As my caseload grows, it would also be interesting to see the contrast between using Sandtray in the early stages of the therapeutic relationship versus once the rapport is already established.

Conclusion

After using Sandtray therapy with children in middle childhood who experienced trauma, I recognized that the ETC and Sandtray therapy work in tandem. Looking at each sand tray from the perspective of the ETC, it was clear to me how each client felt most comfortable engaging in the art-making, highlighting their developmental process. Without the ETC, it would have been easy to overlook the importance of each child’s chosen participation within the tray. It also informed my understanding of their art-making during other activities and interventions, helping me assess and plan for future sessions. Further, with the use of Sandtray therapy, many clients were able to explore new or higher levels of the ETC. For some, this showed their advanced ability to engage in higher functions, such as abstract thinking or cognition. For others, this was an age-appropriate push to cultivate those skills, which may help them down the line. At times, it was a challenge to know when children were aware of the potential symbols behind their
creations or the sense of wholeness they may or may not have felt. That said, each tray allowed me to gather more information about the child and their experience, informing my relationship with them and creating a common language. While the clients continue to grow and learn more about their unconscious feelings, I can consider the information this research provided and allow it to aid in further connection.
References


SANDTRAY THERAPY

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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