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## Humanistic Sandtray Therapy: Theoretical Underpinnings and Practical Applications

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For almost 100 years, psychotherapists from around the world have integrated sand therapies into their work with children, adolescents, and adults. Margaret Lowenfeld's (2007) original world technique had at its foundation a psychodynamically oriented conceptualization of the child psyche. Subsequently, other psychodynamic approaches to sand therapies promulgated in the therapeutic community via Dora Kalff (1980) and sandplay. In 1978, with the publication of *Windows to Our Children*, Violet Oaklander briefly described her use of sandtray therapy from a Gestalt point of view, and along the way several practitioners developed cross-theoretical approaches to sandtray (Homeyer, n.d.) – in other words, psychotherapists interested in integrating sandtray therapy into their existing theoretical paradigms can choose from a wide range of models.

Moreover, Homeyer and Sweeney (2023) emphasized the importance of operating from a consistent theoretical base when using sandtray as an intervention as well as ensuring that the practitioner's sandtray approach matched their guiding theory of counseling. Thus, it can be a difficult enterprise for a practitioner to find a good fit between theory and technique because many existing models of sandtray therapy are only loosely related to major accepted psychotherapeutic schools of thought. Similarly, Fall, Holden, and Marquis (2023) noted that it is vital that psychotherapists operate consciously from a sound theoretical point of view while adapting techniques that parallel their philosophy.

Humanistic sandtray therapy (HST; Armstrong, 2008) is one such model that is both grounded in theory and espouses techniques that are internally consistent with its underlying philosophy. HST is a model of sandtray therapy used across almost the entire lifespan, appropriate for children at or over age nine and through adolescence and adulthood. Like other forms of sandtray therapy, HST is designed to engage clients

holistically – body, mind, and, for some clients, even spirit. Although HST is a relatively young approach to sandtray, it has its philosophical roots in established theories of psychotherapy: person-centered (Rogers, 1961) and Gestalt (Perls et al., 1951/1994). In this article, I

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will review the core theoretical tenets underlying HST, basic technical elements of HST, and applications in psychotherapy.

### **Theoretical Tenets**

According to Even and Armstrong (2011), “humanistic sandtray therapy is a dynamic and expressive form of psychotherapy that allows clients to express their inner worlds through symbol and metaphor” (p. 395). Homeyer and Sweeney’s (2023) cross-theoretical approach is an essential partner to the practice of HST (Armstrong, 2008). HST practitioners view human nature, clients’ internal processes, the therapeutic relationship, and interventions based on a synthesis of person-centered and Gestalt theory. Following are basic tenets of HST.

#### **How Humanistic Sandtray Therapists View Human Nature**

Humanistic sandtray therapists view people as born with the potential to experience self-actualization (Perls et al., 1951/1994; Rogers, 1961). A person is a dynamic organism who has “only one inborn goal—to actualize itself as it is” (Perls, 1959, p. 33). People are born and live as experiencing organisms and, through the actualizing tendency, have the capacity to achieve growth toward increased complexity and greater structure (Rogers, 1980). Wilkins (2010) wrote that the actualizing tendency acts as an intrinsic arousal mechanism impacting growth and behavior. Humanistic sandtray therapists inherently trust these innate qualities of their clients.

Moreover, people are born with freedom of choice. Often a person’s ability to choose is limited by their environment as they grow and assume increased responsibility. However, Perls (1959) viewed the environment as situational and believed that people’s choices would inevitably be contextual. Humanistic sandtray therapists view choices as emerging moment-to-moment and breath-to-breath (Carson, 2003).

HST is based on the concept of phenomenology; that is, the focus in therapy is on “*what* clients are experiencing and *how* they experience it [rather] than *why*” (Armstrong et al., 2017, p. 221; italics theirs). Because it is assumed that people have an innate capacity to reach immediate awareness of their inner experiencing, direct perceptions and emotional experiencing is accepted as it exists (Yontef, 1988/1993). The “material” to be explored in humanistic sandtray therapy is referred to as *capta* (Orbe, 2009) – conscious experience as it enters a client’s here and now awareness.



## **How Humanistic Sandtray Therapists View Client Problems**

Although clients in HST are seeking symptom reduction, behavioral change, and relief from environmental stressors, these areas of functioning are not the primary focus in this model. Humanistic sandtray therapists attend instead to inner processes of clients that continue to drive a wedge between their here and now awareness and their deep sense of who they are and how they experience themselves. Thus, in HST, incongruence (Rogers, 1961) and a departure from homeostasis (Perls, 1959; Yontef, 1988/1993) are what bring clients into therapy. As children, people introject attitudes of rejection and judgment from significant others and carry these self-beliefs into adulthood, thus leading them to dysregulate and become dependent on the environment for a sense of stability. However, simultaneously, people experience a deep calling toward congruence and homeostasis, yet do not know how to heal this rift. Therefore, clients present with patterns of inhibition of self, experiencing, and awareness.

