

**The Lived Experiences of Becoming a Jungian Sandplay Therapist in South Africa**

by

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**DECLARATION**

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### **Abstract**

This study explores the lived experiences of qualified Jungian sandplay therapists in South Africa. The primary objective of this study is to have a comprehensive understanding of the experiences encountered by mental health professionals in South Africa who specialise in Jungian sandplay therapy. This study aims to gather their perspectives regarding the aspects that sandplay therapists in South Africa find valuable in their role as sandplay therapists, and qualities that need to be prioritised in a client's engagement with sandplay. The study employed purposive sampling of five internationally qualified sandplay therapists and made use of semi-structured interviews. The data was analysed utilising Interpretative Phenomenological Analysis (IPA). The current study's findings revealed that the participants perceived Jungian sandplay interventions to benefit both their personal and professional growth. The five participants provided feedback on many facets of sandplay, emphasising the specialised nature of Jungian sandplay therapy. According to their descriptions, engaging in this non-verbal therapeutic modality requires a significant level of dedication and enthusiasm on their part.

*Keywords:* Carl Jung, Dora Kalff, Interpretative Phenomenological Analysis (IPA), Margaret Lowenfeld, Sandplay

## **Table of Contents**

### **Chapter 1**

1.1 Research Rationale and Focus	7
1.2 Research Questions	9
1.3 Conclusion	10

### **Chapter 2 – Literature Review**

2.1 Definition of Jungian Sandplay Therapy	11
2.2 The Distinction between Sandplay Therapy and Sandtray Therapy	12
2.3 Roots and History of Sandplay Therapy	15
2.3.1 Carl Gustav Jung	15
2.3.2 Margaret Lowenfeld	21
2.3.3 Eastern Philosophy	26
2.3.4 Dora Kalff	27
2.4 The Rationale for the Development of Sandplay Therapy	31
2.5 The Role of Sandplay Therapy in Treating Psychiatric Disorders	34
2.6 Training Requirements to Practice Sandplay Therapy	37
2.7 International Studies of Sandplay Therapy	42
2.8 Sandplay Therapy within Contemporary South Africa	45

### **Chapter 3 - Research Methodology**

3.1 Interpretative Paradigm and Phenomenology	50
3.2 Epistemology (Hermeneutics)	51
3.3 Qualitative Research Approach	56
3.3.1 Self-Reflexivity	60

3.4 Research Design	62
3.4.1 Selection of Participants (Purposive Sampling)	62
3.4.2 Research Procedure	65
3.4.3 Method of Data Collection and Tools	67
3.4.4 Method of Data Analysis (IPA)	69
3.4.5 Trustworthiness of Data	75
3.4.6 Ethical Considerations	80
3.4.7 Limitations of Interpretative Phenomenological Analysis	84
<b>Chapter 4 – Findings and Discussion</b>	
4.1 Category A: Describing the Modality	88
4.1.1 Defining Sandplay	88
4.1.2 Sandplay and Sandtray Therapy	90
4.1.3 Verbal and Non-verbal Aspects	95
4.2 Category B: Professional Journey of Sandplay Therapists	98
4.2.1 Professionalisation / Training	98
4.2.2 Safe and Comfortable Environment / Temenos	104
4.3 Category C: Personal Journey of Sandplay Therapists	108
4.3.1 Emotional Impact of Sandplay Therapy	108
4.3.2 Why Use Sandplay Therapy?: A Rationale	111
4.3.3 Individuals' Perception of Sandplay	116
4.3.3.1 Children	116
4.3.3.2 Adults	117
4.3.4 Personal Process	121
4.3.5 Therapist Identity Transformation	125

4.4 Self-reflexivity	128
4.4.1 Researchers' Thoughts	128
4.4.2 Participants	128
4.4.3 General Reflections of Researcher	131
<b>Chapter 5 - Conclusion</b>	
5.1 Overall Findings	133
5.2 Limitations of the Study	141
5.3 Future Recommendations	142
<b>References</b>	145
<b>List of Appendices</b>	
Appendix A: Ethics Clearance Certificate	162
Appendix B: Letter to South African Sandplay Society	164
Appendix C: Information Letter	166
Appendix D: Informed Consent Form	168
Appendix E: Consent to Audio-Recording	170
Appendix F: Semi-structured Interview Questions	171
Appendix G: Process notes on the research process	173
Appendix H: Non-disclosure Form for Professional Transcriber	176
Appendix I: Debriefing for Research Participants	177
Appendix J: Turnitin Receipt	178

## **Chapter – 1 Introduction**

### **1.1 Research Rationale and Focus**

In the preceding thirty years, the nation of South Africa, operating under a democratic system, has emerged as an exemplar of profound and far-reaching societal metamorphosis. South Africa boasts 12 officially recognised languages, including many non-official languages. To establish a therapeutic connection with individuals of varying age groups, therapists must employ a strategic approach or technique to comprehend both children's and adults' conscious and unconscious emotions, cognitions, and concepts.

Children's play is widely recognised as an inherent aspect of childhood and a formative creative endeavour on a global scale. Creativity can facilitate the exploration of an individual's inner realm, regardless of age, encompassing both children and adults. Integrating creativity with verbal communication might encourage individuals to understand themselves better. According to Keller-Dupree and Perryman (2013), examining an individual's mind is integral to creativity. As such, individuals have the potential to uncover latent aspects of their identities through engagement with various forms of artistic expression, such as painting, music, drama, and play, and immersion in natural environments. Non-verbal forms of expression, such as art, music, dance, and play, can effectively convey one's thoughts and emotions, eliminating reliance on verbal communication. These modes of expression can even precede verbal communication in therapy sessions (Malchiodi, 2005).

According to Ben-Amitay et al. (2009), some children hesitate to cooperate during psychiatric evaluations because of low linguistic skills, negativism, or anxiety. Nevertheless, as mentioned above, these authors asserted that non-verbal communication strategies hold potential value in fostering a sense of connection between a child and a therapist and for diagnostic purposes.

Like all forms of therapy, expressive therapy has limitations in its application and efficacy within treatment and interventions. Although expressive therapies have been widely utilised across diverse age groups, psychiatric and medical conditions, and various environments, it is essential to acknowledge that specific individuals may not derive optimal benefits from these modalities due to many factors. According to Malchiodi (2005), it has been observed that particular individuals, frequently adults, may be reluctant to partake in an expressive modality during therapeutic sessions due to their perception of themselves lacking creativity or the ability to generate artistic outputs. The author further suggested that therapists who employ expressive activities as interventions may face opposition from clients who perceive themselves as lacking the capacity for imagination, experience anxiety regarding self-expression, or exhibit resistance towards active engagement.

Expressive modalities, such as sandplay, are particularly advantageous in facilitating individuals in conveying aspects of their memories and narratives that may be challenging to articulate verbally (Malchiodi, 2005). In sandplay therapy, as in other creative treatment modalities, it is anticipated that the client's current psychological difficulties, unconscious themes, and conflict will find expression through sandplay therapy (Roesler, 2019).

The popularity of the sandtray approach surged during the 1970s, thanks partly to the dedication, influence, and talents of Dora Kalff, who helped to popularise it (Mitchell & Friedman, 1994). These authors further emphasised that due to Dora Kalff's extensive international presentations, other committed sandplay therapists emerged, integrating sandplay into their therapeutic practice, educational endeavours, and academic publications both in the West and East. Initially a component of Jungian psychotherapy, sandplay therapy has evolved into a distinct psychotherapy technique that has spread worldwide, as evidenced by the establishment of the International Society for Sandplay Therapy (ISST) in 1985 (Roesler, 2019). The ISST convenes a Congress every two years where member societies



present their research and exchange ideas. (International Society for Sandplay Therapy [ISST], n.d.). According to Takuji Natori (2019, p. 3), the president of the ISST, there are 16 ISST member societies and more than 400 members worldwide.

Sandplay has been widely recognised as an effective therapeutic intervention in various contexts, catering to individuals of all age groups, addressing many presenting issues, and accommodating diverse circumstances (Pearson & Wilson, 2014). To highlight but a few different settings, sandplay has been demonstrated to be helpful in education (O'Brien & Burnett, 2000), as part of bereaved children's therapy (Roubenzadeh et al., 2012), as part of family therapy (Pereira, 2014), and in group therapy (Roubenzadeh et al., 2012). Furthermore, Ferreira et al. (2014) asserted that it is not surprising that sandplay has demonstrated efficacy for individuals who struggle with verbal communication in a non-native language or who engage in therapy conducted in a foreign language context.

The primary objective of this current research study is to comprehensively understand the experiences encountered by Jungian sandplay therapists practising in the context of South Africa. It also aims to gather perspectives and concepts on the aspects that sandplay therapists in South Africa deem valuable in their role as sandplay therapists and the qualities that these therapists admire in a patient's engagement with sandplay. Gaining insight into the experiences of these therapists can enhance comprehension of the significance of sandplay treatment and mitigate misconceptions about the function of sandplay therapists within the context of South Africa. Hence, this research study aims to provide a comprehensive description and analysis of the lived experiences of ISST-qualified Jungian sandplay therapists operating within the specific environment of South Africa.

## **1.2 Research Questions**

Formulating the precise question to address the primary research questions concerning the lived experiences of Jungian sandplay therapists in South Africa is a result of these three

research questions below. Therefore, the main research question for this study is as follows:  
What are the lived experiences of Jungian sandplay therapists within a South African context?

**1.2.1** How do sandplay therapists define and distinguish sandplay therapy from other modalities?

**1.2.2** What are a sandplay therapist's experiences of qualifying as a Jungian sandplay therapist within South Africa?

**1.2.3** How have sandplay therapists experience the personal impact of sandplay?

### **1.3 Conclusion**

The above section discusses the justification for the study and the potential significance of non-verbal communication techniques in establishing a relationship between clients and a therapist, as well as for diagnostic purposes. The discussion revolved around sandplay as an intervention and provided a concise account of its development by Dora Kalff under the influence of Carl Jung and Margaret Lowenfeld. The section emphasised many settings that influence the efficacy of sandplay therapy. Additionally, a research question was included in this section. In the subsequent chapter, sandplay will be defined, and the distinction between sandplay and sandtray therapy will be clarified. An in-depth examination will follow, illustrating the roots of sandplay, the justification for its development, and the prerequisites for attaining the status of a sandplay therapist. Additionally, I will include other international and South African studies on sandplay.

## Chapter – 2 Literature Review

### 2.1 Definition of Jungian Sandplay Therapy

Dale and Wagner (2003) described sandplay therapy as a psychotherapeutic approach in which clients organise miniature figures in a sandbox or sandtray to construct a sand world related to different aspects of the client's social world as seen in Figure 1 below. According to the ISST (ISST, n.d.), sandplay is seen as a therapeutic process based on the psychological principles of C. G. Jung. Sandplay therapy is a therapeutic modality that employs imaginative processes and involves the utilisation of sand, water, and miniature figurines to construct three-dimensional representations within a safe and accessible environment established by the therapeutic relationship between the client and therapist, as well as the sandtray (see Figure 1).

**Figure 1**

*Sandtray with Miniatures*



(Ehnberg-Vital, 2019)

These images captured in the sandtray create an ongoing discourse between the conscious and the unconscious features of the client's psyche. Thus, sandplay is a non-rational form of therapy that extends to a profound pre-verbal level of the psyche in a non-verbal manner (Weinrib, 1983). Martin Kalff explained that Jungian sandplay brings together three different roots that unite into a single unit, the analytic psychology of C.G. Jung, Margaret Lowenfeld's *World Technique*, and Eastern thought, and philosophy (M. Kalff, 2003, p. v).

According to Dora Kalff (1991), clients can construct a representation of their internal world by utilising small figures and arranging the sand within a designated tray. This play utilises a spontaneous and imaginative process wherein unconscious cycles are depicted inside a three-dimensional structure and a graphical realm similar to dreams. Furthermore, through these images, a process of individuation is accelerated and completed, as described by C.G. Jung (Kalff, 1991). Hence, using sandplay as a therapeutic modality facilitates the unconscious mind in guiding conscious actions and symbolically expressing its manifestations.

## **2.2 The Distinction between Sandplay Therapy and Sandtray Therapy**

Before delving into the differentiation of the two therapeutic procedures, it is imperative to remember that all sandplay methodologies trace their origins back to Margaret Lowenfeld's pioneering work with her *World Technique* in the 1920s. Both approaches prioritise the client's comprehension of their environment, employing sand, sandtray, and miniature models to represent their personal reality. Bradway (2006), a prominent pioneer of the method in the United States of America (USA), suggested three distinguishing characteristics of sandplay: process, delayed interpretation, and dual processes. This author explained that the first characteristic, the process, requires the client to make a series of trays. During the delayed interpretation, the second characteristic,

the focus of sandplay, is upon the client's unconscious and not on any intervention by the therapist. Weinrib (2005), also a prominent pioneer of sandplay finding its feet in America, stated that the dual processes, the third characteristic, in sandplay involve analytical interpretation and deliberate regression into the pre-conscious. The analytical interpretations encompass tangible occurrences in everyday life and subconscious elements such as dreams, fantasies, and active imagination. Bradway (2006) described sandtray therapy as a more generic form of play therapy with various methods and theories, whereas sandplay therapy is specifically a Jungian approach. According to the Sandtray Therapy Institute (n.d.), both sandtray and sandplay therapy are intuitive, indirect, and symbolic and value the importance of the therapist being in harmony with the client. In relation to the concept of humanistic sandtray, as explained by Hansen (2005), the therapists direct their attention towards the reciprocal influence between the sandtray scene and the client's emotional introspection and their subjective encounter with the surrounding environment. On the other hand, Bradway et al. (2005) explained that Jungian sandplay aims to bind the client's collective and personal unconscious to the conscious, directing them towards individuation.

The Sandtray Therapy Institute (n.d.) highlighted the following differences. Firstly, during Jungian sandplay, the therapist does not intervene with the client during the session and focuses on the client's unconscious. In contrast to the Jungian sandplay method, the humanistic sandtray therapist assumes an active role during the client's sessions. Verbalisation is seen as an essential part of the humanistic sandtray therapy session. Secondly, analysing the clients' creation in the sandbox is a delayed process of Jungian sandplay therapy, which only occurs after the client has created all their images in the sand, and a review process happens only after the completion of the entire therapeutic process. As such, the client is invited back months or years later to review their sandplay process and the photographs of the sandplay images created. Whereas, for a humanistic sandtray therapist, the

here and now is the focal point of this approach. Thirdly, in Jungian sandplay therapy, psychic movement is understood as unfolding over time, while during a humanistic sandtray, the movement in one or more sessions is commented on. Finally, within the context of humanistic sandtray treatment, the inclusion of verbal expression is regarded as an integral component of the therapeutic journey towards achieving recovery, whereas, in Jungian sandplay, the healing process occurs without or with minimal verbal dialogue between client and therapist. Table 1, presented below, provides a comparative analysis of sandplay and sandtray therapy, highlighting their distinguishing characteristics.

**Table 1**

*Comparison between Sandplay Therapy and Sandtray Therapy*

(Extracted from [www.sandplay.org](http://www.sandplay.org))

<b>SANDPLAY THERAPY</b>	<b>SANDTRAY THERAPY</b>
<p>Dora M. Kalff developed sandplay therapy, which is a process towards individuation.</p> <p>The sandtray or sandbox is 49.53 centimetres by 72.39 centimetres with a blue interior and includes numerous miniatures.</p>	<p>Sandtray therapy can be based on Erikson's Dramatic Productions Test, Buhler's <i>World Test</i>, and Bolgar and Fisher's <i>Little World Test</i>. The sandtray can, furthermore, be with or without sand or with coloured sand. The sandtray or sandbox may differ in size and shape. Some miniatures are standardised for diagnostic purposes.</p>
<p>The intention and role of the therapist during sandplay therapy are process-orientated, non-directive, and non-interpretive. The sandplay scenes are,</p>	<p>The intention and role of the therapist during sandtray therapy are not solely process-orientated, but take the form of direct intervention. Sandtray therapy is also</p>

<p>furthermore, documented, employing photos and notes. The client's creation is also only dismantled after the client leaves the session so that the client can hold the complete image in their psyche.</p>	<p>directive and interpretive as opposed to sandplay therapy. For example, a client's creation during a sandtray session may be documented and dismantled during a session.</p>
<p>The theory on which sandplay therapy is based is upon Jungian psychology, Lowenfeld's <i>World Technique</i>, knowledge of symbolism, and the personal and collective unconscious.</p>	<p>Sandtray therapy is based upon diverse theories, including cognitive and behavioural psychology.</p>

### 2.3 Roots and History of Sandplay Therapy

In the subsequent part, an examination of the historical trajectory of sandplay treatment will be undertaken, commencing with an exploration of its origins in C.G. Jung's analytical theory and culminating in the evolution of Dora Kalff's Jungian sandplay process. As mentioned, Martin Kalff identifies three foundational sources of influence for sandplay therapy: Jungian analytic theory, Margaret Lowenfeld's *World Technique*, and Eastern concepts and philosophy (M. Kalff, 2003, p. v).

#### 2.3.1 Carl Gustav Jung

The theory or even theories of Analytical Psychology proposed by Jung is widely acknowledged for its considerable complexity. Jung recognised that human behaviour is influenced by past experiences, which he viewed as deterministic factors. Additionally, he emphasised that behaviour is oriented towards future goals, adopting a teleological approach (Meyer et al., 2008). After reading Sigmund Freud's book on dream interpretation, *The Interpretation of Dreams* (1899), Jung became interested in Freud's work, and a friendship

was fostered between them. The friendship between Sigmund Freud and Carl Jung spanned multiple years. Nevertheless, their friendship was terminated in 1913 due to a conflict arising from divergent personalities and ideologies. After the estrangement, Jung began his journey of self-discovery, which he called his confrontation with the unconscious. During this period, (1913-1931), Jung developed the crucial principles of his theory – the archetypes, collective unconscious, and individuation process (Moore et al., 2017). His personal journey, initially recorded by Jaffe and Jung in 1961 in *Memories, Dreams, Reflections* (1961/1989), was extensively self-recorded in the seven volumes of *The Black Books* (Jung & Shamdasani, 2020), and *Liber Novus (The Red Book)* (Jung & Shamdasani, 2009) which have only recently been published in the public domain. Jung (1965) wrote:

As soon as I was through eating, I began playing, and continued to do so until the patients arrived; and if I was finished with my work early enough in the evening, I went back to building. In the course of this activity my thoughts clarified, and I was able to grasp the fantasies whose presence in myself I dimly felt. Naturally, I thought about the significance of what I was doing, and asked myself: ‘Now, really, what are you about? You are building a small town, and doing it as if it was a rite!’ I had no answer to my question, only the inner certainty that I was on the way to discovering my own myth. For the building game was only a beginning. It released a stream of fantasies which I later carefully wrote down. (pp. 174-175)

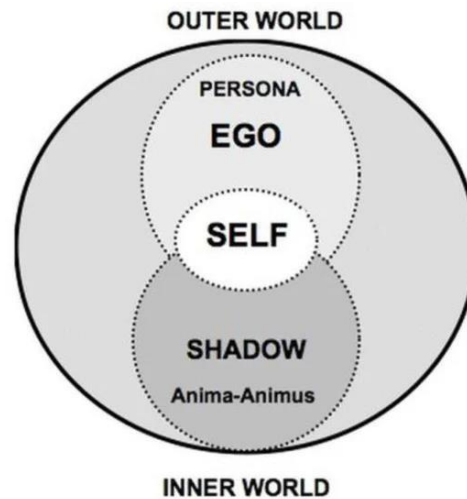
In the context of Freudian and Jungian theories, it may be observed that a division between the conscious and unconscious realms generally characterises the human psyche. Jung further divided the unconscious into two layers, referring to the first layer as the personal unconscious and the second as the collective unconscious (Sternberg, 1995). Jung employed the term *psyche* to denote a combination of conscious and unconscious cognitive processes, which he regarded as an essential component of the individual’s personality structure as seen



in Figure 2 (Meyer et al., 2008). Thus, for Jung, the psyche functions on three levels of consciousness: the Conscious, the Personal Unconscious, and the Collective Unconscious.