## **How People Change in Humanistic Sandtray Therapy**

Humanistic therapists believe that the therapeutic relationship is the agent of change on which the therapist has the greatest influence, and this notion is supported by decades of psychotherapy research (Wampold & Imel, 2015). In HST, a central aim is to create a relational environment consisting of Rogers' (1957) six core conditions for personality change. Psychological contact, the first condition, is vital in HST. Contact signals to the client the openness of the therapist to receive the client's experience. The second condition, client incongruence or departure from homeostasis, emphasizes clients' vulnerable states and sometimes great lack of awareness. Humanistic sandtray therapists regard the second condition as especially noteworthy because clients have idiosyncratic ways by which they communicate incongruence, and it will likely impact sandtray scene creation and processing. Condition six is Rogers' supposition that clients must be receptive to therapists' communication of facilitative attitudes. Clients who have a history of experiences and relationships that have led them to be guarded, hesitant, or resistant may make fulfilling the sixth core condition difficult. Like condition two, humanistic sandtray therapists may be able to observe hesitance or defenses in a client's approach to sandtray.

Conditions three, four, and five are congruence, unconditional positive regard (UPR), and empathy (Rogers, 1957). Although well understood conceptually by most therapists, these conditions can be quite challenging to experience and communicate to clients. In HST, the concept of unconditional positive self-regard (UPSR; Bozarth, 2001) is essential for therapists to successfully inhabit congruence, UPR, and empathy. UPSR refers to therapist self-acceptance as imperfect human beings who maintain openness to their own inner experiencing, even when it is uncomfortable—both during and outside of the therapy session.



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When sandtray therapists allow themselves to be more self-accepting, then they can be more genuine in the therapeutic relationship and, therefore, able to be fully present.

Within a therapeutic relationship that consists of Rogers' (1957) six core conditions, clients influence their own change through discovery, exploration, and awareness. Perls (1959) stated that "[l]earning is discovery. There is no other means of effective learning" (p. 28). In HST, practitioners place a strong emphasis on the experiential nature of learning and change. HST allows clients to have an encounter first with the HST therapist and ultimately with themselves holistically, thereby experiencing fully authentic, here-and-now emotions. This is also what is known in Gestalt therapy as self-support (Yontef, 1988/1993): when clients identify with their state or their "actual experience, behavior, situation" (p. 26). When clients allow themselves access to and accept their own immediate, dynamic experiencing, they arrive *at choice* (Carson, 2003). For example, they may choose to keep experiencing what lies in their awareness. They may choose to distract themselves from their immediate experiencing. Or they may choose something else.

It is through this paradoxical theory of change (Beisser, 1970) that people engage in their own processes of awareness, choice, and responsibility. The paradoxical theory of change "emphasizes being in contact with what is, with who one is, and allowing growth to develop naturally" (Yontef, 1988/1993, p. 12). Humanistic sandtray therapists do not push a client to change, rather they accept clients for who they are as well as how and what they are experiencing, in an effort to allow clients to do the same for themselves. Ultimately, the goals of HST are to move from a focus on environmental support to self-support through organismic self-regulation, allowing the background of experiencing to enter the foreground, and attending to what is.

However, before entering HST, clients must have some ability to regulate their moods and engage in basic coping processes. Because HST is designed to explore direct experience focusing on emotional and sensory awareness, a client who lacks an ability to regulate their emotions is not a good candidate. Although humanistic sandtray therapists do not focus on coping mechanisms or symptom relief, these outcomes are likely to surface as clients begin to increase their immediate awareness and experience greater congruence, homeostasis, and authenticity.

To summarize the underlying theory of HST, it is most accurate to conceptualize humanistic sandtray therapists as what Herlihy (1985) referred to as person-centered gestaltists who

possess Rogers's exceptional trustworthiness and gentleness, which create the safe environment, his remarkable ability to communicate the essential therapist attributes, and his essential optimism about human nature and human potential. This therapist would also possess Perls's creativity, his ability to see right through client defenses, his willingness to use his own experiencing in therapy. (p. 24)



Having discussed the major theoretical underpinnings of HST, I will now describe the unique processes of HST that allow for therapeutic change.