## Figure 2

*Jung's model of the personality*



(Guo & Ma, 2018)

**The Conscious.** According to Jung, the Ego is the core of the conscious, and the conscious is a prerequisite for its growth (Moore et al., 2017). The conscious mind refers to the aspect of the human psyche that is recognised and experienced by the individual. Sensations, perceptions, feelings, ideas, assessments, and active memory collectively encompass various conscious facets of cognitive activity, according to Moore et al. (2017). There are both internal and external functions of the Ego. Moore et al. (2017) believe that external functioning refers to the role of the Ego in organising one's view of reality through sensory input and facilitating engagement with the external environment. Put differently, the concept of the Ego facilitates an individual's ability to understand and make sense of both the tangible and societal aspects of their surroundings. These authors claim that internal functioning refers to the process through which the Ego creates an individual's self-awareness to establish their identity.

**Personal Unconscious.** According to Sternberg (1995), the personal unconscious is the part of the unconscious that contains repressed memories and experiences viewed from a level below the consciousness. An individual's unconscious mind serves as a unique repository for personal experiences and interactions with the external environment and the subjective interpretations of these experiences and interactions (Moore et al., 2017). Jung believed in a bi-directional connection between the personal unconscious and the conscious (Ego) (Moore et al., 2017). Jung believed that individual complexes constitute a crucial element inside the personal unconscious. Moore et al. (2017) suggest that the formation of a feeling-toned complex occurs through integrating an archetype with an individual's unique experience. These authors employed the illustration of a mother complex. This illustration pertains to an individual who develops a mother complex due to their encounters with a mother figure and the archetypal representation of a mother. Moore et al. (2017) further added that a complex develops an independent existence and is typically suppressed from conscious awareness.

**Collective Unconscious.** Also known as the transpersonal unconscious, the collective unconscious, as Sternberg (1995) indicated, holds our memories and behavioural tendencies inherited from previous generations. According to sandplay therapist Barbara Turner (2005), the concept of the collective unconscious serves as the origin from which myths and fairy tales emanate. Within this framework, the pictures and symbols found within these narratives are regarded as the communicative tools employed by the unconscious mind. Moore et al. (2017) added that the collective unconscious contains archetypes or primordial images for Jung. The archetypes are often regarded as intrinsic psychological predispositions that impact individuals' interpretation, perception, and manipulation of images in a specific manner. According to Jung, archetypes can communicate through symbols, which serve as visible representations of the archetypes. Symbols are frequently employed to symbolise concepts

that are not readily observable (Moore et al., 2017). Some of the most significant archetypes Jung defines are the *Persona*, the *Anima*, the *Animus*, the *Shadow*, and the *Self*, which have become so prominent that they are considered part of Jung's theory on the personality structure of an individual.

*Persona*. Jung employed the term *Persona* to characterise a person's role in society. The concept of the public *Self* or *Persona* represents an individual's subjective understanding of their societal function and desired perception by others (Meyer et al., 2008).

*Anima/Animus*. Jung suggested that the *Anima* is the female archetype present on an unconscious level in males, and the *Animus* is the male archetype present on an unconscious level in females (Meyer et al., 2008).

*Shadow*. According to Meyer et al. (2008), the *Shadow* is the most powerful and threatening archetype because it incorporates impulsive impulses and feelings that are usually undesirable to society and repressed. In addition, the *Shadow* encompasses all that is unconscious inside ourselves – denied, ignored, underdeveloped, or despised (Cunningham, 2021).

*Self*. According to Jung, the *Self*, encompassing both conscious and unconscious components, seeks to achieve a state of equilibrium between two contrasting facets of an individual's personality (Sternberg, 1995). The concept of the *Self* encompasses the attainment of completeness through the harmonious integration of the warring aspects of the psyche. It serves as the central core of identity, facilitating the intersection of various psychological structures (Moore et al., 2017). According to these authors, it has been theorised that the *Self* is inherently present from birth. However, the realisation of one's self-identity typically emerges throughout the middle stages of an individual's lifespan. The individuation process, which is assisted by means of analysis or psychotherapy, leads to the

complete differentiation of the mind into several systems, ultimately culminating in attaining selfhood.

Meyer et al. (2008) explained that individuation is the mechanism by which the undifferentiated psyche of a child divides into subsystems. For Jung, the Self plays a vital role in signifying the wholeness of the psyche and can manifest in numerous symbols, such as the mandala (Sanskrit for circle) (Moore et al., 2017). The mandala symbol is a common practice in art therapy while working with children (Fincher, 2015, as cited in Moore et al., 2017, p. 104). Dora Kalff aligned with Jung's perspectives on these concepts and principles, which substantially influenced the development of her sandplay approach.

In addition to Jung's theory on personality, it is essential to highlight that Kalff also based her sandplay process on the ideas of depth psychology in terms of transference and countertransference between the therapist and the patient. Carl Jung discussed a captivating notion regarding intertwining unconscious processes between the therapist and the client. Carl Jung called this the transference between the client and the therapist.

Transference can be defined as a psychological phenomenon in which an individual's emotions, aspirations, and anticipations are redirected and projected onto another individual. As per Jung's perspective, transference is an inherent element within a comprehensive analysis, as it is essential for the therapist to align closely with the patient's trajectory of psychological development (Jung, 1928/1966). Transference is an integral component of the psychoanalytic framework established by Sigmund Freud during the 1890s. The concept of countertransference, which refers to the therapist's subjective experience of the patient, is of equal significance. Throughout history, various philosophies of psychotherapy have emerged, aiming to deliberately exclude the therapist's subjective influence to maintain a state of heightened *neutrality* and *objectivity*. According to contemporary psychoanalytic thought, the

prevailing perspective considers this notion unattainable and undesirable (Cunningham, 2013).

### **2.3.2 Margaret Lowenfeld**

Margaret Lowenfeld, a British pioneer of child psychology and play therapy, was Dora Kalff's second influence. Margaret Lowenfeld developed a scepticism towards language as the sole means of human interaction, influenced by her personal experiences as a multilingual Polish-English child as such a child of two-nations. Consequently, the multifaceted aspects of non-verbal communication consistently captivated her throughout her life (Lowenfeld, 1979).

By the 1920s, Lowenfeld, one of Britain's few female paediatricians, initiated a substantial shift in her professional emphasis, embarking on her pioneering endeavours in child psychology (Mitchell & Friedman, 1994). She began offering child psychotherapy in 1928 at her Clinic for Nervous and Difficult Children in London, which by the 1930s became the Institute of Child Psychology, which also provided training in child psychotherapy until 1977. Lowenfeld (1939) stated that, based on a recollection of H.G. Well's *Floor Games* (1912), she developed her approach to using a play method with children. Lowenfeld's pioneering work prompted her to see play as a meaningful and possibly therapeutic intervention in child psychotherapy. This approach towards children's mental life aims to formulate a solution enabling direct interaction with a child's mental and emotional life (Lowenfeld, 1939).

Lowenfeld recognised the potential of employing toy miniatures to facilitate children's profound expression of their thoughts and emotions, and by 1929, her technique, known as the *World Technique*, was born, as seen in Figure 3 below (Mitchell & Friedman, 1994). Mitchell and Friedman (1994) asserted that Lowenfeld believed that the therapist's role in working with the child should predominantly embody that of a co-explorer and a

companion involved with the child in the child's research and at the child's pace. Lowenfeld (1939) stated that her *World Technique* "enables representation of the total content of a mind at a given moment in time, which can be separated from the therapeutic situation and thought about and analysed in an atmosphere of emotional neutrality" (p. 80). Lowenfeld introduced the *World Technique* as a research methodology and therapeutic tool to bridge the divide between scientific investigations and clinical implementation. This technique enables the scientific analysis of objective data (Mitchell & Friedman, 1994).

Lowenfeld had her self-supporting ideas, and she believed that instead of relying on pre-existing theories developed through adult observation, theories should be formed by observing what materialised from children. Hutton (2004) asserted that Lowenfeld held a deep admiration for Jung's work and drew inspiration from Freud's views. Nevertheless, Lowenfeld had her own perspectives regarding children's comprehension and manifestation of the cognitive process of reasoning. The hypothesis was based on the underlying notion that children possess a certain self-awareness regarding their thoughts and emotions. However, children lacked the linguistic capacity necessary for effective communication rather than possessing an unconscious mind in the traditional sense. According to Lowenfeld (1979), utilising miniatures within a specific spatial context can be subject to scientific documentation and analysis, irrespective of current theories. Mitchell and Friedman (1994) supported the statement above by suggesting that using miniatures in a shallow sandtray by a child enables the objective documentation and analysis of the child's emotional and cognitive condition. According to Lowenfeld, amorphous objects, miniature figurines, and malleable sand were regarded as instruments for concurrently representing psychological processes and ideas (Hutton, 2004). Subsequently, Martin Kalff (2003) elaborates that Lowenfeld allocated significant attention to the primary concern of children. Lowenfeld emphasised the autonomous disposition of the child and underscored the significance of fostering self-

expression and individuality. According to M. Kalff (2003), Lowenfeld's perspective on transference focused primarily on the relationship between the child and the sandtray rather than the relationship between the child and the therapist. Lowenfeld wished to avoid the transference of early childhood emotions onto the therapist and the negative response to any countertransference of the therapist towards the child.

This view varied significantly from her contemporary peer Melanie Klein in Britain (psychoanalyst and founder of Object Relations), who highlighted the importance of the child's transference to a specific individual therapist (Mitchell & Friedman, 1994). Melanie Klein made significant contributions to child therapy, pivotal in advancing practical methodologies for working with children. Mitchell and Friedman (1994) added that for Lowenfeld, making interpretations solely based on personal transference hampered objective observation of the world production. Engaging in play allows individuals to acknowledge and relinquish their undesirable thoughts and emotions, enabling them to express themselves. In terms of transference and interpretation, Lowenfeld's position distinguished itself from that of conventional child psychoanalysts. Despite Lowenfeld's lack of belief in interpreting the *world*, she did develop a system for categorising them. According to De Domenico (2002), Lowenfeld classified the *world* as realistic and representational worlds, natural objects used in an unreal way, demonstration of a fantasy, mixed worlds, primary depiction of psychophysiological energy, coherent or incoherent worlds, dramatic worlds, and variations in the structure of time in the world.

Furthermore, Lowenfeld suggested that conventional language limits its capacity to effectively express the distinct cognitive mechanisms inherent to human beings, which she denoted as protosystems (De Domenico, 2002). The phrase *protosystem thinking* was coined by Lowenfeld to distinguish between the concepts of the unconscious and conscious, establishing a clear distinction between her perspective on pre-verbal ideas and the

viewpoints upheld by psychoanalysts (Hutton, 2004). As such, Lowenfeld proved that very young children are engaged in pre-verbal thinking through the non-verbal method of *The World Technique*, as well as developing her assessments from 1956 to 1965 that utilised mosaic plates, poleidoblocs, and kaleidoblocs. The following is a depiction of Lowenfeld's *World Technique* therapy, which is believed to originate from the early stages of her work, around the late 1920s to early 1930s.

### Figure 3

*Lowenfeld's original zinc sand tray for her 'World Technique' therapy*



(Science Museum Group Collection, United Kingdom, 2009)

Lowenfeld proposed an alternative perspective on the developmental progression of ideas in young children, utilising a distinct conceptual framework. The approach employed by Lowenfeld in initiating sandplay sessions exhibited notable distinctions compared to that of Dora Kalff. Lowenfeld's sandtray therapy was introduced to children in a two-part format. According to Lowenfeld, the initial segment of the process, known as the *Bridge phase*, involves the collaboration between adults and children. However, the two groups find themselves situated on opposing banks of a river, necessitating the construction of a bridge to facilitate their collaborative efforts (Mitchell & Friedman, 1994). In the second phase,



labelled as the *Picture segment*, the child is presented with a diverse array of toys that can be employed to create various images in the sand. The child is provided with the information that they have the freedom to utilise any material, such as a toy, and exercise their creativity by constructing various forms in the sand (Mitchell & Friedman, 1994). Hutton (2004) stated that for Lowenfeld, the sandtray was then used as an instrument that allowed the manifestation of thoughts and feelings to be formed symbolically without using the conscious framework. According to Lowenfeld's approach, the therapist is advised to assume a seated position alongside the children and attentively study the artistic expressions being created. At the same time, the therapist may actively interact with the child, facilitating the child's awareness of their creative process. In addition, after the child completes their scene, the therapist can pose explicit inquiries to elucidate the significance attributed to particular items by the child (Mitchell & Friedman, 1994).

According to Lowenfeld (1935/1967), play serves four purposes. Firstly, it acts as a way for a child to make contact with the world. Secondly, it bridges awareness and emotional perception, fulfilling the role that dialogue, philosophy, and religion play for adults. Thirdly, it reflects the child's emotionally externalised expression. Lastly, it provides amusement, enjoyment, and rest for the child. Although Lowenfeld was interested in understanding a child's mental process, unencumbered by any theoretical bias, such as psychoanalytic principles, she has not always been credited for her creative and original insight (Mitchell & Friedman, 1994).

Nevertheless, the groundbreaking concepts introduced by Lowenfeld have fuelled the overall implementation of Play Therapy and have subsequently given rise to the emergence of Kalfian sandplay, which Dora Kalff pioneered post-1956. Her child-focused psychoanalytic therapy work was crucial in transforming child therapy from a theoretical concept into an applied practice. Her work achieved cinematic status in the film "*No Place for Jennifer*"

(1950) as *The World Technique* was depicted in the portrayal as audiences see the child lead Jennifer to attend the Institute of Child Psychology as her parents are going through a high-conflict divorce. Here, she undergoes psychotherapy, which includes working in a sandtray alongside other expressive therapeutic methods. Furthermore, Lowenfeld's ideas have continued to profoundly impact the therapeutic practices of professionals from many theoretical orientations. Lowenfeld (1939) stated that the *World Technique* should cater to the core of the Jungian since the *world cabinet* is richly equipped with archetypal icons. Following Lowenfeld's death in 1973, a trust was created in her honour: Dr. Margaret Lowenfeld Trust. In 1989, a concise history titled *The Legacy of Margaret Lowenfeld* was produced for the trust featuring Lowenfeld's *World Technique*. In 2020, the recording was released on YouTube (Henrey et al., 1989, 36:39 minutes).

### ***2.3.3 Eastern Philosophy***

Dora Kalff exhibited a receptive attitude towards various spiritual paths. However, she displayed a particular inclination toward the traditions of Japanese and Tibetan Buddhism (Friedman & Mitchell, 1991). According to these authors, her fascination with Eastern religious traditions was destined to play a part in her personal and professional life, taking her on a lifelong spiritual journey. Her profound spiritual attachment, as well as the presence of renowned Zen Buddhist D. Z. Suzuki, whom she encountered at the Eranos conference during 1953 and 1954, helped put the rich representations of the unconscious to life as they unfolded in the sandtray (Friedman & Mitchell, 1991). M. Kalff (2003) stated that his mother's understanding of Tibetan Buddhism's intricate symbolism and deep affection for all creatures contributed to her comprehension of mental mechanisms and improved her therapeutic practice. According to M. Kalff (2003), the Japanese psyche demonstrates a unique affinity for the non-verbal aspects of sandplay.

Sandplay is commonly linked to a therapeutic approach called Hakoniwa therapy in Japan. This modality involves individuals, both children and adults, engaging in the process of working with sand that is placed in a shallow sandtray. The individuals create small-scale aesthetic gardens, utilising various miniature figurines that reflect their cognitive realms (Enns & Kasai, 2003). Shaia (as cited in Enns & Kasai, 2003, p. 96) stated that Tibetan Buddhism influenced Dora Kalff to blend Western and Eastern heritage. This blend involved creating sand mandalas believed to have the potential to restore unity, harmony, and order to the Self and the universe. Integrating Western and Eastern philosophical perspectives yielded significant accomplishments for Dora Kalff. Mitchell and Friedman (1994) asserted that Dora Kalff's engagement in Eastern philosophy originated from a dream in which Jung advised her to go into Eastern thought. Dora Kalff's affinity for Eastern philosophy was complemented by the non-verbal technique of sandplay, which resonated with Japanese cultural practices emphasising the non-verbal expression of emotions, which may have alleviated the verbal aspects of the Jungian and Rogerian approaches (Mitchell & Friedman, 1994). Moreover, these authors noted that Dora Kalff incorporated elements from Japanese and Tibetan Buddhist traditions into her everyday practices. For example, she would meditate daily and participate in Chung Long breathing, which, for Dora Kalff, was a way of gaining energy.

#### ***2.3.4 Dora Kalff***

Dora Maria Kalff, the founder of sandplay, was born in 1904. She grew up in an isolated town on Lake Zürich, Switzerland. Although she was troubled during her childhood with delicate health issues that prevented her from many physical activities, her fragile health did not last, and she enjoyed good health throughout her life (Mitchell & Friedman, 1994). Dora Kalff developed a keen interest in psychology throughout the later stages of her life. As a young woman, she studied many languages, such as Latin and Greek, and with encouragement from her Greek teacher, she studied Sanskrit and basic Chinese (M. Kalff,

2003). According to M. Kalff (2003), Dora Kalff's interest in Eastern philosophy was cultivated due to her engagement in Chinese language studies. There were few resources and possibilities for engaging in analytical work with children throughout her academic pursuits. Most analytical literature at the time had been concentrated on adults, with a particular emphasis on dream analysis. This focus has predominantly highlighted the significance of verbal communication abilities, which children have not yet fully developed (Kalff, 2003).

According to M. Kalff (2003), his mother had a natural talent for working with children; consequently, she began investigating an appropriate therapeutic method for children. Gret Jung-Baumann, daughter of Carl Jung and acquaintance of Dora Kalff, introduced Dora Kalff to her father in Switzerland. It was from this introduction that a lifelong friendship between Dora Kalff and Carl Jung was born. Carl Jung took Dora Kalff in a new direction and unexplored area of Jungian psychology (Mitchell & Friedman, 1994). As a couple, Carl and Emma Jung recognised Dora Kalff's extraordinary potential and encouraged her to pursue a career in child therapy (Kalff, 2003). With this newfound enthusiasm for therapeutic work with children and her diverse life and difficult setbacks, she started her six years of psychoanalytic studies at the C.G. Jung Institute in Kusnaacht, Switzerland (Mitchell & Friedman, 1994).

In 1954, Margaret Lowenfeld presented a lecture in Zurich on her *World Technique*. While still studying at the C. G. Jung Institute, Dora Kalff attended this presentation from Lowenfeld. She was profoundly inspired by Lowenfeld's *World Technique* and the possibility of using this approach as a symbolic tool for children (Mitchell & Friedman, 1994). After Jung's support, Dora Kalff promptly embarked on a journey to London to further her academic pursuits, engaging in collaborative efforts with esteemed individuals such as Lowenfeld and several other scholars, including a psychiatrist and Jungian analyst, Michael Fordman, and paediatrician and psychoanalyst Donald W. Winnicott. The cooperation that

Dora Kalff engaged in provided valuable experiential insights that aided her in gaining clarity regarding the trajectory of her future endeavours in child therapy (Weinrib, 1983). Dora Kalff's interpretation of sandplay treatment was informed by her integration of Jungian symbology and her longstanding fascination with Asian spirituality, as she incorporated the newly acquired knowledge of the *World Technique* (Weinrib, 1983). According to this author, Dora Kalff based her theory, postulated by Jung's theory, on the idea that there is a general motivation for health and wholeness in the human psyche. Dora Kalff quickly recognised that utilising the *World Technique* not only facilitated the expression of children's anxieties and anger but also fostered and facilitated the processes of transcendence and individuation she had been investigating in conjunction with C. G. Jung (Zhou, 2009). M. Kalff (2003) explained that the children's sand creations refer to the inner psychic mechanisms of individuation identified by Jung. Dora Kalff devised her own approach to address the previously mentioned patterns of individuation observed in children's artistic expressions. In agreement with Lowenfeld, Dora Kalff named her therapeutic method *sandspiel* or *sandplay* to differentiate her approach from the *World Technique*. Dora Kalff (1991) stated that in sandplay therapy:

The client is given the possibility, by means of figures and the arrangement of the sand in the area bounded by the sandbox, to set up a world corresponding to his or her inner state. In this manner, through free, creative play, unconscious processes are made visible in a three-dimensional form and a pictorial world comparable to the dream experience. Through a series of images that take shape in this way, the process of individuation described by C.G. Jung is stimulated and brought to fruition. (p. 8)

According to Mitchell and Friedman (1994), Dora Kalff regarded the sandplay process as a conventional therapeutic method for children, facilitating the expression of archetypal and interpersonal experiences and establishing connections with their external everyday life. Enns

and Kasai (2003) added to this by saying that Dora Kalff concluded that if children were given the ability to build tangible representations of themselves in a healthy and safe environment, children would integrate fragmented facets of their inner and outer Self, thereby creating a new wholeness characterised by harmony, unity, and the conscious and unconscious convergence.

Dora Kalff suggested that sandplay is a distinctive approach within Jungian therapy for children. It is a therapeutic modality that enables children and adults to depict their emotions and experiences non-verbally. This method proves particularly valuable when attempting to communicate feelings and encounters that are challenging to articulate verbally. De Domenico (2002) stated that sandplay, according to Dora Kalff, reached into the psyche's independent (and unconscious to the Ego) healing powers (the Self) and that the birth and development of the Ego and the Self are recapitulated in sandplay. The reactivation of the Ego-Self axis results in the child's development of a more balanced and congruent mode of functioning (Mitchell & Friedman, 1994). Dora Kalff (2003) explained that sandplay corresponds to Eric Neumann's (1973) book "*The Child*", which describes the theory of the stages of Ego development: the Animal-Vegetative stage, the Battle/Fighting stage, and the Adaption to the Collective stage.

In the study conducted by De Domenico (2002), a classification of sandplay scenes was established based on the framework proposed by Dora Kalff. These identified scenes were deemed crucial steps in the therapeutic process of facilitating healing and restoration.

- Dora Kalff saw that the embodiment of the Self is represented by numinous symbols of wholeness, especially the circle or spiral, which bear the aura of inner space.
- The Ego develops as vegetative and animal scenes that reconstruct the history of the earth's development.
- One's Core Self emerges from the multitude of aspects that make up oneself.

- The Ego adapts to the community, and individuals experience themselves as part of the whole.

Furthermore, De Domenico (2002) pointed out some differences between Dora Kalff's sandplay and Lowenfeld's *World Technique* by stating that Dora Kalff consistently worked with and facilitated the client's transference to the therapist. In contrast, Lowenfeld saw transference between the child and the sandtray. Secondly, unlike Lowenfeld, Dora Kalff advocated that any theoretical interpretations must be postponed until transformational healing has occurred.

#### **2.4 The Rationale for the Development of Sandplay Therapy**

The field of psychotherapy has witnessed significant advancements in treatment methods, leading to a shift from traditional verbal interventions to the introduction of diverse and innovative treatments catering to individuals of all ages, including children and adults (Steinhardt, 2013). Malchiodi (2005) explained that expressive therapies, such as sandplay, help psychotherapy and counselling by adding a distinctive and varied dimension through distinct features not present in solely vocal therapies. Self-expression, active involvement, inventiveness, and mind-body connections are examples. Malchiodi (2005) added that expressive therapies and encouraging active engagement are sensory in nature. Sandplay is a form of psychotherapy characterised by its non-verbal and non-rational nature, facilitating access to the profound pre-verbal aspects of the psyche. According to De Domenico (2002), play, consisting of items or tangible things, is a symbolic global language children understand. The author suggested that play language is not subject to time-based limitations and remains in a perpetual state of dynamism and fluidity. Still, it consistently focuses on the actuality of the child's engagement in play, encompassing their subjective perception of Self, their bodily sensations internally and externally, and their interactions within familial and social contexts.

Lowenfeld observed the difficulties associated with ascertaining children's cognitive and affective states, as their verbal expressions do not adequately convey their thoughts and emotions. Dora Kalff (2003) stated that for Lowenfeld, children express their thoughts through play. De Domenico (2002) explained that Lowenfeld noticed that people thought in vivid images, not in words and that the sandtray made this primordial process of experience-mindedness evident. Lowenfeld noticed that her *World Technique* was well suited to psychological thinking and meaning-making in children's mental lives (De Domenico, 2002). This author further stated that, like Lowenfeld, Dora Kalff saw sandplay as a demonstration of the natural, verbally independent, multidimensional image-thinking process, which is the basis of all creative human undertakings. For Dora Kalff, a critical feature of sandplay was the opportunity it gave children to express themselves in a non-verbal manner using small figurines in a sandbox (Kalff, 2003). Malchiodi (2005) stated this holds true, especially for young children who cannot verbalise their thoughts, beliefs, and emotions through language.

Thus, even today, sandplay therapy's non-verbal expressiveness can potentially transcend many familial and cultural boundaries, eliciting profound and primal psychological responses. Friedman and Mitchell (1991) stated that the *World Technique* and the imagination were practical approaches even for Jung. For Dora Kalff, sandplay considered the limited therapeutic possibilities of language and allowed an alternative way to express the psyche (Kalff, 2003). The sandplay process, according to Dora Kalff, is a natural treatment approach that enables children to express archetypal, symbolic, and intrapersonal worlds as well as ordinary outer realities (Friedman & Mitchell, 1991). According to these authors, Dora Kalff emphasised that the therapist's creation of a free and secure therapeutic setting facilitated the manifestation of these realities, fostering a sense of wholeness and providing an opportunity for self-expression. Weinrib (1983) explained that central to Dora Kalff's sandplay therapy is the notion of the free and protected space, which holds both physical and psychological



dimensions and, in the true nature of sandplay, are the concepts of freedom and protection. According to Dora Kalff (2003), images and pictures have been identified as highly efficient means of influencing the human psyche. Lowenfeld also acknowledged the significant emotional value that the sandtray could possess—using sandplay by clients results in producing images that possess the advantageous quality of permanence, as they are constructed in a tangible and three-dimensional manner. According to Weinrib (1983), the primary aim of sandplay therapy is to relativise the Ego. Put differently, to release the Ego's false supremacy and maintain a link between the consciousness and the unconscious.

Homeyer and Sweeney (2017) highlighted some key points behind the rationale and benefits of *sandtray* therapy. These are delineated below:

- Sandtray therapy gives expression to non-verbalised emotional issues. The sandtray serves as a secure medium through which children can express their emotions non-judgmentally. Consequently, the sandtray facilitates individuals' opportunities to complete self-expression and self-exploration.
- Sandtray therapy possesses a distinctive kinaesthetic attribute. Furthermore, the utilisation of the sandtray facilitates a multisensory encounter.
- Sandtray therapy establishes a crucial therapeutic boundary for individuals seeking treatment. The act of granting the child responsibility in guiding the sandplay process facilitates establishing an optimal level of therapeutic distance for the child.
- Sandtray therapy offers a therapeutic distance that establishes a secure environment conducive to the emergence of a reaction. Implying that utilising the sandtray facilitated an environment wherein suppressed issues could be articulated and revisited.
- Sandtray treatment with families is an inherently inclusive therapeutic modality. It fosters an equitable chance for every family member to freely and safely articulate their thoughts and feelings.

- Sandtray therapy inherently establishes boundaries and limitations. The dimensions of the sandtray utilised by the therapist and the accompanying instruments establish essential limits for children and foster a conducive environment that promotes a sense of safety and facilitates personal growth.
- Sandtray treatment offers a distinctive environment in which therapeutic metaphors can manifest. Children can articulate their metaphors through the utilisation of sand and tiny objects made available to them by the therapist.
- Sandtray therapy is a practical approach for addressing and overcoming client resistance. Due to the interactive engagement and secure setting provided by sandtray therapy, the child demonstrates heightened receptivity and attraction to this therapeutic modality.
- Sandtray therapy serves as a valuable and efficacious communication method for individuals with limited language abilities. The utilisation of sandplay as a symbolic language provides an avenue for children who possess limited verbal abilities to effectively communicate their profound and individual concerns through a non-verbal medium that is more easily comprehensible.
- Sandtray therapy effectively bypasses the use of verbalisation as a defence mechanism.
- The effective resolution of the difficulty of transference can potentially be achieved through the utilisation of sandplay therapy. This approach facilitates the safe exploration and resolution of transference issues, irrespective of one's theoretical stance on the concept of transference.

## **2.5 The Role of Sandplay Therapy in Treating Psychiatric Disorders**

Sandplay therapists have speculated a basic premise: inside the unconscious, there is an autonomous propensity, given the correct conditions, for the mind to heal itself (Weinrib, 1983). According to Dora Kalff (2003), sandplay creates a link between the conscious and the unconscious, giving the unconscious a voice during times of disturbance. De Domenico

(2002) stated that the sandplay process promotes regression to the pre-verbal levels of consciousness, the activation of the Self, and the psychospiritual processes associated with the Self. The sandplay method helps children achieve creative regression, and this interaction seems to speed up and supplement the therapeutic endeavour (Weinrib, 1983). This author added that this healing is achieved because of delayed interpretation and the intentional discouragement of direct thinking. Dora Kalff (2003) explained that during sandplay, the conscious seems to relax, which allows the unconscious to surface. This transcendent function creates a new outlook on life. It brings the conscious and unconscious together where significant changes occur in the conscious attitude regarding the unconscious. This bridge promotes the realisation of previously unknown courage and strengths, allowing the child to address fears that resulted from any number of psychic injuries that have pulled down positive self-development (Kalff, 2003).

According to Mitchell and Friedman (1994), the core concept that serves as the foundation for Dora Kalff's treatment is that of the Self, which Dora Kalff saw as an essential component in the whole healing process. Dora Kalff explained that when the Self is constellated, it is followed by a sensation of inner harmony and a transition of energy that conjures a divine character (Mitchell & Friedman, 1994). Dora Kalff (2003) pointed out that during the sandplay process, despair that is skilfully buried under a veneer of normality can be made apparent, and by allowing it to be nurtured quietly, its harmful effects are minimised. De Domenico (2002) stated that the creative exploration and experimentation of sandplay are transformative and healing. Sandplay may be used in various ways and in various circumstances by a clinician.

The utilisation of sandplay provides children with the chance to actively interact with their internal and external realities to facilitate the process of healing, stimulating the level of the psyche that promotes healing and bringing together the two halves of the Self (Vaz, 2000,

as cited in Tunnecliff & O'Brien, 2004, p.8). Tunnecliff and O'Brien (2004) added that participation in various activities is a fundamental component of personality development in children. The primary objective of sandplay, comparable to other psychotherapy modalities, is to facilitate the child in resolving or uncovering a trajectory for moving beyond a present concern. Pearson and Wilson (2001) suggested that there are many layers to sandplay, each with its own set of emotions, which become stronger and more prevalent the more frustration, anger, rage, sadness, and tenderness are felt. A sense of fulfilment and spiritual awakening is only realised once these emotions have been effectively processed. Sandplay allows individuals, including children and adults, to engage in creative and expressive communication and collaboration, allowing them to convey their thoughts and emotions through verbal and non-verbal means. The experience of early trauma, abandonment, or deprivation can elicit various emotional responses in children.

Consequently, establishing a secure and safe environment for children facilitates the process of acknowledging, processing, and ultimately discharging these feelings (Ferreira et al., 2014). According to Malchiodi (2005), play can be a significant communication therapy for children with poor language skills, allowing them to express themselves non-verbally. This type of communication may be beneficial for such individuals. Yeh et al. (2015) asserted that sandplay is a practical non-verbal approach for addressing communication challenges in children with language limitations. Various sand applications offer children numerous opportunities to express a broad spectrum of emotions non-verbally. Furthermore, sandplay therapy has demonstrated notable efficacy in treating trauma when individuals have experienced profound shock or fear and in the context of traumatised refugees (Roesler, 2019; Weinrib, 1983). Roesler (2019) stated that non-verbal tactics might represent the most effective therapy method without the risk of re-traumatisation and that sandplay therapy appears to be a viable therapeutic strategy for several psychological difficulties and disorders.

Sandplay has been found to enhance rapport and intimacy, foster improvements in self-esteem, and facilitate the exploration and cultivation of therapeutic solutions, ultimately resulting in transformative change and an enhanced ability to adapt to dynamic situations and establish meaningful connections with people (De Domenico, 2002; Malchiodi, 2005; Mitchell & Friedman, 1994). According to Tornero and Capella (2017), their research supports the above statement, which suggests that sand provides children with a unique tactile experience that allows them to connect with their bodies and experience positive sensations—promoting physical and psychological well-being.

## **2.6 Training Requirements to Practice Sandplay Therapy**

While the practice of sandplay may seem simple at first glance, it is essential to note that extensive training is necessary to obtain international certification as a Jungian sandplay therapist. Sandplay therapy is widely recognised as a highly intricate psychotherapy modality now employed in clinical practice. The responsible practice of sandplay treatment necessitates significant internal and external training for the therapist (Turner, 2005). This author added that because sandplay delves symbolically into the heart of its existence, training and studying genuinely have no end. Sandplay is an intricate therapeutic approach requiring extensive research and a profound commitment to personal and professional development (Mitchell & Friedman, 1994). Weinrib (1983) explained that to imagine that all one needs is a tray with sand, a collection of small objects, and a dictionary would be a tragic misconception. An essential phase of sandplay training involves engaging in a profound sandplay process that is personally experienced. Through actively participating in sandplay, therapists themselves can establish a personal connection with this therapeutic modality and get a deeper understanding of its inner workings (Turner, 2005). According to De Domenico (2002), it is imperative for every sandplay therapist to engage with the sandtray as a means of personal growth and development prior to integrating this approach into their therapeutic

practice and consultation space, whether they are trained in expressive art, or play therapist, completed verbal, behavioural, or cognitive clinicians.

The ISST, which Dora Kalff created, has formulated comprehensive training criteria for anyone seeking certification as a sandplay therapist. According to Steinhardt (2013), the training stresses psychological, Jungian, and Kalffian theory, the structure of the psyche and objective unconscious realm of archetypes, and the function of the Self in creating and manifesting symbolic pictures in the sandtray. Dora Kalff (1991) explained that in a personal sandplay process, the therapist must complete two all-important requirements and psychological training. Firstly, the therapist must have a profound knowledge of the language of symbols, as conveyed in religion, myths, fairy tales, literature, and arts. Secondly, the therapist should have an openness from a candid conversation with one's own dark and unknown sides. Hence, it is evident that a sandplay therapist necessitates an in-depth knowledge of the mechanisms of psychological transformation, mythology, symbolism, and fairy tales, given that these constitute the lexicon and discourse of pre-conscious cognitive operations. According to Mitchell and Friedman (1994), individuals who have successfully finished their curriculum and obtained their psychotherapy license can participate in sandplay training programs.

Turner (2005) outlined that the training requirements for sandplay therapists now include a personal sandplay process, a complete coursework programme of well over 100 hours, at least 80 hours of clinical case consultation, and professional licenses and recognised clinical training as a mental health practitioner in the country that they practice within. The author further emphasised the requirement for submitting and approving several academic papers, such as a comprehensive sandplay case study derived from the therapist's professional practice, as an integral component of the certification process. After fulfilling the requirements mentioned above and being granted membership into the ISST, therapists are

permitted to utilise the word *sandplay* when referring to their utilisation of the sandtray in their therapeutic practice (Mitchell & Friedman, 1994). Turner (2005) highlighted the importance of a certified sandplay therapist having a degree of self-awareness and self-respect. The cultivation of these attributes is crucial in the process of acquiring the necessary skills for engaging in sandplay therapy.

This section illustrates certain obstacles or barriers encountered by therapists during the sandplay training procedure. Mitchell and Friedman (1994) identified that training had become complex and challenging because of the sandtray's cross-cultural popularity and the broad spectrum of professionals drawn to use it. These authors identified three distinct categories of specialists who may be inclined to engage in sandplay training. The first group would be Jungian analysts due to their deep perception of the symbols and theoretical background. The second group would be clinicians with solid clinical and therapeutic skills and an openness to learn Kallfian sandplay. Finally, the third group would be clinicians using similar or adapted methods of sandplay therapy to fit their clinical training with minimal formal training. One further obstacle highlighted by Mitchell and Friedman (1994) pertains to the geographical aspect of addressing training requirements. The scarcity of skilled sandplay therapists across various locations globally is a barrier to facilitating adequate supervision. One advantageous aspect is the presence of proficient individuals specialising in Jungian sandplay teaching within the region of South Africa. The South African Sandplay Society (n.d.) states that upon enrolment in the programme and initiation of the personal process, participants commence their theoretical training in sandplay treatment. According to the South African Sandplay Society (n.d.), the ISST mandates 100 hours of theoretical training in sandplay treatment. This training is typically delivered in six three-day seminars conducted over three years. Throughout the training programme, participants are required to complete two written assignments in the form of symbol papers and an extensive final case study. The

subsequent section presents an overview of the training course and curriculum the South African Sandplay Society offers.

### ***Introduction***

- The roots, history, and way of working of sandplay.
- Materials.
- Documentation and photography.
- Dry and wet sand.
- The attitude of the therapist holding the free and protected space.
- Healing factors.
- Reading scenes: association, amplification, space symbolism.
- Silence and speech.

### ***Jung's Map of the Psyche***

- The conscious and the unconscious.
- The Self and the Ego.
- Ego functions and attitudes.
- Persona and Shadow.
- Complexes and archetypes.
- Anima / Animus concept.
- Symptoms, neurosis, and libido.

### ***Symbols and the Symbolic Attitude***

- What is a symbol, and how does it work?
- Symbols in fairy tales, myth, nature, culture, and everyday life.
- Personal and archetype symbols.



- The A – H method of approaching symbols.
- Symbol paper presentations.

### ***Method of Sandplay Therapy***

- Invitation to sandplay.
- Initial trays.
- The recognition of disorders and resources.
- Transference and counter-transference.
- Progression and regression.
- Models of interpretation of sandplay process in adults.

### ***Sandplay with Children***

- Basics of sandplay with children.
- The basics of developmental psychology and play.
- Models of interpretation of sandplay process in children.
- Age-appropriate scenes.

### ***Sandplay Applications and Trauma***

- The neuropsychology of trauma.
- Donald Kalsched's theory of trauma.
- Sandplay therapy with trauma in children and adults.
- Sandplay in deferring context.
- The Self in sandplay.

Based on the needs mentioned above and the time frame, it is evident that sandplay therapists are required to undertake extensive training, engage in personal therapy processes, and engage in continuous studies to perform sandplay properly. Hence, it is not surprising that sandplay therapists exhibit a high level of personal growth, self-awareness, and emotional

stability, enabling them to effectively support their clients in navigating the complexities of their internal worlds.

## 2.7 International Studies of Sandplay Therapy

Dora Kalff's proficiency in cross-cultural communication facilitated the global recognition and dissemination of sandplay therapy as a therapeutic method. Following the establishment of sandplay as a recognised therapeutic approach in numerous countries, Dora Kalff invited representatives from various regions to convene in Zollikon, Switzerland, for an annual conference. The primary objective of this gathering was to engage in comprehensive discussions regarding the advancements in sandplay therapy and collaborate on strategies to facilitate its wider dissemination. From this discussion, in 1985, the ISST was born (Kalff, 2003).