### **Basic Elements and Processes**

HST shares basic features of Homeyer and Sweeney's (2023) cross-theoretical approach, especially in their explanation of phases of sandtray sessions. Therefore, in this section, I will focus on elements and processes that are specific to HST. HST departs from other sandtray therapy approaches most particularly in the processing phase of sandtray. Although humanistic sandtray therapists believe like many other sandtray practitioners that healing can take place during the creation phase, dialoging about "the inner experiencing of the client in the here and now" (Armstrong et al., 2017, p. 236) is essential to HST. Therefore, therapeutic responses, both verbally and nonverbally, are designed to allow clients to bring experiencing to their awareness and describe what they notice to the therapist. However, humanistic sandtray therapists do not manipulate, force, lead, or make a client do anything (Yontef, 1988/1993) – this approach is non-coercive in keeping with a fundamental component of person-centered and Gestalt theory. Instead, humanistic sandtray therapists stay in a descriptive and exploratory mode rather than an analytical mode as they respond to clients, paralleling a Gestalt orientation (Armstrong, 2008; Armstrong et al., 2017).

Remaining in a descriptive and exploratory mode can be challenging because clients are often seeking symptom relief. It can be difficult for clients to understand how this is going to help them heal. Clients tend to distrust their own experiences and when faced with them in HST, the therapist must lean into attitudes of trust and safety for clients to take phenomenological risks. Furthermore, children, preadolescents, and young adolescents are not quite neurobiologically prepared to explore at great emotional depth and, like adults, tend to use habitual patterns of avoidance and denial. Therefore, practitioners of HST need great patience and may need to lean into creativity and spontaneity, which are central to Gestalt work (Yontef, 1988/1993).

### **Facilitative and Explorative Responses**

Responses in HST are designed to "communicate empathy and acceptance, enhance client awareness, go deeper into inner experiencing, and respond to resistance" (Armstrong et al., 2017, p. 239) and are geared toward immediate emotion. HST practitioners do not disregard behavior or cognition; however, humanistic sandtray therapists believe that emotion precedes all other elements of human expression. Therefore, basic skills such as reflection of feeling are amongst the most common responses, particularly reflection of nonverbal expression of emotions. In addition, following up with a therapeutic response designed to enhance exploration and discovery allows clients to stay with their moment-to-





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moment emotional experiencing, a core Gestalt function. A typical pattern of response might resemble the following:

Client: The evil queen from Cinderella is my mother. She is always hovering near me even when she's not physically around.

Counselor: You look scared and angry as you say that.

Client: (silence)

Counselor: Which is most present for you right now, fear or anger?

Client: Anger!

Counselor: What is your anger like?

This is a typical exchange in HST in which the therapist reflects first nonverbal expression of emotions and follows up with responses designed to keep the client in the here and now and experience her immediate emotions. One of the keystones in facilitative responses is to avoid analysis. Humanistic sandtray therapists should not try to figure out the source of the client's emotional experiences. Primary focus should be on awareness and not insight (Armstrong, 2008). Other ways in which humanistic sandtray therapists enter into an exploration mode might be:

- "As you think about your mother's presence in your life, what is coming up for you?"
- "I notice you staring at the house in the corner of your tray and your voice is shaking as you talk about it."

Another way of engaging clients in exploration and discovery is to enhance their awareness of how they are experiencing their emotions in their bodies. People tend to feel their emotional responses in their bodies (Armstrong, 2008), and this may be a safer way for some clients to experience what is now. It may also be more developmentally appropriate for some children, preadolescents, and younger adolescents, who may be connected more to their bodies than immediate emotional experience. A reliable way to explore body awareness is by *simply noticing* (Carson, 2003) how and what a client is experiencing in their body in the moment. For example, clients often speak about feeling overwhelmed. I might ask a client, "What do you notice in your body as you think about feeling overwhelmed right



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now?" In HST, physical sensations are considered a highly reliable indicator of emotional experience.

## **Invitation to the Here and Now**

It is typical for clients to enter a storytelling mode about either the past, future, or both. This pattern seems especially true when clients construct a tray that include significant people, places, and contexts in their lives. It also happens to be a skillful way for clients to keep their guard up and avoid their emotional experiencing. It makes sense—experiencing vulnerable emotions can be scary and feel risky to most people. In addition, in my experience, many of my clients in HST lack familiarity with navigating immediate awareness. Therefore, humanistic sandtray therapists may need to gently and directly open a space to explore here and now emotions. For example, one of my clients built a tray in which a major theme was achievement and included figures that represented several future events that she was preparing for as well as her introjected threats to achievement. She described her tray in a storytelling mode and focused on future events and seemed disconnected. At one point in the session, I invited her into immediacy by asking, "As you think about all of these significant life transitions right now, what are you experiencing?" This kind of therapeutic response allows clients to shift from a cognitive to an emotional and sensory state. Once a client experiences *what* is, it allows the therapist to open space for exploring *how* the client is influencing their here and now experience.