According to Roesler (2019), the global popularity of sandplay can be attributed to its non-verbal methodology, which enables its application across diverse cultural contexts. Dora Kalff (2003) stated that three professional sandplay periodicals exist. *The Journal of Sandplay Therapy* in the United States of America, *The Archives of Sandplay Therapy* in Japan, and *The Magazine of Sandplay Therapy* in Germany. Individuals across different nations are exposed to comparable forms of psychological distress, prompting a global interest in exploring the potential therapeutic applications of sandplay (Steinhardt, 2013). A substantial amount of research, now also occurring at universities worldwide, provides evidence for the potential effectiveness of sandplay therapy in representing clients' inner worlds (Roesler, 2019). This segment will provide an overview of several international research studies conducted on sandplay and evaluate the efficacy of this treatment approach.

Yeh et al. (2015) conducted a study on the effectiveness of sandplay therapy, indicating the usefulness of this non-verbal therapeutic method. These authors suggested that sandplay could be a viable therapeutic approach for children with traumatic experiences,

particularly considering the September 11th tragedies and the attack on the World Trade Centre in New York City, USA. This assertion is based on the observation that sandplay necessitates minimal or no reliance on verbal communication as a therapeutic modality. Hence, the authors directed their attention towards implementing sandplay treatment inside several educational institutions in New York City, intending to examine its effectiveness on children from varying cultural backgrounds. To ascertain the accuracy and efficacy of sandplay as a technique for promoting the healthy development of students, Yeh et al. (2015) sought to assess the academic, psychological, and behavioural outcomes seen before and after children engaged in sandplay sessions at three educational institutions. Providing figurines related to the assaults, including emergency vehicles, aeroplanes, and rescue workers, allowed the children to articulate latent tensions, distress, discord, affective states, and other affective responses linked to this distressing incident. Consistent with expectations, these authors observed that implementing sandplay interventions positively affected the participating children's academic, behavioural, and psychological outcomes. Furthermore, it was emphasised that this therapeutic method has resulted in notable improvements in the children's English language and mathematics proficiency. Yeh et al. (2015) underscored the efficacy of sandplay therapy as a culturally appropriate therapeutic approach in addressing the needs of children from ethnic and racial minority backgrounds. Sandplay therapy provides a culturally sensitive and symbolically-based approach to promoting healing. Based on the results of their study, Yeh et al. (2015) propose the potential application of this therapeutic approach in trauma and crisis counselling in future instances.

Yahaya et al. (2019) conducted another study to investigate the efficacy of sandplay therapy in enhancing student's self-esteem. Their study utilised an experimental design to examine the effects of sandplay treatment on student outcomes. Specifically, before and post-test results were compared between two groups: a control group of 16 students who did not

receive any sandplay therapy and an experimental group of 16 students who received sandplay therapy. The fundamental aim of their study was to conclude the efficacy of sandplay therapy and the efficacy of sandplay therapy in assisting students in strengthening and enhancing their self-esteem. The study sample comprised 32 children aged between 12 and 16 years, selected from a renowned educational institution in Brunei, Malaysia. The participants were enrolled in year seven at this school. The researchers analysed the data using descriptive statistics analysis and session notes (Yahaya et al., 2019). The researchers' data analysis revealed significant impacts of sandplay therapy on the experimental group's self-esteem. Furthermore, there were notable variations between the pre-and post-test results of the experimental group and the control group. The researchers concluded that sandplay therapy intervention effectively addressed self-esteem concerns in student populations.

In their study, Lee and Jang (2020) examined the advantages of employing group sandplay therapy to enhance the psychological well-being and resilience of individuals who experienced the aftermath of an earthquake in Kathmandu, Nepal. The study included a sample of 12 adolescent individuals who had experienced an earthquake and were currently residing in a temporary relief camp for a duration of 16 months. The act of relocating from their residences, residing in substandard living conditions within camps, adapting to unfamiliar environments, and experiencing an ambiguous outlook on what lies ahead collectively significantly impacted these individuals' psychological and physical well-being (Lee & Jang, 2020). The researchers employed a mixed-method research design using both quantitative and qualitative research methods. The research consisted of three group sandplay sessions, each lasting 90 minutes, conducted weekly. Based on the authors' research findings, it can be inferred that group sandplay treatment led to a significant decrease in anxiety/depression, withdrawal/depression, and somatic symptoms among the participants, hence positively impacting their psychological well-being. Determination, purpose, and self-

reliance improved significantly, as well as composure, perseverance, and authenticity regarding resilience. Lee and Jang (2020) added that because of the opportunity for self-expression provided by group sandplay, these Nepalese survivors were given a voice by emphasising a secure and protected environment.

Mitchell and Friedman (1994) explained that a tactile input in the sand benefits several developmental processes, such as physical, social, and intellectual capacities. Sandplay has become a cross-cultural approach performed internationally because it is one of the few treatments in which linguistic abilities are not required to grasp the manifestations of the psyche. According to Borrero et al. (2010), employing a non-verbal and creative intervention method is deemed the most efficacious approach when working with children from minority backgrounds. Children often employ non-verbal and imaginative means to cope with grief or loss instead of relying on conventional direct verbal communication.

Registered by research studies, it is evident that sandplay can be utilised as a highly efficacious therapeutic modality across various contexts, encompassing the resolution of language barriers and the promotion of a solid understanding of the Self. Hence, it is not surprising that sandplay therapy, a non-verbal therapeutic approach, is gaining global recognition as an efficacious and viable intervention for individuals of all ages. This trend is also evident in South Africa.

## **2.8 Sandplay Therapy within Contemporary South Africa**

Despite its relatively recent emergence in South Africa over the past two decades, sandplay therapy has attracted interest in research investigations to evaluate the efficacy of this non-verbal therapeutic approach. This interest has been comparatively less extensive when compared to regions such as Europe, Japan, and the USA, where sandplay therapy has a longer and more established history. The findings of these studies are consistent with expectations in South Africa, where sandplay therapy, because of its non-verbal nature, can

serve as a viable and beneficial method for addressing potential language barriers within the country's diverse population, particularly among children from various cultures.

An example of such a study conducted in South Africa is Ferreira et al. (2014). These authors intended to explore the effectiveness of sandplay therapy in bridging the language barrier of a 4-year-old Sotho-speaking orphan. The participant in their research was a child whom HIV/AIDS had impacted, the loss of their primary caregiver, institutionalisation, significant emotional challenges, and reported sexual abuse victimisation (Ferreira et al., 2014). The child had clear indications of substantial emotional disruption, rendering the child susceptible to physical, sexual, and emotional mistreatment, thus necessitating emotional assistance. These authors intended to connect the concept of silence and relationship, emphasised in sandplay. It was believed that when the therapist and the child lacked a common language, using silence and establishing a therapeutic connection would overcome this communication barrier. Ferreira et al. (2014) concluded that after participating in 18 sandplay therapy sessions, the child showed considerable emotional healing and development, enhanced interpersonal and social skills, and enhanced verbal and non-verbal communication. Furthermore, engagement in artistic activities and play facilitates the preservation and reinstatement of mental balance, enhancing children's emotional resilience in their ability to confront and manage distressing or alarming circumstances (Ferreira et al., 2014).

An additional example of the advantages of sandplay therapy is a research investigation conducted by sandplay therapists Carien Lubbe-DeBeer and Imme Thom. The main objective of the study by Lubbe-DeBeer and Thom (2013) was to investigate the effectiveness and utilisation of expressive sandplay within marginalised populations in South Africa. Their case study described a young male participant from a low socioeconomic background who was, at the time, incarcerated in South Africa. Throughout five weekly

sessions, lasting about an hour each, the participant engaged in sandplay. Lubbe-DeBeer and Thom (2013) explained that the goal of sandplay was to release the client's inner healing energy by activating it at the deepest level of the psyche using miniatures and sand to mimic the client's inner reality. These authors additionally asserted that sandplay therapy has the potential to serve as both a diagnostic projective tool and a therapeutic intervention.

According to Mitchell and Friedman (1994), sandplay is founded on the belief that it provides a liberating environment for clients, stimulating their imagination and promoting cognitive engagement, hence fostering creative discovery. According to Lubbe-DeBeer and Thom (2013), their research yielded many sandplay scenarios enacted by the individual. They described these scenarios as inner resource exploration, connecting with the past and happier times, enhanced self-regulation, emerging a deep inner crisis, and fostering hope. The researchers concluded that the participant began to experience a state of comfort when interacting with the sand, thereby fostering a sense of hope inside the participant. Based on the empirical evidence, the authors of this study concluded that engaging in expressive sand work can provide a valuable means of providing short-term psychological support in situations where access to more comprehensive assistance is limited. This approach certainly facilitated an increased awareness of the individual's emotional well-being and the cultivation of hope. These authors suggested that the cultivation of hope can serve as a safeguarding element, offering individuals protection against unfavourable circumstances and granting them access to internal reservoirs that enable them to confront traumatic encounters. This process is seen as an initial stride towards recovery and integration.

Lastly, regarding sandplay as a practice, Smit (2015) studied the experiences of counsellors in South Africa who conducted a short-term sandplay intervention in a resource-constrained community close to Pretoria, Gauteng, South Africa. All participants in this study consisted only of individuals who were either enrolled as psychology students or were intern

educational psychologists working towards their qualifications. Smit (2015) concluded that these therapists reported having had favourable personal experiences and believed that the sandplay intervention had contributed to developing their professional capabilities.

Furthermore, the therapists emphasised the observed enhancements in the children's views of the intervention process due to their engagement in sandplay therapy. Moreover, the therapists remarked on the efficacy of the non-verbal aspect of sandplay and its contribution to fostering positive rapport between therapists and child clients. Additionally, the therapists expressed a dire need to integrate sandplay therapy into their curriculum upon discovering its efficacy as a valuable modality to augment their current repertoire of counselling and therapeutic techniques.

Despite the scarcity of research studies conducted in South Africa, sandplay research has demonstrated its remarkable efficacy as a therapeutic modality for children who encounter difficulties in verbal expression. As a consequence of the promising results above and other studies on the efficacy of sandplay in South Africa, it holds much promise that this therapeutic approach to child and adult intervention is precious and beneficial in South Africa, given the country's multi-language voices. Freedle (2022) has recently conducted a study and concluded that there is a substantial and expanding collection of qualitative and quantitative studies that confirms sandplay therapy as an evidence-based treatment for individuals of all ages who experience a range of emotional and behavioural difficulties.

This section above provides a concise overview of the academic research on the historical development and inception of Jungian sandplay, including a comparison between Jungian sandplay therapy and sandtray therapy. Subsequently, a discussion was held regarding the underlying justification for the emergence of sandplay and the therapeutic significance of sandplay treatment in addressing psychiatric conditions. To enhance the reader's comprehension of sandplay, a clarification of the sandplay method and the necessary



training criteria for healthcare professionals was presented. Finally, the value of sandplay as a therapeutic intervention technique was explored through its application in South African and international contexts.

## **Chapter – 3 Research Methodology**

This chapter will describe the methodology I used in the current research study. This section begins by describing this study's epistemological framework and research methodology. This section also encompasses the research design and provides a comprehensive overview of the adopted paradigm. Finally, this section concludes with ethical considerations relating to the research and the particular limitations of the design, while arguments regarding the quality criteria of the data are also considered.

### **3.1 Interpretative Paradigm and Phenomenology**

The frames of reference a person uses to structure their observations and thinking are referred to by Babbie (2014) in general as paradigms. These paradigms are viewpoints or ways of looking at reality. From a research paradigm perspective, Kivunja and Kuyini (2017) stated that paradigms are the intellectual lens by which the researcher discusses the methodological implications of their research project to decide the research techniques to be used and how the researcher will analyse data. Hesse-Biber (2017) further stated that paradigms are collectively developed approaches to knowledge construction.

Hesse-Biber (2017) categorises qualitative research into three paradigmatic umbrella groups: positivism, interpretive, and critical. This study endeavours to elucidate and examine the lived experiences of certified Jungian sandplay therapists in the context of South Africa, following the principles of the interpretative paradigm. Hennink et al. (2020) stated that the interpretive nature of this approach suggests that it attempts to explain people's lived experiences from their own viewpoint, known as the emic perspective (insider perspective). Gaining insight into individuals' behaviour, perceptions, and experiences is a fundamental objective of qualitative research. However, Hennink et al. (2020) pointed out that understanding can be viewed from two different angles: understanding can come from the

researcher's own frame of reference on the topic, which the author referred to as understanding, and from the participant's perspective, which the author referred to as *Verstehen*. The term *Verstehen* refers to comprehending the experiences of individuals under study by adopting their subjective perspectives within their own socio-cultural milieu and elucidating them using their own language, concepts, and frameworks (Hennink et al., 2020). Hence, the primary objective of the interpretive approach is to achieve *Verstehen*, which entails more than a basic comprehension of a social reality. According to Hesse-Biber (2017), the interpretive approach to qualitative research is linked to the hermeneutic tradition.

### **3.2 Epistemology (Hermeneutics)**

According to Soini and Kronqvist (2011), the fundamental inquiries in epistemology pertain to the source of knowledge and encompass the understanding of how knowledge is acquired and the interconnection between the one who knows and the object of knowing. Braun and Clark (2006) stated that there is a direct relationship between Interpretative Phenomenological Analysis (IPA) and the epistemology of phenomenology. This study's primary focus was on exploring the subjective experiences of ISST-qualified practitioners specialising in Jungian sandplay therapy within the South African context. Consequently, the chosen epistemological framework for this study was phenomenology. The data analytic tool employed in this study was IPA. Phenomenology primarily focuses on exploring lived reality, encompassing individual experiences and the broader environmental context in which they occur (van Manen, 2016). According to this author, using hermeneutic phenomenology as a study methodology allows for in-depth knowledge of human existence by closely adhering to the individual's experiences and perceptions of their lived reality. The works of theorists such as Edmund Husserl, Martin Heidegger, Hans-Georg Gadamer, and others gave rise to phenomenology and hermeneutic phenomenology.

According to the philosopher Edmund Husserl, phenomenology is an approach that aims to construct an account of an individual's lived experiences. These unique and highly personal experiences should be examined in how they occur, on their own terms, and not dictated by pre-existing theoretical preconceptions (Smith & Osborn, 2015). Phenomenology is a philosophical approach that operates without any underlying assumptions. Husserl exhibited a particular fascination with pursuing a method that would enable individuals to comprehend their own subjective encounters with a specific reality accurately (Smith et al., 2009). For Husserl, this required stepping outside of our everyday experience (natural attitude) and adopting a phenomenological attitude to lead the researcher away from the distractions and misdirection of their own assumptions and preconceptions and back to the experience itself without any prejudices gained through the process of living one's life (Eatough & Smith, 2017).

Husserl employed the concept of intentionality to elucidate the interconnection between cognitive processes transpiring inside consciousness. Husserl saw this phenomenon as a cognitive process aimed at attaining a precise signification by thoroughly exploring the objective world and the subjective experiences within an individual's consciousness (Lavery, 2003). According to Koch (1995), Husserl's perspective on intentionality and essence is an essential aspect of phenomenology, which is crucial in enhancing our comprehension of this philosophical framework. Husserl proposed the notion of intentionally directing one's attention as a means to establish a definition for specific realities (Lavery, 2003). According to Valle et al. (1989), phenomenology emphasises the world as experienced by a person, not the world or reality as something distinct from the person.

Furthermore, Husserl explained the concept of bracketing, or phenomenological reduction, and proposed that bracketing out the external world and human prejudices is essential to achieving good interaction with the essences (Lavery, 2003). Hence, it is

imperative to disregard personal beliefs and preconceived notions in order to attain a more comprehensive comprehension of the phenomenon. According to Osborne (1994), bracketing is the act of recognising one's preconceptions regarding a phenomenon and then trying to put them aside to see the phenomenon for what it is. According to Koch and Harrington (1998), the bracketing strategy aims to maintain the objectivity of the phenomenological approach or, at the very least, minimise any potential unforeseen biases. Bracketing refers to deliberately setting aside any preconceived notions or biases about the phenomena under investigation before collecting data. The rationale behind, myself as a researcher, maintaining self-reflexivity stems from the qualitative research tradition (Dowling, 2004).

The researcher's work has been affected by philosophical approaches such as hermeneutics and phenomenology. Phenomenology is a philosophical approach that examines an individual's subjective experiences to identify shared patterns and significance. Simultaneously, hermeneutics posits that individuals perceive and interpret the world through language, facilitating understanding and acquiring knowledge (Byrne, 2001). On the other hand, hermeneutics can be understood metaphorically as promoting meaning via a circle rather than an arrow, progressing from the specific to the general through a sequence of comprehension trials (Heywood & Stronach, 2005). The notion of attaining significance through continuous circular movements involving data resembles the Jungian perspective, precisely Jung's concept of circumambulation. Circumambulation is a time-honoured religious ritual in which an individual walks in successive circles, gradually drawing nearer to a revered object or idol. The circumambulatory walking holds symbolic meaning as circular movements of the individual moving inwardly are understood as leading to greater closeness with the inner essence of what is sacred or holding spiritual energy. Jung in his autobiographical book with Aniela Jaffé, *Memories, Dreams, Reflections* (1961/1989, p. 196), Jung stated:

I began to understand that the goal of psychic development is the Self. There is no linear evolution; there is only a circumambulation of the Self. Uniform development exists, at most, at the beginning; later, everything points toward the centre. This insight gave me stability, and gradually my inner peace returned.

Therefore, the similarities between Hermeneutic phenomenology and Jungian thought are highly appropriate for comprehending the firsthand encounters of Jungian sandplay therapists, constituting this current study's primary subject. Hermeneutics places significant emphasis on adopting an internal perspective by individuals intending to acquire knowledge by perceiving the world from the subjective viewpoint of the person immersed in it. To characterise the method of interpretation more broadly, one may claim that hermeneutics started with understanding biblical text (Packer & Addison, 1989).

Hermeneutics, as a field of study, was significantly shaped by the intellectual contributions of Heidegger. Its primary objective is to elucidate a given occurrence and uncover latent meaning concealed within. Heidegger is widely acknowledged for his contribution to introducing hermeneutics to elucidate the conditions under which interpretation occurs for ontological objectives (Dowling, 2004). Heidegger's primary focus rested on the ontological inquiry into the essence of existence, the practical manifestations of human action and interpersonal connections, and how the natural world manifests itself to us and acquires significance. In contrast, psychological processes like perception, awareness, and consciousness were primarily of interest to Husserl (Smith et al., 2009). Eidetic or descriptive phenomenology inspired by Husserl's work seeks an essential understanding of a phenomenon and has a solid psychological focus (Maggs-Rapport, 2001).

In contrast, Heidegger's hermeneutic inquiry findings are often referred to as *Interpretive Phenomenology* (Koch, 1995). The phenomenological principle of intersubjectivity and Heidegger's perspective on the individual as inherently situated within a

worldwide environment hold significant importance (Smith et al., 2009). Smith et al. (2009) explained the concept of inter-subjectivity as the mutual, overlapping, and emotional essence of our interaction with the world.

Heidegger sees hermeneutics as an understanding that brings the investigator to *being* (presence in the world). Accordingly, Heidegger saw hermeneutics as a philosophical approach rather than a scientific methodology (Dowling, 2004). Heidegger established the hermeneutic phenomenology framework to recognise the significance of elucidating the essence of existence and illuminating the inherent process of human comprehension. Heidegger argued that philosophical systems had neglected to consider this aspect in the past, as they were perceived as objectifying and reductionistic (Dowling, 2004). Heidegger expressed scepticism regarding any form of consciousness beyond a particular interpretive standpoint, which he grounded in lived experience encompassing human beings, interpersonal connections, and linguistic communication (Smith et al., 2009). The idea suggested by Heidegger was that life is time. Heidegger posited that human cognition originates from the experiential awareness of Dasein, denoting the state of being situated within the universe (Dowling, 2004).

Gadamer built on the works of Heidegger. Gadamer explored that the role of philosophical hermeneutics was not the systematic compilation and study of evidence but rather the illumination of the normal process of understanding (Habermas, 1983/1990). Gadamer's hermeneutics highlights the embeddedness of language in our interpretation of our world (Gadamer, 1975/2004). Gadamer's work extended philosophical hermeneutics to critical hermeneutics by emphasising the significance of belief, background, and history in our understanding (Byrne, 2001). Gadamer advanced two vital hermeneutical positions, which are prejudgement and universality. Prejudgement refers to preconceptions, prejudices, or meaning horizons that are part of our linguistic experience and allow us to understand.

Universality holds that individuals who articulate and understand are connected through a shared human consciousness that allows for understanding (Ray, 1994, as cited in Dowling, 2004, p. 35). Gadamer argues that prejudice or biases are integral to the process of perception and should not be dismissed or disregarded (Pascoe, 1996).

However, Gadamer challenges whether there is such a thing as art or technique of understanding, arguing that the work of hermeneutics is to clarify the conditions under which understanding occurs rather than to create a method for understanding (Dowling, 2004). Dowling (2004) added that for Gadamer, understanding the whole system has little to do with understanding the various individual elements. Instead, each individual comprehends in a specific and different way.

Consequently, in philosophical hermeneutics, understanding is derived from the researcher's participation in a mutual phase of interpretation that is intricately connected with one's being in the world (Spence, 2001). In contrast to Heidegger, Gadamer emphasises language and acknowledges the researcher's significance inside the hermeneutic circle (Koch, 1996). This hermeneutic circle refers to the circularity between explanation and understanding (Brown & Heggs, 2005). It allows the researchers to deal with their data dynamically, actively, and non-linearly (Eatough & Smith, 2017). Shinebourne (2011) stated that the hermeneutic circle is an interplay between the interpreter and the object of interpretation. Gadamer described the hermeneutic circle as the fusing of horizons, and therefore, one must acknowledge the sense held by another person while still being mindful of one's own biases (Dowling, 2004).

### **3.3 Qualitative Research Approach**

According to Langdridge (2007), research methodology refers to the overall approach to researching a subject, while research methods refer to particular techniques. Qualitative approaches portray a paradigm in which the construction of reality is shaped by social



processes, characterised by its dynamic nature and perpetual transformation (Glesne & Peshkin, 1992). Scientists prefer qualitative analysis due to its fundamental attributes, including using textual information as data and emphasising defining concepts and understanding perception (Silverman, 1998). For Sloan and Bowe (2014), interpretative phenomenology has risen to prominence among qualitative methodologies, and it is now included in a wide range of human science research. According to these authors, phenomenology is a qualitative scientific approach involving the co-construction of information.

Hermeneutic phenomenology employs some of the characteristics often associated with qualitative research methods as a technique (Smith et al., 2009). Sarantakos (1993) explains that descriptive phenomenology and interpretative phenomenology are both exploratory and depend on the researcher as the data collection instrument. Certain researchers employ diaries as a means of data collecting in their research endeavours. For Altrichter and Holly (2005), when diaries are used as data, they are often subjected to qualitative analysis procedures as part of a more extensive data analysis process. According to Byrne (2001), a distinction can be made between the philosophical approaches of hermeneutics and phenomenology. This author stated that hermeneutics plays a role in comprehending the words inside a book.

In contrast, phenomenology pertains to an individual's experiential reality and facilitates identifying shared elements and significance. Byrne (2001) noted that these ideas are combined and often associated with qualitative research methods that rely upon phrases or narratives to achieve comprehension. Lodico et al. (2006) confirmed this by saying that qualitative study methods gather evidence through observations, interviews, and document analysis and then summarise these findings primarily through narration or verbal means. For Eatough and Smith (2017), one of the most influential and commonly used methods for

qualitative researchers is interviewing participants to extract rich and meaningful text.

Therefore, the researcher in this study is interested in understanding, interpreting, explaining, and knowing something through interviewing individuals.

Smith and Osborn (2007) highlighted the importance of qualitative research as a personal process and that the analysis itself is the interpretive work done by the researcher at each point. Qualitative research methods offer a diverse range of precise information on a restricted number of individuals and cases. Direct quotations and careful analysis give depth and context to situations, events, relationships, and observed attitudes (Klenke, 2016).

Klenke (2016) further stated that qualitative research is a method of naturalistic investigation that aims to gain a thorough understanding of social processes (phenomena) in their natural setting or context and focuses on the why instead of the what of social phenomena. In addition, qualitative research relies on human beings' direct interactions as meaning-making actors in their daily lives. Merriam (2009) outlined the overall objectives of qualitative research: to understand how people make sense of their lives, describe the meaning-making process, and explain how people interpret what they experience. This author also asserts that qualitative researchers demonstrate a keen interest in examining how individuals interpret their experiences and how they ascribe significance to these experiences, thereby shaping their perception of the world.

As a result, qualitative research can be based on the interpretive paradigm, which holds that individuals socially and symbolically create and maintain their own realities (Klenke, 2016). Compared to quantitative research, qualitative research entails organising data non-numerically to find trends, concepts, and qualities in field notes, interviews, transcripts, dairies, and cases (Klenke, 2016). This author also provides an overview of the essential attributes associated with qualitative research. The first characteristic outlined by this author is that qualitative research relies upon interpretations and is considered subjective

instead of objective. Therefore, most qualitative research is inductive and takes place in a natural environment. Creswell (2014) stated that this working back and forth between the themes and the database until the researcher has identified a complete collection of themes is depicted in this inductive procedure. The second characteristic Klenke (2016) identified is that qualitative research utilises purposive or theoretical sampling. In other words, the researcher deliberately chooses participants who can contribute to an in-depth, information-rich interpretation of the phenomena under investigation.

The current study employed purposive sampling to select a sample size ranging from four to eight participants. Klenke (2016) added to this by saying that in many qualitative methods, saturation is used to address that sample size query. During the research process, data saturation is achieved when adding another data element (interview participant, observation, or narrative) does not contribute new information to the study (Holosko, 2010). The third characteristic is that qualitative data is derived from the participant's perspective and that the researcher is the key data collection instrument in a qualitative study. Participants and researchers work together to collect data and analyse text representing the participant's voices (Klenke, 2016). Qualitative researchers employ data collection methods such as conducting interviews with people or evaluating existing records. They rarely use or rely on questionnaires or instruments developed by others (Creswell, 2014). According to Creswell (2014), an essential characteristic of qualitative research involves acquiring in-depth understanding through direct communication with individuals and observing their natural surroundings, allowing for examining their interactions and responses. According to Klenke (2016), the fourth attribute of qualitative research is its inherent flexibility, allowing for necessary modifications to accurately capture the evolving intricacies of the research endeavour. This procedure enables the researcher to adapt the interview protocol by incorporating or eliminating interview inquiries. Considering this, it can be said that the

research process for the qualitative researcher is an evolving and dynamic endeavour. According to Creswell (2014), the researcher's initial study strategy cannot be rigidly prescribed. Upon commencing fieldwork and data collection, it is possible for any or all aspects of the study method to undergo modifications or alterations. Finally, Klenke (2016) added that the end product of qualitative research reports is highly descriptive, incorporating descriptive language that reflects the voices and lived experiences of the participants.

Therefore, for Klenke (2016), qualitative research methods allow researchers to be closer to their participants than inferential empirical (quantitative) materials. Thus, the researcher's standpoint/positioning and impact on the research is an integral segment of the qualitative research process. The efficient gathering, organisation, and interpretation of verbatim data produced from dialogue or observation are all part of qualitative research approaches. It is utilised to research the meanings of social phenomena as they are observed by people individually in their natural settings.

### ***3.3.1 Self-reflexivity***

To stress the relevance of one's own perspective, the term reflexivity has entered the qualitative vocabulary. The concept of reflexivity serves as a reminder for qualitative researchers to maintain awareness and sensitivity towards the cultural, educational, and linguistic backgrounds that shape their own viewpoints and those of the individuals they are interviewing (Patton, 2015). According to Somekh and Lewin (2005), the ability to challenge oneself in a reflexive approach that considers the position of the self as a research instrument is a critical feature of the researcher as a data gatherer, and the researcher is an unavoidable member of the social environment they are researching. Hence, it is imperative to consider their interpretative processes and authorial stance. Reflexivity is the cognitive process through which researchers critically understand the influence exerted by their inquiries, methodologies, and subjective perspectives on the knowledge produced. For Langdrige

(2007), this is important in all qualitative research, including but not limited to phenomenological psychology. Similarly, Klenke (2016) stated that reflexivity involves the researcher's self-awareness and crucial self-reflection on possible prejudices and predispositions that can impair the analysis process and conclusions. Hence, through engaging in self-reflexivity, the researcher attains an awareness of their inherent biases and preconceived notions, necessitating their vigilance in managing and mitigating such influences.

Creswell (2014) commented on how self-reflexivity is more than simply an awareness of the researcher's prejudices and values in the study, and he considers how the researcher's entire background may influence the study's direction. According to Hennink et al. (2020), reflexivity is significant because it demonstrates comprehension and knowledge of the interpretative paradigm, an essential feature of qualitative research. Koch and Harrington (1998) indicated how hermeneutics highly value reflexivity in many forms. These authors added that the epistemological and ethical foundations of qualitative research are revealed due to this reflexivity. Babbie (2014) stated that researchers must become mindful of their personal assumptions and attitudes and analyse their impact on themselves, their participants, and the study process because they are human and cannot wholly set their personal feelings aside.

Furthermore, Heidegger, from an epistemological perspective, suggested that presuppositions cannot totally be eliminated or suspended by the researcher during qualitative research (Dowling, 2004). Therefore, researchers should make a concerted effort to be mindful of and consider how their actions affect the research study. This upholds the epistemological impetus of a phenomenological study, and the methodology utilised. With this in mind, I, as a researcher, kept process notes (Appendix G) of my journey through this research study.

### **3.4 Research Design**

#### ***3.4.1 Selection of Participants (Purposive Sampling)***

It is crucial to acknowledge that the fundamental characteristic of the qualitative approach is its naturalistic nature, as it focuses on studying authentic individuals within their natural environments rather than in artificially controlled conditions. Sampling must consider the individual's attributes and contextual factors such as historical, geographical, and situational aspects. This involves an adaptable research design and an iterative, cyclical approach to sampling, data gathering, analysis, and interpretation. Omona (2013) stated that when it comes to qualitative research, qualitative analysis is neither mathematical nor systematic, and sampling is an essential feature of interpretative research. Other sampling hypotheses are typically more adequate than what can be predicted or calculated. The previous claim is rooted in the fact that qualitative research methodologies primarily focus on acquiring a comprehensive comprehension of a particular phenomenon. The focus of in-depth interview work is primarily on exploring specific cases or individuals rather than attempting to make generalisations to a larger population of interest. This approach does not rely on hypothesis testing but adopts an inductive and emergent approach (Dworkin, 2012). Sampling is essential since it enables researchers to understand a phenomenon more deeply by studying a thoughtfully selected population subset, as Monette et al. (2014) stated. Sampling refers to the extent to which the samples accurately reflect the characteristics of a particular population from which they are selected. The collection of samples is derived from a population and represents all possible occurrences of the subject matter being studied. Put differently, a sample is comprised of one or many elements that have been chosen from a larger population.

To avoid untrustworthy and vague assumptions, the population from which the sample is drawn must be clearly established (Monette et al., 2014). These authors added that the

characterisation of a population should specify four things. The first is the population context. This population context refers to the specific characteristics that members of the population share. In this research study, it is noteworthy that all participants in the population possess a common characteristic, namely, their ISST certification as Jungian sandplay therapists (the research population being <8 in 2022). Secondly, the population should indicate the unit, which refers to the unit of analysis. The participants selected for this study constitute individual therapists practising Jungian sandplay therapy. The third consideration is the scope (extent) of the study regarding spatial or geographical distribution. The scope of this study encompassed certified Jungian sandplay therapists currently practising throughout South Africa. According to Monette et al. (2014), the last consideration that the population should specify is the time factor. The time element pertains to the specific period during which the participants possess the requisite attributes that render them eligible for inclusion in the survey. To ensure consistency in the time factor, it was imperative that the participants being interviewed for the current study possess certification as Jungian sandplay therapists and are duly registered with the ISST. A sample of five participants was selected from this population of potential participants, employing purposive sampling. This research study's selection procedure exclusively involves certified Jungian sandplay therapists. The current research study does not encompass South African therapists with a broader sandplay or sandtray therapy approach or who are still in the process of their ISST certification.

Purposive sampling is thought to be the most useful non-probability sampling technique. The term judgement sampling is often used to describe it. According to Denscombe (2007), purposive sampling permits the researcher to focus on individuals or incidents they believe would be critical to the study. Laher and Botha (2012) stated that purposive sampling depends on the researcher's own experience, prior studies, or ingenuity to choose candidates that can reflect the population. The selection of participants is often

conducted using specific screening criteria to ensure the appropriateness of the chosen individuals. Palinkas et al. (2015) and Patton (1990) confirmed that purposive sampling is commonly used to identify and select information-rich cases particular to the phenomenon of interest in qualitative research.

Ritchie et al. (2003) included two principal aims for purposive sampling: First, ensuring that all the interested parties in the subject matter are covered. Secondly, to ensure that diversity is included within the critical criteria to investigate the impact of the characteristics in question. Regarding what Ritchie et al. (2003) have outlined above, this study aims to incorporate certified Jungian sandplay therapists from South Africa, encompassing a wide range of participants to facilitate the emergence of varied perspectives, emotions, and concepts. This sample size consisted of four Females and one Male all between seven to 18 years of expertise as a sandplay therapist.

Sandelowski (1995) stated that factors such as the aim of sampling, the type of purposive sampling, and the research methods employed should be considered when selecting a sample size in qualitative studies. Sandelowski (1995) added that, generally, sample sizes in qualitative research should not be so small that saturation is difficult to achieve. Simultaneously, ensuring that the sample size is not excessively large is crucial, as this may hinder the feasibility of conducting an in-depth, case-oriented analysis. The “logic and power” (Patton, 2015, p. 401) of the different types of purposive sampling used in qualitative research are primarily based on the quality of information gathered per sampling unit instead of the sample size (Sandelowski, 1995). Hence, assessing the adequacy of the sample size for qualitative research is not straightforward.

This study deliberately chose a sample with a high degree of homogeneity, as the participants should possess similar traits. Furthermore, the participants share their personal experiences and expertise about the examined subject matter. Moreover, each individual has



undergone a demanding and intensive training programme to obtain a Jungian sandplay therapist certification. These factors render the participants highly suitable for a small-scale, comprehensive investigation.

For the researcher to provide a persuasive account of the phenomena, Curtis et al. (2000) explained that participants should deliver rich, dense, and concentrated data on the study topic. Malterud et al. (2015) proposed the concept of “information power” (p. 1) to conduct a sufficient sample size for qualitative studies. According to information power, the more information the survey contains that is relevant to the research, the fewer participants are needed (Malterud et al., 2015). According to Creswell (2014), conducting interviews with a sample size varying from three to 10 participants is recommended in the context of phenomenological research. According to Holloway and Wheeler (2010), a sample size of six to eight participants is deemed sufficient in cases where the population is homogeneous, as there are no universally established guidelines for determining sample size. According to Smith and Osborn (2007), it has been recommended that a sample size of five or six be considered adequate for an IPA student project. The chosen sample size facilitates a more comprehensive examination of each instance, enabling a deeper level of interaction. Additionally, it permits a detailed investigation of similarities and differences, as well as the identification of patterns of convergence and divergence. Given the prevailing recommendations on sample size, the primary objective of the present study is to conduct interviews with a sample of four to eight participants, considering the stringent inclusion criteria investigating a new field of therapy intervention in South Africa, which approximately has 40 members in the local society.

### ***3.4.2 Research Procedure***

The researcher established communication with the South African Sandplay Society (Appendix B), which was officially recognised by the ISST in 2023 as no longer a developing

group but a fully-fledged society. This organisation offered a platform for promoting and disseminating the current research study's recruitment of participants' information letters to ISST-certified Jungian sandplay therapists in South Africa. Interested Jungian sandplay therapists were then contacted electronically, either by email or telephone, to organise a suitable time and day to present the proposed research project. The scheduling of in-person interviews prioritised the convenience of potential participants, ensuring that the time and date suited them. These visits aimed to take place at a convenient location for the participants. Five interviews took place at the therapists' consultation rooms, as this location was the most suitable and appropriate for the participants and the topic of study.

Smith and Osborn (2007) claimed that individuals tend to experience a greater sense of comfort in environments with which they are acquainted. Including the therapist's consultation rooms in the research may enhance its value and contribute to the researcher's understanding. This setting offered the opportunity to gather immediate verbal insights into the individual approaches employed by therapists in their sandplay practice. Participants received an email containing an information letter and consent form before the interview, allowing them to study these documents at their discretion. During the preliminary phase of the face-to-face interview, every participant received comprehensive information regarding the proposed research topic. The participants were provided with consent documents, an information letter (Appendix C), and a consent form for audio recording (Appendix E), which they could review and then signed. The participants were free to inquire about any aspects of the study. All participants received notification of the individuals or entities with permission to access the information created and the subsequent data handling following transcription.

### ***3.4.3 Method of Data Collection and Tools***

Much of the material gathered and employed in qualitative analysis is derived from interviews. An interview can be characterised as a bilateral conversation and a deliberate interaction. As a researcher, the interviewer investigates the participants to collect comprehensive data regarding their experiences, perspectives, interests, and viewpoints. According to Smith et al. (2009), the objective of eliciting comprehensive narratives, ideas, and emotions from participants has resulted in the preference for semi-structured, one-on-one interviews for collecting in-depth data in the context of IPA. Likewise, Nieuwenhuis and Smit (2012) affirmed that an interview aims to obtain rich descriptive data to see the world through each participant's eyes. Hence, the current study's principal approach employed for data gathering involved conducting semi-structured interviews.

Semi-structured interviews often foster rapport and empathy and enable the researcher to venture into new novel areas as the researcher remains open to input from the participant (Smith & Osborn, 2007). During an interview, rapport-building is a crucial and essential factor when conducting research that requires open and honest responses from participants. Smith et al. (2009) confirmed this by saying that semi-structured interviews can help build rapport and understanding while allowing for much coverage flexibility when used correctly and sensitively. Smith et al. (2009) further added that it is vital that the participants feel at ease with the researcher, understand their desires, and trust them. According to Glesne and Peshkin (1992), trust is fundamental in eliciting comprehensive and accurate disclosures from research participants. One way a researcher can foster rapport is by demonstrating a genuine interest in the contributions and perspectives of the participants. When both parties to the research, the researcher and participant, benefit from the relationship, rapport and trust are more accessible (Glesne & Peshkin, 1992). As inferred from those above, establishing rapport is essential in the research process, while concurrently upholding this relationship is equally

vital. Thus, for Glesne and Peshkin (1992), maintaining rapport involves being cognisant of the evolving demands of the relationship during the interview.

In the context of doing research, it is common for a researcher to employ a semi-structured interview approach, which involves the creation of an interview guide or schedule. This document encompasses a comprehensive framework that will guide the researcher in conducting the interview (Nieuwenhuis & Smit, 2012). The interview schedule encompasses the primary inquiries that the researcher posed during the interview procedure. Eatough and Smith (2017) stated that IPA researchers often use semi-structured interviews, including creating a list of questions (Appendix F) to direct, rather than determine, the course of the interview. Smith and Osborn (2007) noted that when and how questions are asked during the interview, care should be taken. According to these authors, questions that are excessively challenging or lack clarity would be inadequate to elicit a satisfactory response. In order to facilitate participants' comprehension and accurate responses, it is necessary to include prompts for queries of this nature. As for the order in which questions are asked, Smith et al. (2009) stated that the interview should begin with a question encouraging the participants to recount a reasonably detailed episode or encounter. This approach will facilitate the participants in developing a sense of ease and willingness to engage in verbal communication during the interview process. Smith and Osborn (2007) included that general and easier questions should be asked first when performing interviews. The rationale behind this is that by posing broader questions at the beginning of the interviews, participants can provide more comprehensive information. An additional imperative element in the context of semi-structured interviews involves the selection of open formulations, as opposed to closed ones, while refraining from drawing excessive conclusions about the participants' experiences or interests. Furthermore, interviewers should avoid guiding participants towards specific responses (Smith et al., 2009).