## **Moving from What to How**

What almost always precedes how in HST. Often, when clients experience their in the moment emotions, they try to stop feeling (Armstrong, 2008). They might shift into a storytelling or logical mode; they might shift their bodies in some way to increase tension (shake their leg, hold or shorten their breath, or tighten their muscles somewhere); or they might change the subject. These are signs of guardedness or resistance. Humanistic sandtray therapists respond by "noticing *how* clients avoid inner experiencing" (Armstrong et al., 2017, p. 242; *italics theirs*) and providing a facilitative response. For example, one of my clients created a tray in which he symbolized themes of loss related to the COVID-19 pandemic. This client had a pattern of shifting to a cognitive mode when he approached awareness of painful emotions. As he began to do that, with the slightest start of tears in his eyes, I reflected, "I noticed that your eyes are welling up, and you seem to be stopping your sadness at the same time. I wonder if you noticed that, too?" My client acknowledged he was working to stop himself from going deeper into his emotion. I then asked, "How are you stopping your sadness right now?" This is a new area of discovery for many clients, and they may not know quite how to respond. However, this is part of allowing clients space for



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discovery, particularly of the habitual ways that people develop to disconnect from their own processes (Carson, 2003). Awareness of how clients stop themselves from entering and staying with emotion allows them opportunity to begin to develop self-support.

## **Polarities**

Polster and Polster (1973) noted that people are “a never-ending sequence of polarities. Whenever an individual recognizes one aspect of [themselves], the presence of its antithesis, or polar quality, is implicit” (p. 61). In HST, symbols of polarities are found in clients’ trays and as they experience and describe conflict. One example of finding a polarity in a tray is placement of figures. Figures may be on opposite sides of a fence or pathway, on opposite corners of the tray, or there may be opposite emotional energies wrapped up in two figures. Polarities are attached to client conflict, but often what clients report or experience is only one side of their conflict. For example, a client I had was discussing his upcoming graduation with his master’s degree, a significant accomplishment for him. He noted that he was feeling excited and yet his voice tone was incongruent. I stated to him, “You’re looking forward to the next chapter in your life, but you’re afraid of all the unknowns in front of you.” Humanistic sandtray therapists work with polarities so that a client can experience foreground and background, adding to a more complete sense of meaning. After identifying a polarity, humanistic sandtray therapists explore each side of that polarity using facilitative and discovery-oriented responses. It may take many sessions over a long period of time for a client to feel resolution about their polarity, and it is likely that more polarities emerge into the client’s awareness as they build habits around moment-to-moment awareness.

## **Humanistic Sandtray Therapy with Children**

HST is responsive to children’s developmental need for an approach that does not depend solely on a client’s ability to engage in traditional talk therapy. Adherents of HST generally parallel Oaklander’s (1978) Gestalt play therapy model in adapting sandtray for use with children and preadolescents. Oaklander (2006) noted that children and adolescents present to psychotherapy based on challenges making holistic contact and a poor self-concept. Mortola (2006) expanded on Oaklander’s model and described a four-phase process in Gestalt play therapy. Phase one is the imaginative experience in which children are prompted, sometimes through guided imagery, to engage in their creative process to connect to something about their world. Phase two is sensory expression in which children make or create the sandtray scene. Phase three is narrative/metaphoric description in which children are invited to be in the metaphor experientially. In sandtray, this may be through acting out figures in the scene or exploring dialogue between and among various figures (Fried & McKenna, 2020). Phase four is sense-making articulation (Mortola, 2006) in which the





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therapist explores how the scene in the sandtray or parts of the tray reflect the client's life. Fried and McKenna (2020) encourage sandtray therapists who use Oaklander's model to "keep it experiential" (p. 65), avoiding temptations to interpret symbols in the sandtray scene.

Armstrong et al. (2017) described the use of HST with preadolescents. They presented a case example of a school counselor using HST with an 11-year-old female over two sessions with two sandtray scenes. They noted the school counselor's strong therapeutic relationship in which application of the HST model allowed the client the experience deep emotional experiencing in the here and now as well as explicit polarities. Relatedly, Armstrong et al. (2022) described applications of HST in group work with preadolescents. They suggested that the use of HST with preadolescent groups matches their developmental needs and abilities because sandtray is not "not completely dependent on verbalization" (Draper et al., 2003, p. 245). According to Armstrong et al. (2022), HST can be used to build intragroup relationships, engage in conflict resolution, promote group cohesion, model problem-solving, provide peer support, and instill hope. Although children, preadolescents, and adolescents may not be able to process at the same level of emotional depth due to their developing neurobiology, the basic elements and processes of HST that I have described can all be applied with minor adjustments.

## Conclusion

HST is an internally consistent and theoretically grounded approach to sandtray therapy. The philosophical heart of HST consists of a synthesis of person-centered and Gestalt psychotherapy. It is a relational form of sandtray therapy where both the creation of the tray and post-processing are fundamental to therapeutic growth. Although it is a younger approach to sandtray therapy, it has a unique place in the sand therapy world as having a structured rationale for technical aspects of implementation.



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