Typically, in-depth interviews require a substantial amount of time, often lasting for an hour or longer. Consequently, it is advisable to provide participants with prior notification of the anticipated time commitment and to ensure their comprehension of the nature and requirements of an interview (Smith et al., 2009). The objective of this study was to administer a singular hour-long interview, which was stipulated in the information letter given to all potential participants. Adequate time was allocated to the participants to respond to interview questions before the next question was asked. In the context of this research study, participants were expected to have individual interviews in privacy. This methodology was employed to mitigate potential disruptions. Due to the potential for generating a significant amount of data, it was necessary to employ audio recordings during interviews for eventual transcription and for vivid extracts in the write-up of the study (Nieuwenhuis & Smit, 2012). As such, analysed transcripts provide the researcher with valuable insights into individuals' endeavours to comprehend their experiences as sandplay therapists in South Africa. The volume of information gathered during this study through interviews amounted to a total of 150 pages of transcripts.

#### ***3.4.4 Method of Data Analysis (IPA)***

In qualitative research, researchers can employ diverse data analysis methodologies to analyse their data, such as Interpretative Phenomenological Analysis (IPA) (Alase, 2017). According to Alase (2017), in comparison to the general inductive approach, the phenomenological research approach provides much more in-depth data collection and interpretation methods of the research participant's lived experiences. Smith et al. (2009) proposed that the study involves a collaborative effort between the participant and the researcher. While the fundamental focus of IPA lies in understanding an individual's subjective experiences and their interpretation of those experiences, the ultimate outcome frequently entails the researcher's interpretation of each participant's cognitive processes. For

me, the purpose of conducting interviews was to obtain insight into the participants' experiences, emotions, and thoughts as they proceeded through the many stages of their journey to become a sandplay therapist. The concept being referred to is commonly referred to as double hermeneutics. According to Pietkiewicz and Smith (2014), it is recommended that researchers fully engage with the data by attempting to empathise with the participants to the greatest extent feasible. During the interviews, I attempted to empathise with the participants' experiences and understand the arduous and demanding nature of their extensive training programme to become internationally accredited sandplay therapists. As a qualitative researcher, it was indeed a challenge to attribute personal meaning to each participant while also acknowledging the frequency of potential themes which would constitute the findings of the sample of sandplay therapists.

IPA is a two-stage process. According to Pringle et al. (2011), researchers uncover the meaning in the first stage and attempt to interpret how participants understand certain activities in the second stage. The researcher is keenly interested in gaining a more profound knowledge of the psychological context under which the participants engage in IPA. The objective is not to measure the occurrence rate but to comprehend the substance and intricacies associated with specific meanings. As a qualitative researcher, it was indeed a challenge to attribute personal meaning to each participant while also acknowledging the frequency of potential themes which would constitute the findings of the sample of sandplay therapists. The abovementioned procedure involves the researcher engaging with the transcript interpretively (Smith & Osborn, 2007). These authors added that qualitative research is inherently personal, with the analysis consisting of the interpretive work done by the researcher at each point during the analytic process.

From a methodological perspective, an IPA study typically involves a rigorous and comprehensive analysis of the narratives offered by a very small sample of participants. The

collection of these verbatim narratives commonly occurs through semi-structured interviews, followed by an analysis that aims to identify contextual patterns. These patterns are subsequently reported thematically (Larkin et al., 2006). According to Larkin et al. (2006), researchers in the field of IPA have two primary aims while analysing their data. The primary aim is to comprehensively understand the global environment and effectively depict each participant's subjective experiences. The primary objective at this stage is to construct a coherent and credible interpretation from the perspectives of both the participant and the researcher. As a novice researcher, I found this task to be quite challenging as it was important to ensure a complete and transparent understanding of the interviewees' experiences by means of carefully analysing each answer of each participant to my questions from my interview guidelines and then cross-comparing what each participant shared. This interpretation should strive to accurately represent the participant's viewpoint in a third-person manner. The second aim of the IPA perspective is to engage in a more explicit and interpretative analysis. The utilisation of interpretative analysis enables the researcher to engage with the data more conservatively. Larkin and Thompson (2012) commented on the above by saying that when interpreting qualitative data, the objective is to provide a well-organised, informative, plausible, and transparent account of the data's meaning. These authors, additionally, emphasised the importance of the researcher's initial task of identifying connotative patterns within the data. In IPA, these particular patterns are commonly denoted as themes.

Furthermore, inside the analysis area of the research report, the researcher needs to compose a narrative account of this particular arrangement (Larkin & Thompson, 2012). Smith and Osborn (2007) stated that while conducting a research study with a limited number of participants, it is advisable to begin by thoroughly examining the transcript of one interview before proceeding to analyse the remaining interviews individually. This technique

aligns with an idiographic perspective on analysis. I received the initial transcript promptly during the analysis stage. I had the opportunity to read the initial transcript numerous times before I received and read the transcripts from the other participants. Thus, delving into analysing the first transcript helped me to organise a useable mind map to identify themes and concepts. This 'baseline' transcript helped create the initial framework to which other transcripts could be compared. Subsequently, analysing other transcripts was easier as it enabled me to add or reconstruct initial themes in light of each subsequent transcript in a refinement process.

The study by Willig (2013) established a framework consisting of four distinct steps for analysing data utilising the IPA technique. The initial phase of IPA involves engaging in repeated readings of the text at the initial stage of the research. Subsequently, the researcher proceeds to document their preliminary observations. As I reviewed the transcripts of the participants, I recorded these observations in separate word documents that I had prepared for each participant. These can be associations, inquiries, comments on the participant's language, or descriptive labels (Willig, 2013). According to Biggerstaff and Thompson (2008), these notes are usually written in the left-hand margin of the page. Smith and Osborn (2007) stated that the researcher may include summaries, paraphrases, analogies, and references in the remarks that are written down. Pietkiewicz and Smith (2014) commented on the participants' language use. These authors have asserted the need to attend to the linguistic choices made by participants, including the utilisation of metaphors, symbols, repetition, and pauses. The participants' use of metaphors was intriguing, as some of them employed comparable metaphors to articulate their encounters during the sandplay training phase, as well as their original perceptions of sandplay.



For Larkin and Thompson (2012), this initial first stage is seen as free coding. The researcher records their initial ideas on paper as a preliminary step towards developing a more structured and coherent approach in the future.

During the second phase, the researcher must identify and categorise emergent patterns or themes delineating each segment of the textual material (Willig, 2013). According to Smith and Osborn (2007), these are documented in the right-hand margin, comprising concise phrases that aim to capture the fundamental essence of the insights derived from the text. No established guideline dictates the specific margin, whether left or right, that a researcher should utilise for recording their preliminary thoughts and emergent themes. During the second phase, researchers may use psychological terminology to convey the essence of what was discovered (Willig, 2013). Smith and Osborn (2007) stated that during this second phase, the skill seeks expressions at a higher-order cognitive level to permit theoretical connections within and across cases while remaining connected to each participant's actual words. Smith et al. (2009) reminded the researcher that during this second phase, the researcher must remember that IPA focuses on the participants' perceptions and their attempts to make sense of them. The themes derived from the analysis should accurately reflect the participants' experiences and interpretations rather than merely comprising a compilation of issues that the participants discussed. Participants' quotations and metaphors might be employed to develop theme names and descriptions, enhancing the analysis foundation in their own expressions (Pringle et al., 2011). IPA, therefore, intends to move beyond an ordinary thematic analysis in this regard (Brocki & Wearden, 2006).

For Willig (2013), it is recommended that researchers establish a systematic organisation of the data during the third phase by employing a conceptual framework. The researcher aims to compile a comprehensive list of emergent themes by documenting them on paper. Subsequently, the researcher identifies these emerging themes and endeavours to

establish connections and associations among them (Smith & Osborn, 2007). Ultimately, according to Willig (2013), some of these themes listed will naturally form clusters of concepts with similar meanings or parallels, while hierarchical relationships will distinguish others. According to Smith and Osborn (2007), these clusters are assigned names and serve as representations for the superordinate themes. According to Smith et al. (2009), there exist various approaches that researchers might employ to identify relationships among emergent themes, hence facilitating the construction of coherent clusters. These include abstraction, subsumption, divergence, contextualisation, numeration, and function. Willig (2013) further pointed out that labelling the cluster of themes is essential to capture their essence. The process of categorising the prospective themes entailed revisiting the research issues that my study aimed to address. It became evident that the topics could be classified into three primary categories, namely Describing the Modality, Professional Journey of Sandplay Therapists, and Personal Journey of Sandplay Therapists.

The fourth and final phase of the analytic process entails creating a summary table of the organised themes and quotes that explain each theme (Willig, 2013). Pietkiewicz and Smith (2014) affirmed this by saying that the summary table of themes expands into a persuasive account that illustrates to the reader the valuable interpretive objects discovered during the review stage. Moreover, the summary table presents a comprehensive list of the most crucial elements that should be incorporated into the report. It assigns a ranking to each of them based on the participants' level of understanding (Smith et al., 2009).

Lastly, Willig (2013) recommended that the summary table incorporates concise quotations and references to the specific locations within the interview transcript, such as page and line numbers, where important excerpts can be located. This will assist the researcher in composing the findings chapter, which will incorporate verbatim quotes from the interviews conducted with the participants. This study report contains several intriguing

quotations that I have included to accurately depict the authentic remarks expressed by the participants.

The authors above established a series of phases or procedures, which serve as examples of a particular approach to qualitative data analysis. According to Pietkiewicz and Smith (2014), the methodology of IPA provides researchers with a set of adaptable principles that may be tailored to align with their specific research goals. It is crucial to note that these principles and procedures should not be regarded as rigid or inflexible guidelines. To excel in their research endeavours, the researcher must demonstrate versatility and innovation in their cognitive processes. As the researcher, I meticulously examined every page of the transcripts for several weeks, intending to extract the most helpful information for this study from the many pages received. Due to the laborious nature of repeatedly reading and reviewing, it was imperative to constantly revisit prior pages to identify relevant themes applicable to the current study.

#### ***3.4.5 Trustworthiness of Data***

Qualitative research generates comprehensive textual and descriptive data that captures an individual's own language and visible behaviours (Holosko, 2010). Essential characteristics of naturalistic inquiry demand natural settings, trustworthiness criteria, and the researcher as the measurement instrument (Guba, 1981). Qualitative research has often been condemned for lacking rigour, transparency, and rationalisation of data collection and analysis methods; therefore, the truthfulness of the findings is questioned (Anderson, 2010). Rolfe (2006) asserted that there exists a lack of consensus regarding the definition of a trustworthy qualitative study. Hence, evaluating qualitative research quality has been a subject of extensive discussion among scholars specialising in research methodology. Nevertheless, Guba (1981) has set up four criteria that qualitative researchers can employ to enhance the trustworthiness of their qualitative studies. Guba's (1981) model is built on

recognising four aspects of trustworthiness that apply to qualitative studies: Truth Value, Applicability, Consistency, and Neutrality. However, Shenton (2004) argued that positivists frequently raise concerns about the trustworthiness of qualitative investigations, as they doubt the ability to establish reliability and validity in a manner comparable to naturalist approaches. Hence, using a naturalistic perspective in qualitative research necessitates the utilisation of alternative terminology, namely, Credibility, Dependability, Transferability, and Confirmability, to describe and ensure the trustworthiness of the data collected and analysed (Shenton, 2004).

**Credibility.** According to Guba (1981), researchers who use a naturalistic approach prioritise the assessment of the credibility of their investigations by establishing truth value. Therefore, credibility is the criterion for truth value. Krefting (1991) defined truth value as the degree to which the researcher is confident with the truth of the finding based on the study's research design, information, and context. Sandelowski (1986) detailed that the credibility of qualitative research lies in its ability to accurately depict or interpret a human experience in a manner that the individual who has undergone that experience would readily identify it as their own based on said depictions or interpretations. Qualitative researchers have a range of strategies that can be employed to enhance the credibility of their study (Shenton, 2004). In this study, the most practical approaches have been emphasised.

**Reflexivity.** The researcher's unhelpful subjectivity presents a possible risk to the credibility of research findings and necessitates appropriate control measures. For Shenton (2004), reflexivity can be employed to record the researcher's initial impressions during the data collection sessions. Hence, the inclusion of self-description or self-reflexivity holds noteworthy value in qualitative research as a means to mitigate and address any detrimental personal subjectivities that may be present in the researcher's perspective (Hadi & José Closs, 2015). The present study emphasises the importance of transparency concerning the

researcher's subjectivity and stance. According to Spradley (1979), one technique to support reflexivity is keeping an ongoing journal in which daily self-analysis is recorded. While documenting personal reflections on the research process and the ideas and themes derived from interactions with participants, the researcher understands personal subjectivities and prior preconceptions (Krefting, 1991). The implementation of sandplay sessions as a personal process for the enhancement of the researcher's knowledge of the subject of sandplay, accompanied by the practice of reflection notes, introduces and sustains the concept of self-reflexivity throughout the current study. This included engaging in reflective practices before and after each interview with the participants and documenting personal reflections, emotions, and the effects of analysing the transcribed interviews. Relevant quotes were incorporated into this dissertation to enhance the trustworthiness of the present study using a self-reflexive technique. Furthermore, before conducting interviews with the participants, I, as the researcher, engaged in several personal sandplay sessions with a psychologist. These one-hour sessions offered comprehensive insights into sandplay as a therapeutic method, encompassing both internal and external perspectives.

***Ensure Honesty.*** According to Shenton (2004), giving participants a chance to decline participation in a research study before, during, and after the study is imperative. This approach guarantees that the data collected exclusively involves individuals who willingly and genuinely choose to participate and are willing to provide credible and voluntary data. The credibility of a study may be compromised when participants provide responses that align with social desirability rather than reflecting their genuine personal experiences (Krefting, 1991). It is imperative to foster an environment that promotes openness and honesty for both the researcher and the participants for the entirety of the interview session. For Shenton (2004), it is crucial to highlight the independent status of the researcher in order to create an environment where participants feel comfortable sharing their thoughts and

discussing their experiences without concerns about compromising their credibility. Given this consideration, it is essential to note that the researcher conducting the present study is not a Jungian sandplay practitioner based in South Africa. Instead, the researchers' current interest lies in pursuing a research psychology qualification.

**Dependability.** According to Guba (1981), dependability pertains to the degree of consistency observed in study findings. Long and Johnson (2000) stated that dependability in qualitative research is used instead of reliability in quantitative research. The fundamental principle of dependability is to guarantee the consistent and unbiased execution of the data-collecting procedures, hence preserving the integrity of the collected data. Therefore, defining the exact methods employed for data collection, analysis, and interpretation in qualitative research is imperative. This comprehensive description of procedures offers substantial insights into the potential repeatability of the study and the distinctiveness of the context under investigation (Kielhofner, 1982). Shenton (2004) added that to ensure dependability, it is necessary to thoroughly document the many aspects of a study, including the research concept, implementation, and data collection method. This procedure would facilitate the replication of the research work with greater precision by a subsequent researcher.

**Transferability.** Transferability is a concept based on the premise that study findings can be duplicated in different settings or subsequent investigations. This notion allows for extrapolating the findings in other contexts (Elo et al., 2014). Krefting (1991) asserted that the degree to which the participants accurately reflect a specific group is a crucial determinant of data transferability. According to Erlandson et al. (1993), advocates of the naturalistic research approach argue that achieving conventional generalisability is inherently unattainable due to the influence of distinctive contextual factors on all observations.

On the other hand, Denscombe (2007) presents an alternative perspective that argues against the automatic dismissal of transferability despite the uniqueness of each individual

situation. According to Krefting (1991), a strategy for promoting transferability in qualitative research involves comparing the participants' characteristics and the available demographic information of the group under investigation. Hadi and José Closs (2015) explained that it is vital that the researcher afford adequate details about the setting, inclusion/exclusion criteria, sample characteristics, data collection, and analysis methods. These specific pieces of information enable individuals to evaluate how the findings and conclusions can be applied to different contexts, circumstances, or groups. Shenton (2004) added that it is crucial to present a comprehensive and detailed account of the phenomenon being studied to enhance comprehension and facilitate readers' ability to draw comparisons between the recorded examples of the phenomenon and their observations in similar contexts. According to Lincoln and Guba (1985), the responsibility for ensuring the transferability of research findings does not rest with the original researcher but rather with the one seeking to transfer these discoveries.

**Confirmability.** Guba (1981) noted a shift by naturalists away from the researcher's objectivity towards data confirmability. As Lincoln and Guba (1985) discussed, confirmability pertains to neutrality. Sandelowski (1986) stated that confirmability, as a criterion of neutrality in qualitative research, is based on the research finding and not on the researcher's subjective or objective stance. Shenton (2004) emphasised the importance for researchers to ensure that a study's outcomes reflect the participants' thoughts rather than being influenced by the researcher's unhelpful subjectivity, motivations, or viewpoints. Acknowledging and documenting any perspectives supporting the decisions and methodologies employed in the study report is imperative. Miles and Jozefowicz-Simbeni (2010) indicated that a researcher can use a confirmability audit to ensure confirmability. The confirmability audit emphasises the empirical data and its accountability, starting from the initial raw data and progressing towards identifying themes, noteworthy concepts, and

ultimate findings (Erlandson et al., 1993). Another method that can also be employed to enhance the confirmability of data is the utilisation of direct quotations from participants. This will enhance the correlation between the outcomes and the collected data, augmenting the dataset's comprehensiveness (Elo et al., 2014). The present research endeavour comprehensively recorded every analysis stage, encompassing the maintenance of transcripts and mind maps as substantiating evidence, so adopting a methodical approach towards examining the data. Another method, such as engaging in regular debriefing sessions with the study supervisor, also served as a means to mitigate the potential influence of one's subjectivity on the inclusion or omission of certain aspects of participants' responses.

The preceding section has presented a comprehensive account of the study approach, epistemological/paradigm mentality, and methodology. The researcher comprehensively analysed the proposed research design and explained the participant selection process. The research recruitment technique, the applicable data-gathering strategy, and the data analysis process were discussed. The evaluation of the data's quality standards was taken into account. Subsequently, the ethical implications and limitations of the investigation are discussed.

#### ***3.4.6 Ethical Considerations***

Sandplay trainer Linda Cunningham, who trains sandplay therapists in relation to ethics, indicated that ethics is the academic examination of moral conduct, encompassing the exploration of ethical principles and values that guide human decision-making and behaviour. The subject of inquiry pertains to the field of philosophy, commonly called ethics, which frequently entails a fundamental and inherent conflict (Cunningham, 2021). Harm can be avoided or minimised by adhering to pertinent ethical norms. Ensuring the protection of individual participants in any research study is of paramount significance. Orb et al. (2000) explained that qualitative research is often undertaken in contexts that include individuals participating in their daily lives. Hence, any study involving human subjects must



demonstrate a conscientious awareness of the ethical considerations resulting from such interactions. Ogletree and Kawulich (2012) stated that participants might be harmed unwittingly in poorly planned studies. Hence, it is imperative for the researcher to carefully contemplate ethical considerations during every phase of the research design and implementation. When a researcher encounters sensitive themes that hold personal significance for the participants, such as the subject matter of this study, research ethics must be incorporated as an essential component of the study's methodology.

This research study was undertaken with the approval and guidance of the ethical committees at the University of South Africa (Appendix A). Throughout the study, the researcher will comply with the Health Professions Council of South Africa Form 223 Rules of Conduct Pertaining to Psychology. Chapter 10 of these rules will be specifically referenced, as it provides guidelines for research ethics in the field of psychology within the South African context (HPCSA, 2008). Additionally, in terms of the protection of participants' personal information, the current study also closely adhered to the regulations outlined in sections 13(1) and 13(2) of the Protection of Personal Information Act 4 of 2013 (POPIA, 2013).

According to Denscombe (2007), researchers must respect the rights and dignity of those participating in the study. This author stipulated that it is imperative to ensure the well-being of participants and that researchers must adhere to principles of dignity and integrity throughout their study endeavours. To uphold ethical integrity, researchers must consider various issues that encompass their personal lives, such as moral principles, cultural background, societal standards, and the impact of these elements on their individual moral character, among other considerations (Cunningham, 2021). Christians (2005) identified several overlapping ethical standards that can be considered standard research study

guidelines. These include informed consent, non-deception, privacy and confidentiality, and accuracy.

The ethic of informed consent is designed to safeguard the voluntary participation of individuals in research endeavours, ensuring that they are not subjected to any coercion and are adequately informed about the researcher's objectives, the duration of the study, the procedures involved, and any potential future implications (Ogletree & Kawulich, 2012). Hence, individuals who willingly participated in this research investigation were requested to provide written informed consent. The letter of consent (Appendix D) acknowledges that, through the utilisation of codes, all personal information will be anonymous and private during and after the research process. The study findings herein are presented as anonymous extracts. The purpose of the consent form was to provide potential participants with information regarding the voluntary nature of their involvement. Participants could discontinue their involvement in the study at any stage, including before, during, or after the interview procedure, without further repercussions.

The participants received prior notification regarding the audio-recording of their interviews. Subsequently, the recorded interviews were transcribed and have been securely stored by the researcher for the next five years, after which the recordings will be permanently erased. The prospective participants were provided with the identity of the independent transcriber, together with the assurance that said transcriber would enter into a confidentiality agreement in the event of their selection (Appendix H). To ensure the confidentiality and anonymity of the participants, identifying information will be redacted from the recordings before their transcription submission. Furthermore, an enhanced degree of confidentiality will be guaranteed by using pseudonyms, represented by letters of the alphabet, instead of the actual names of the participants. The language employed in both the explanation and the formal consent form was designed to ensure comprehension among the

participants. The researcher provided additional clarifications to individuals regarding the above forms or any contained information.

Denscombe (2007) explained that researchers must prevent deception or misrepresentation in dealing with participants or research subjects. This author raised the critical point that researchers must be upfront and clear on their actions, stating that they are researchers and wish to gather data to research a specific subject or topic. Moreover, researchers are expected to accurately convey the nature of their investigation and the participants' roles in the study. According to Fombad (2005), the principle of confidentiality assumes an intimate or trusting relationship between two or more people. Therefore, knowledge is exchanged with the expectation that the researcher will not repeat identifying personal details to an unauthorised individual. Ogletree and Kawulich (2012) further stated that anonymity could be accomplished by assigning each participant a number or letter such that neither the researcher nor the reader can recognise participants from one another. According to Klenke (2016), by maintaining confidentiality, the researcher permits not to reveal any private information that may be used to classify or identify participants.

Beneficence (goodwill), according to Fombad (2005), amplifies the obligation to prevent harm. It imposes a duty on researchers to plan and conduct research to maximise potential benefits for all parties involved while minimising potential harm to all participating in the study. Cunningham (2021) stated that it can cause harm by being overly generous or ungenerous or unintentionally promoting our values rather than the clients. According to Denscombe (2007), researchers must uphold the principle of beneficence, which entails safeguarding participants from any potential bodily or psychological harm resulting from their involvement in the study. In this study, a Clinical Psychologist was also approached for assistance and any debriefing sessions that the participants should require in the event of psychological harm (Appendix I). This author additionally asserted that revealing data

collected during the research should not result in personal accountability for the participants. In this study, the researcher ensured that all participants were informed about the secure storage of the data obtained from the study. Upon thorough examination and subsequent agreement with the comprehensive informed consent, participants were duly notified that they retain the privilege to decline to respond to any inquiries that may induce distress or discomfort.

Denscombe (2007) provided input on protecting participants' information, emphasising the researcher's responsibility to uphold the rights of participants by maintaining confidentiality concerning the information provided. A comfortable environment can be established by comprehensively communicating the research study's objectives to the participants. Promoting mutual respect between the researcher and the participants will cultivate an environment in which the participants are aware of their freedom to express their emotions and thoughts to the extent that they feel at ease. In conclusion, making effective, ethical decisions necessitates considering prevailing laws or professional norms and the well-being of others (Cunningham, 2021).

#### ***3.4.7 Limitations of Interpretative Phenomenological Analysis (IPA)***

According to Tuffour (2017), the most severe limitation directed at IPA is that the methodology has four main conceptual and practical shortcomings. First and foremost, similar to most phenomenological investigations, the approach of IPA fails to adequately acknowledge the essential role of language (Terry et al., 2017). However, Smith et al. (2009) stated that meaning-making occurs through narratives, discourse, and metaphors. Therefore, while the primary objective of IPA is to understand the nature of reality, it is intricately interconnected with the language domain. Secondly, there are inquiries regarding the extent to which the use of IPA will effectively capture individual's experiences and their interpretations, as opposed to merely capturing their views or opinions concerning these

experiences (Tuffour, 2017). This author advised researchers intending to employ IPA in future endeavours to take note of the above claim and exercise more vigilance in ensuring comprehensive and in-depth data collection from participants. Thirdly, as claimed by the author above, the phenomenological analysis endeavours to clarify the interpretation of lived experiences while refraining from justifying their existence. However, Smith et al. (2009) argue that IPA employs hermeneutic idiographic and qualitative interpretation to comprehend people's cultural positions. Finally, the assertion that IPA is focused on cognition renders it susceptible to scepticism due to certain aspects of phenomenology inconsistent with cognition and the limited comprehension of the relationship between cognition and phenomenology (Tuffour, 2017). On the other hand, Smith et al. (2009) argue that the IPA's prerequisite to sense-making and meaning-making includes systematic reflection, which strongly resonates with cognitive psychology.

Pringle et al. (2011) include another limitation of IPA by saying that a smaller sample size might further limit the use of IPA. However, Smith et al. (2009) argued that a smaller sample size affords greater depth in the investigation, which larger sample sizes might hinder. According to Smith et al. (2009), evaluating an IPA study's effectiveness should be based on its contribution to a broader contextual understanding. These authors asserted that researchers must assess and quantify the transferability of their study findings, provided that the investigation description is adequately descriptive and transparent. However, Pringle et al. (2011) argue that research might be complex when the sample population is highly specific or unique, as is the case with Jungian sandplay therapists in South Africa, where the number of practitioners is limited to under eight qualified ISST therapists in South Africa in 2022.

The previous section describes this study's approach. Integrating and expanding the paradigm and epistemological framework. The researcher implemented the research approach, focusing on self-reflexivity. Evaluation of the research design included participant

selection, research procedure, data collection and analysis, and credibility findings. The chapter also discussed the ethics and constraints of the study. The next chapter will present key themes and subthemes from the analysed data. A summary of the main themes is followed by a detailed analysis of the data's thematic substance.

## Chapter – 4 Findings and Discussion

The present study focused on the following question: What are the lived experiences of Jungian sandplay therapists within a South African context? The table below, Table 2, provides the categories and themes produced from the data analysis. Below are the findings and discussion of the data.

**Table 2**

Category	Theme
4.1 Category A: Describing the Modality	<p><i>4.1.1 Defining Sandplay</i></p> <p><i>4.1.2 Sandplay and Sandtray Therapy</i></p> <p><i>4.1.3 Verbal and Non-Verbal Aspects</i></p>
4.2 Category B: Professional Journey of Sandplay Therapists	<p><i>4.2.1 Professionalisation and Training</i></p> <p><i>4.2.2 Safe and Comfortable Environment</i></p>
4.3 Category C: Personal Journey of Sandplay Therapists	<p><i>4.3.1 Emotional Impact of Sandplay Therapy</i></p> <p><i>4.3.2 Why Use Sandplay Therapy?: A Rationale</i></p> <p><i>4.3.3 Individuals' Perceptions of Sandplay</i></p> <p style="padding-left: 40px;"><i>4.3.3.1 Children</i></p> <p style="padding-left: 40px;"><i>4.3.3.2 Adults</i></p> <p><i>4.3.4 Personal process</i></p> <p><i>4.3.5 Therapist Identity Transformation</i></p>

## 4.1 Category A: Describing the Modality

### 4.1.1 Defining Sandplay

Martin Kalff, son of Dora Kalff, explained that Jungian sandplay brings together three different roots that unite into a single modality, the analytic psychology of C.G. Jung, Margaret Lowenfeld's *World Technique*, and Eastern thought and philosophy (Kalff, 2003, p. v).

Participants A, C and D explained that sandplay is a self-healing process that transforms the clients and brings a sense of balance back to the psyche. Individuals undergo a process of development, internal change, transformation, and healing, which may occur either with or without their conscious awareness (Participant C). Participant D highlighted that the process of acknowledging the areas within the psyche that lack balance when one becomes immersed in either the positive or negative aspects is crucial for attaining healing. This is because identifying imbalance lies in knowing where they have not yet been addressed.

Participant – A: *“Because most of all, sandplay is a self-healing process...”*

Participant – D: *“...because your psyche is going to always try to heal itself. It's got that natural tendency...”*

Sandplay, as described by Participants B and E, is effective because it treats the whole person, mind, and body. Sandplay is a universal method that combines the psyche and the human body in an intertwining relationship. Jung explained this by referring to the *subtle body*, the somatic unconscious metaphysical idea that pertains to the intricate interplay between the mind and the body (Sharp, 1991).

Participant – B: *“Is that it's a holistic method. So, you not only just working with, we not just talking light stuff, it's not surface. It's deep, its surface, it's in between. You working with a body, you know you working with the psyche.”*



Participants B, C and D provided more clarification, stating that sandplay is a therapeutic modality capable of facilitating a descent into the unconscious mind. Depth psychology (Freud's Psychoanalysis and Jung's Analytical Psychology) involves delving into the depths of the client's unconscious mind, aiming to uncover the fundamental essence of their identity and explore their internal realms. The individuation process, as explained by Jung, takes place through the unconscious submergence outlined herein.

Participant – C: *“Constantly, because you work with the unconscious mind that's always in the process of growing, transforming. So, you become actually a student of life on your own specific journey towards your own individuation.”*

Participants C, D and E further emphasised that sandplay is fundamentally grounded in Jungian psychology. Participant C highlighted that sandplay therapy is a specialised therapeutic approach based upon the principles of Jung's Analytic Psychology.

Participant – C: *“And, that's what Jungian psychology is all about, and sandplay, is to get to the core of who I am in an authentic way, not what society wants me to be, or my parents want me to be, but who I am in essence.”*

Sandplay therapy is a widely recognised and utilised therapeutic approach that integrates visualisation to establish a unique and self-contained mode of communication. Weinrib (1983) explained that sandplay is a therapeutic approach that operates beyond rationality, reaching deep into the pre-verbal aspects of the psyche through non-verbal means. The ISST (ISST, n.d.) asserts that sandplay is regarded as a therapeutic modality rooted in the psychological ideas advocated by C.G. Jung. Turner (2005) believes sandplay therapy is theoretically grounded in the Jungian concept that the human psyche possesses an innate desire to autonomously facilitate its own process of healing and growth, ultimately leading towards a state of completeness. Sandplay therapy is an effective therapeutic modality that facilitates the healing of psychological traumas and enables individuals to access suppressed developmental

capacities. It facilitates the establishment of a cohesive connection between an individual's personal identity, lived experiences, and the inherent essence of their inner Self. Dora Kalff (1991), the founder of sandplay therapy, asserted that individuals are afforded the chance to create an image of their inner world through the utilisation of miniature figurines and the arrangement of sand within a specifically designed sand tray. Sandplay therapy employs a creative and improvisational method wherein unconscious patterns are shown within a three-dimensional framework and a visual domain similar to the dream state. Moreover, utilising these visual representations accelerates and finalises the individuation process, as explained by renowned psychologist C.G. Jung (Kalff, 1991). The concept of individuation refers to a psychological process characterised by the differentiation of the Self, with the ultimate objective of fostering the growth and maturation of an individual's unique identity (Sharp, 1991).

Therefore, applying sandplay as a therapeutic method enables the unconscious mind to influence conscious behaviours and symbolically communicate its expressions. The images depicted on the sandtray facilitate a constant interaction between the conscious and unconscious aspects of the client's psyche. Sandplay therapy helps the individuation process by aiding individuals to become aware of unconscious content and incorporating it into their conscious lives. It is characterised as a significant process or transformative journey. Integrating the psyche and body is fundamental, and sandplay offers a unique opportunity to engage with both simultaneously. The experience effectively reveals the therapeutic capabilities of the unconscious mind.

#### ***4.1.2 Sandplay and Sandtray Therapy***

Sandplay and sandtray therapy have key similarities and differences that were outlined by participants in the current study. On the surface, it may appear to be a similar method. However, there are some remarkable differences between these two therapeutic

modalities. Although the participants referred to the actual tray as a “sand tray, ” they only referred to the tray itself.

Participant A highlighted that quite a few people practice play therapy and include sandtray work in their practice. However, only a handful of people are qualified to practice Jungian sandplay therapy.

Participant – A: *“And, trying to explain to them that there is a vast majority of people that do and work, but a little handful of people that do sandplay, can qualify themselves and call themselves sandplay therapists.”*

Participant B indicated that she was initially introduced to sandplay treatment during her academic pursuits. However, upon commencing her training in Jungian sandplay, she arrived at the insight that the sandplay she encountered during her academic pursuits diverged significantly from the authentic essence of Jungian sandplay. Participant B was also involved in a project for underprivileged children. However, this form of therapy was called sandtray therapy. She observed a concerning trend in the field of this sandtray treatment. Specifically, she noted that individuals engaging in sandtray therapy lacked the necessary qualifications or training in this method. Participant B further elucidated that in Jungian sandplay therapy, the dimensions of the sandtray are specifically determined based on the limits of the client’s peripheral vision.

Participant – B: *“...but that was called sandtray, and the difference is that they used completely unqualified people to facilitate the process, which can work, but also has lots of dangers involved, I felt...”*

Participant C indicated that sandplay therapy is genuinely a Jungian form of therapy. He also commented on the tray being built according to specific dimensions to create safe boundaries for the client.

Participant – C: *“...there’s the sand tray. It’s built in a certain way where if you stand in front*

*of it, you can see it with both eyes (without having to move your head)."*

Participant D acknowledged a substantial distinction between sandtray and sandplay therapy.

Participant – D: *"Because if we don't understand the difference, then we don't know the difference because there's also sand tray to sandplay, which is, there's a huge difference."*

Participant E was introduced to broad play therapy through the lens of the Gestalt theoretical framework. *Gestalt* therapy is founded upon the premise that individuals are impacted by their immediate surroundings. She found the experience to be a favourable initiation into the practice of sandtray therapy, yet, she noted that it differed from the distinct modality of Jungian sandplay therapy. She appreciated the larger size of the sand tray utilised in Jungian sandplay since it differed from the dimensions typically encountered during her sandtray work. The larger container provided her with an increased amount of working area. Jungian sandplay therapy presented a distinctive approach for her.

Participant – E: *"I liked the fact that it was a bigger box. I remember with the sand tray. She said you can use a cat box (litter tray) or a, you can use a small thing..."*

Before discussing the distinction between the two therapeutic approaches, it is crucial to acknowledge that all sandplay therapies can be traced back to Margaret Lowenfeld's groundbreaking work with her *World Technique*. Both methodologies emphasise the client's understanding of their surroundings, utilising sand, sandtray, and miniature models to depict the client's subjective perception of reality visually. According to Bradway (2006), three distinct features can be attributed to Jungian sandplay therapy: *process, delayed interpretation, and dual processes*. This author explained the first characteristic, the *process*, which requires the client to make a series of trays. During the process of *delayed interpretation*, the second characteristic, the focus of sandplay, is on the client's unconscious and not on any intervention by the therapist. Weinrib (2005) stated that the third

characteristic, *dual processes* in sandplay, involves analytical interpretation and deliberate regression into the pre-conscious. According to Bradway (2006), sandtray therapy is a broader category of play therapy encompassing several approaches and philosophies.

In contrast, Jungian sandplay therapy is primarily rooted in the Jungian approach. According to the Sandtray Therapy Institute (n.d.), both sandtray and sandplay therapy are intuitive, indirect, and symbolic and value the importance of the therapist being in harmony with the client. According to Hansen's (2005) explanation of the humanistic sandtray concept, the therapist focuses on the mutually beneficial connection between the sand tray scene, the client's emotional introspection, and their subjective encounter with the surrounding environment. According to Bradway et al. (2005), an alternate approach involves the utilisation of Jungian sandplay as a means to establish a connection between the client's collective and personal unconscious and their conscious mind, with the ultimate goal of facilitating the process of individuation. According to the Sandtray Therapy Institute (n.d.), the following differences were emphasised. Firstly, during the practice of Jungian sandplay, the therapist refrains from intervening with the client during the session and directs their attention towards exploring the client's unconscious mind.

In contrast, a humanistic sandtray therapist is active during the client's sessions. Verbalisation is widely regarded as a crucial component of the humanistic sandtray therapy session.

Secondly, analysing the clients' creation in the sandbox is a delayed process of Jungian sandplay therapy, which only occurs after the client has created all their images in the sand, and the review process is conducted solely upon the conclusion of the therapeutic process. In the context of humanistic sandtray therapy, the present moment is the primary focus of this therapeutic technique.

Thirdly, within the context of Jungian sandplay therapy, psychic movement is conceptualised as a gradual process that evolves over time. Conversely, in the context of

humanistic sandtray treatment, the focus lies on observing and analysing the movement that takes place within one or two therapeutic sessions. Finally, in the framework of humanistic sandtray treatment, incorporating verbal communication is considered an essential element in the therapeutic process to achieve recovery. Conversely, in Jungian sandplay, the healing process occurs either in the absence of or with limited verbal exchange between the client and therapist.

In Jungian sandplay, the sandtray or sandbox is 49.53 centimetres by 72.39 centimetres with a blue interior and includes numerous miniatures. The intentional dimension refers to the specific area where an individual's peripheral vision concludes. Sandtray therapy can be conducted either with or without the use of sand, and in some cases, coloured sand may also be utilised. In sandtray therapy, the dimensions and configuration of the sandbox may vary, and specific miniatures are standardised for diagnostic purposes. The primary objective and function of the therapist within the context of Jungian sandplay therapy are characterised by a process-oriented approach that is non-directive and non-interpretive. The sandplay scenes are furthermore recorded, utilising photographs and written observations. The dismantling of the client's creation is deferred until the session's conclusion, allowing the client to retain the entirety of the image within their mind. The primary objective and function of the therapist in the context of humanistic sandtray treatment extend beyond a mere focus on the therapeutic process, encompassing active and direct intervention. Sandtray treatment is characterised by its directive and interpretive nature, in contrast to the Jungian approach of sandplay therapy. An instance may arise where a client's construction in a sandtray session is recorded and subsequently deconstructed during the same session. Jungian sandplay therapy is grounded in the theoretical framework of Jungian psychology, incorporating elements from Lowenfeld's *World Technique*, an understanding of symbolism, and the concepts of the personal and collective unconscious. Humanistic sandtray therapy

incorporates a range of theoretical perspectives, including cognitive and behavioural psychology.

#### ***4.1.3 Verbal and Non-Verbal Aspects***

With the increasing accessibility of many treatment modalities, psychotherapy has transformed from solely relying on verbal interventions to including a diverse array of alternative and innovative treatments tailored for individuals of all ages. During the interviews, all participants made comments regarding the non-verbal advantages of sandplay.

It was significant for Participant A to identify a psychological approach that could effectively cater to individuals who could not communicate in her native language. As a narrative therapist, she tended to sandplay as a modality that facilitated non-verbal communication with individuals. Additionally, she perceived that, due to specific individuals' social awareness, the sand facilitated her non-verbal exploration of further insights. She eloquently expressed the notion that sand possesses an inherent truthfulness. Additionally, she referred to a case in which a client's psychological issue remained unidentified despite several months of therapy sessions relying on verbal communication. However, following a single sandplay session with Participant A, the issue of the client became apparent.

Participant – A: *“She could not tell the psychologist, the school psychologist, for six months, yet in one sand tray, the truth of the situation came out.”*

Participant B expressed the challenge encountered in uncovering concealed feelings of shame among individuals during talk therapy. Nevertheless, the expeditious manifestation of shame can be observed using the nonverbal modality employed in sandplay therapy. According to her perspective, sandplay therapy creates a sense of less hopelessness among clients in comparison to traditional talk therapy. Additionally, clients perceive a heightened level of active listening during sandplay therapy sessions. Participant B exhibits a profound appreciation for the diverse cultural heritage present in South Africa. Furthermore, she holds

the conviction that the practice of sandplay possesses universal applicability, transcending cultural boundaries. The utilisation of sandplay serves as a cross-cultural strategy for her.

Participant – B: *“Okay. Being a sandplay therapist in South Africa, so for me, we are so multicultural, and there are so many ways of symbolising within our different cultures. And, yet, sand is applicable regardless of the culture. It’s like a cross-cultural technique...”*

Participant C expressed the belief that, as a therapist, it is imperative to employ expressive modalities beyond traditional talk therapy. He believes that due to the inclusion of a non-verbal component, sandplay emerges as an effective means of communication for adults and children who encounter difficulties in expressing themselves vocally. In his perspective, sandplay serves as a communicative medium for both adults and children.

Participant – C: *“I think children just love it. It’s their language...”*

Participant D, like Participant A, made the point that the sand is a reliable source of information. Sandplay serves as a method for engaging with the pre-verbal comprehension of children in her practice. She highlighted that understanding the emotions of youngsters is dependent upon their manifestation through various means of expression. According to her, introverts can use sand to express themselves and convey narratives non-verbally. She asserted that sandplay therapists might face criticism for their tendency towards silence. Nonetheless, it is precisely this silence that has the potential to facilitate a descent into the realm of the unconscious.

Participant – D: *“But I, my belief, my real firm belief is talk therapy is not going to work for us as a psychologist or therapist...”*

Participant E emphasised the need to integrate somatic interventions within the therapeutic context. She said that she possessed a reserved nature and identified as an introvert, thus, finding solace in the non-verbal dimension of sandplay therapy. When queried about potential challenges encountered when clients from diverse cultural backgrounds engage in



sandplay, she clarified that sandplay is universally accessible to all cultures and does not provide any obstacles due to its non-verbal nature. She regarded sandplay as a distinct form of communication despite racial, cultural, and language barriers that may pose difficulty in other therapeutic processes.

Participant – E: *“No. I don’t really experience that. I’ve had people from all races being open to sandplay. So, it’s not. I don’t, I haven’t found with race or culture or languages not really an issue...” “... no, because of the imagery, is a language of itself.”*

According to Freedle (2022), using sandplay as a means of symbolic communication can enhance the exploration of emotions and experiences that may be challenging to address just through verbal therapy. The author elaborated upon the fact that sandplay is widely performed worldwide as a therapeutic strategy that is cross-cultural, trauma-sensitive, and multi-sensory. It is noteworthy that sandplay does not rely on verbal language and is utilised with both children and adults who present a variety of mental health difficulties. Sandplay therapy offers a communication method that effectively addresses the concerns of resistant adults or family members by circumventing the potential for verbal conflict (Homeyer & Sweeney, 2017). According to these authors, it was additionally noted that specific clients engage in excessive verbalisation as a means of defence or as a strategy to avoid or oppose certain situations.

The human experience precedes the ability to articulate it through language. The practice of experiential sandplay commences when verbal communication reaches its limitations (Steinhardt, 2013). According to Yeh et al. (2015), sandplay has been identified as a viable non-verbal intervention method for effectively resolving communication difficulties in children with limited language abilities. Including an optional non-verbal experience offers an alternative approach, which effectively circumvents any disruptions to the therapeutic process caused by these forms of interference. Having the ability to communicate non-verbally

might be advantageous for people who face challenges with verbal expression. Sandplay therapy establishes an environment where expressing needs and wants is not contingent upon verbal communication. While sandplay therapy in South Africa may be perceived as having a relatively brief history spanning the past two decades, compared to regions like Europe, Japan, and the USA, it has attracted significant attention from researchers who have focused on investigating the efficacy of this non-verbal therapeutic approach. The findings of such studies are consistent with expectations in the context of South Africa, where sandplay treatment, because of its non-verbal nature, could potentially serve as a practical and effective therapy method for overcoming language barriers prevalent among the country's diverse population. This is particularly relevant for children residing in South Africa.

Sandplay, as a form of expressive arts therapy, not only holds opportunities for non-verbal intervention but has been noted by research as an effective intervention method to work across cultural and socio-economic statuses (Grayson & Fraser, 2021). According to Dora Kalff, sandplay can be considered a unique method within the framework of Jungian therapy for children. This therapeutic method allows individuals to express their emotions and experiences nonverbally regardless of age. Sandplay is a therapeutic modality that is distinguished by its non-verbal and non-rational qualities, which enable individuals to connect with the deep, pre-verbal components of their psyche. As highlighted by Participants C and E, sandplay may be seen as a distinct form of communication, particularly for children. Participants A and D also emphasised that sandplay provides a more dependable source of information than talk therapy, as words are generally consciously deliberate.

## **4.2 Category B: Professional Journey of Sandplay Therapists**

### ***4.2.1 Professionalisation and Training***

The field of psychology is a complex and esteemed discipline. Therefore, individuals who aspire to pursue a profession and practice psychology must undergo extensive training

and obtain registration with the relevant governing authority, whether international or local. In the context of Jungian sandplay treatment, it is evident that there are no deviations from this rule, which will be discussed subsequently. While the practice of sandplay may seem simple at first glance, it is essential to note that extensive training is necessary to obtain certification and memberships as a Jungian sandplay therapist. Due to the relatively short period during which authentic Jungian sandplay has been practised in South Africa, a sizeable proportion of the individuals involved in this research study had undergone training provided by certified and internationally recognised Jungian sandplay instructors.

Furthermore, a subset of the participants involved in this study were required to go abroad to receive their training. When asked about their views on the importance of Jungian sandplay training, there was an overwhelming agreement among the participants that comprehensive training is crucial and carries significant implications for individuals seeking to engage and become registered members of the ISST. The majority of participants underwent their training over a decade ago.

Participant A expressed her belief that despite the considerable duration of the training, it was insufficient in terms of length. Furthermore, she emphasised that those individuals lacking comprehensive training in the principles and methods of Jungian sandplay should exercise caution while engaging in any form of sandplay therapy. Although Participant A did not go into much detail as to what the curriculum of the training demands, she did emphasise the need to understand the fundamental principles of Jungian sandplay therapy because a lack of familiarity with the intricacies of the human mind might potentially result in causing more harm than assisting a client.

Participant – A: “... *So, they should not do sand if they have not been trained. And, is training necessary? Well, you have got the answer...*”

Participant B expressed the belief that an in-depth understanding of Jungian sandplay

is acquired through the process of training (such as your own personal process, group and individual supervision and completing technical academic papers). Upon the conclusion of her training, she experienced a sense of alignment with the deliberate practice of Jungian sandplay. During her training, a sense of collective togetherness was seen among her group of other trainees. She derived great satisfaction from her training despite its rigorous and demanding quality. She found immense pleasure in every moment of the training experience. The participant emphasised the significance of the theoretical component in the training, stating that the theoretical framework serves as the foundation for supporting the client. If the therapist neglects to establish a secure therapeutic alliance, the client may assume a caretaking role towards the therapist. She perceived the training as a genuine investment for any future prospective work she might undertake with her clients.

Participant – B: “... *But, we loved every minute. Oh my gosh...*” “...*You feel like it’s an investment, and you don’t feel like I’m paying all this money and I’m not gonna use this stuff...*”

Participant C highlighted that in the context of Jungian sandplay, the process does not lend itself to a rapid and straightforward start-stop dynamic. Jungian sandplay therapy is characterised by a high degree of specialisation. Additionally, an integral component of the sandplay training programme is the incorporation of Jungian theory. He explained that the training programme encompassed a rigorous two-year duration of theory modules, during which members engaged in an intensive learning experience comprising six distinct modules. Participant C asserted that the existing training programs offered in South Africa are comparable, if not superior, to those provided in other nations where Jungian sandplay is practised.

Participant – C: “...*it’s damn good training. I think it’s higher than certain curriculums overseas...*” “...*It’s a highly specialised form of therapy...*”

Participant D strongly advocates for integrating some sandplay training within the scope of all psychology professions. The training provided her with a solid foundation upon which to embark on her professional career. She explained that engagement in collective sandplay training fosters an *amplification* of observation strategies, wherein the process of individuation becomes an integral component of the training. Sharp (1991) defines this amplification mentioned by Participant D as the application of a comparative study involving mythology, religion, and fairy tales that serves as a method of establishing connections, which is utilised in the process of interpreting imagery observed in dreams and drawings. Amplification holds significance within the context of sandplay because of its inherent connection to Jungian psychology. According to the Kalfian perspective, the process of amplifying or interpreting the archetypal pattern seen in a fairy tale serves to establish a collective framework within which the client's associations can be understood. These archetypal patterns are defined by Sharp (1991) as the fundamental, foundational components of the human psyche as described by C. G. Jung.

Participant – D: “...No, you can't do this without it. Although I can say I knew what it was, intuitively I knew it was working, but the training has given me a really firm basis to walk off onto...” “...I mean, that was one of the beautiful things that Jung gave was how do you amplify it, how do you look at it?...”

Participant E emphasised that the rigorous two-year training regimen immerses individuals deeply in the method's embodiment. Moreover, this extended duration allows the psyche to naturally engage with the method and undergo organic growth in conjunction with it. Based on her individual experiences, she realised that Jungian sandplay warrants serious consideration. She highlighted that the training process resembled a metaphorical birthing event, wherein the assimilation of knowledge and skills culminates in a profoundly transformative encounter.

Participant – E: “...*Yes, I even after, I mean, it’s a hell of a lot of work, it’s like a birth process of a year to two years...*”

Founded by Dora Kalff, the ISST has established detailed training guidelines for becoming a certified Jungian sandplay therapist. Mitchell and Friedman (1994) stated that only those practitioners who have completed their coursework and received their license to practice psychotherapy may enrol in sandplay training programmes. All participants who were interviewed for this study have successfully fulfilled the requirements for their qualifications in the field of psychology and hold at least a master’s degree in psychology/mental health. Although there is currently no legal requirement for certification in the practice of Jungian sandplay therapy, adherence to training requirements offers a well-organised and systematic method for engaging in sandplay treatment. According to Steinhardt (2013), the training stresses Jungian and Kalffian theories, the structure of the psyche and objective unconscious realm of archetypes, and the function of the Self in creating and manifesting symbolic pictures in the sandtray. The ISST website outlines that the training requirements for sandplay therapists include a personal sandplay process, a theoretical training programme of well over 100 hours, at least 80 hours of clinical case consultation by at least two different ISST teaching members, and two academic symbol papers, as well as professional licenses and clinical training. The certification process encompasses submitting and accepting several academic papers, which provide comprehensive documentation of a completed sandplay case derived from the therapist’s personal practice (Turner, 2005). Upon fulfilling the conditions above and being granted membership in the ISST, therapists are permitted to employ the word *sandplay* when describing their therapeutic activities involving the utilisation of the sandtray (Mitchell & Friedman, 1994). Because of this, sandplay treatment requires substantial inner and outer training to be practised responsibly by the therapist. Jungian sandplay therapy is perhaps one of the most complicated psychotherapeutic

methods now in use. Due to its symbolic nature that delves into the essence of existence, sandplay possesses an inherent quality of continuous learning and training that is essential for sandplay therapists (Turner, 2005), without an end, as clarified by Participant C. An essential phase of sandplay training starts with an extensive inner experience of a significant sandplay process of one's own as only by physically immersing oneself into the middle of sandplay will therapists have a personal connection with it and gain insight into the therapeutic method from the inside out (Turner, 2005). It is crucial that the therapist (following completion of all necessary preparations) experiences a sense of readiness to commence sandplay practice. Turner (2005) highlighted the importance that a certified Jungian sandplay therapist should have a degree of self-awareness and self-respect. These qualities are essential in the preparation to practice sandplay therapy. This study report provided a detailed exposition of the curriculum on the training and education required for individuals aspiring to become sandplay therapists. This information was prominently outlined on page 42 of the current dissertation. Weinrib (1983) explained that to imagine that all one needs is a tray with sand, a collection of small objects, and a dictionary would be a tragic misconception. Mitchell and Friedman (1994) identified that training had become a complex and challenging subject because of the sandtray's cross-cultural popularity, and the broad spectrum of professional persons drawn to use it. De Domenico (2002) stated that each sandplay therapist must utilise the sandtray to achieve personal growth and development before incorporating this method into their play and consultation room, whether they are trained expressive, art, or play therapists, completed verbal, behavioural, or cognitive clinicians.

Sandplay is a professional treatment method requiring much research and devotion to personal and career growth. At the time of the interviews, which took place in November 2022, South Africa had not yet obtained international accreditation from the ISST as a member society. However, in March 2023, South Africa was formally declared a newly

admitted member society of the ISST in Israel. This accomplishment required 15 years to be realised, starting out as a developing group and then progressing to a fully-fledged society. The current circumstances have facilitated South Africa's inclusion into the mandate of the ISST. Their newly established society has attracted the participation of 30-40 individuals hailing from the therapist community in South Africa who are progressing through the certification process. Three individuals hold the certification of ISST Sandplay Therapist and Teaching Member, four individuals hold the certification of Sandplay Therapist, and twenty-three individuals are currently Advanced ISST Candidates. Based on the requirements mentioned above and time frames, it is evident that sandplay therapists are required to undertake extensive training, engage as a client in a personal sandplay process with an ISST certified therapist, and engage in continuous studies to utilise Jungian sandplay therapy effectively. It is not surprising that sandplay therapists exhibit a prominent level of personal growth, emotional stability, and self-awareness, enabling them to effectively support their clients during the exploration of their inner worlds. Furthermore, the training course and requirements display considerable rigour, explaining all the participants' perceptions of the training as demanding and gratifying. Based on a thorough investigation and a comprehensive review of the curriculum, it is apparent that the certification attained by the participants is a three-year curriculum and merits the award of a professional distinction.

#### ***4.2.2 Safe and Comfortable Environment / Temenos***

Certain types of therapy can elicit feelings of fear and be overwhelming, particularly among children. Dora Kalff knew that for a therapist to reach the unconscious of their clients, they would have to create an environment for their clients that was protected, safe, and comfortable. Hence, it was imperative to discover how the participants established a protective, secure, and comfortable environment for their clients. Many therapeutic settings



require a safe and secure environment. However, within the context of sandplay, an additional tool available to the therapist is the sand tray.

Participants A and B agreed that for the client to feel safe and protected, the therapist needs to create a private space, a place where the therapist gives their undivided attention to the client and truly listens to the client.

Participant – A: “...*make the client feel at home. Create something that’s private, and I normally don’t even allow cell phones ...*”

Participant – B: “...*Okay, to have active listening when they do speak to you, like really listen...they love the fact that they getting your undivided attention, so you really have to be present in the space...*”

Participants B and C arrived at a consensus that, in the context of a sandplay session, the therapist must uphold proper limits while concurrently highlighting the need to maintain a nonjudgmental stance right from the outset of the session. For these participants, these healthy boundaries prevent chaos during sandplay sessions. Participant C added that the boundaries of the physical sand tray also function as an additional protective element for him.

Participant – B: “... *And also like being non-judgmental, that’s really important...*” “... *And then also, I think it’s important to set a few boundaries, because children thrive on, some boundary...*”

Participants – C: “...*You know through my presence of unconditional love and caring, no judgment, not to be judgmental...*” “...*So those boundaries need to be there otherwise, you will become chaotic. So, there are those very healthy boundaries, but the safety that you created, temenos, a safe place for the client is also part of the boundaries...*” “...*There are two levels of protection. There’s the sand tray...*”

Participants B, C, and E agreed that refraining from engaging in premature interpretation or analysis of a client’s sandtray is of utmost importance.

Participant – B: “...*Not interpreting what you see is vital...*”

Participants – C: “...*You don't interpret or analyse when someone is doing sandplay.*”

Participant – E: “...*I'm not analysing what you doing...*”

Interestingly, Participant C used the word *temenos*. The term originates from the Greek language and is specifically derived from a word denoting a space that is regarded as sacred or safeguarded. From a psychological standpoint, the term refers to characterising an individual's boundaries and the perception of privacy that encompasses an analytical relationship (Sharp, 1991). Jung believed that drawings or dream images of a quaternary nature, such as mandalas, frequently indicate the need to establish or maintain a *temenos* (Sharp, 1991).

In addition to the reasons mentioned above, Participant C underscored the importance of sandplay training for therapists, suggesting that these professionals should acquire such training.

Participant – C: “...*Only if I've done my work and I know the unconscious. I've been there. I can take you there. And that's the only time that I can keep you safe....*”

Curiously, Participant D refers to the term *mandala* towards the end of the interview. She added that her clients would occasionally head outside to engage in playful activities that she refers to as a *mandala*. The significance of employing this term lies in the fact that the *mandala* precisely embodies the concept of a sacred space, known as a *temenos*, which serves to preserve the centre. In addition to this, it is a symbol, which is one of the most significant themes in the objectification of unconscious imagery (Sharp, 1991). Participant D also creates a safe and protected space for her clients by telling them there is no right or wrong approach to engaging with the sand. This gives the client a sense of comfort and makes them feel at home.

Participant – D: “...*Like this little one, after this, goes outside and then plays it in what we would call a mandala...*”

Participant E establishes a secure and safeguarded environment for the client by fostering a highly flexible and free environment not valued from an aesthetic perspective. It is equally acceptable if the client does not desire to engage in sand-related activities. Participant E informs her clients that producing a visually pleasing or artistically impressive creation is unnecessary. Instead, the client can engage with the sand through sensory means. Play is free from evaluation and judgment, making it safe to make ‘mistakes’ without failure.

Participant – E: “...*So, I really create kind of that very free, whatever you want to do, you can use just the sand, and this is not about creating something beautiful or an artwork...*”

In a recent study in China by Tan et al. (2021), school children’s resistance to medical professionals decreased, their self-restraint loosened, and they were eventually able to express their inner world thanks to the therapist’s secure and sympathetic setting. In another study done in South Africa by Richards et al. (2012), children could externalise their pain inside the safe boundaries of the tray’s frame and the therapist’s presence. The size of the sand tray acts as a regulating and protecting aspect in the environment because it forces the child’s imagination to be confined to the inside of the tray. Modern therapists who work with a wide range of clients who have experienced mild to severe trauma find that a setting with clear boundaries gives their clients the safe space they need with a trusted other. Pearson and Wilson (2019) stated that sandplay should provide an environment free from the therapist’s interpretation or direction. Engaging in sandtray activities under the direction of a qualified therapist can yield several benefits for clients (Kalff, 2003). Dora Kalff perceives the treatment room and the sandtray as providing a dual experience of independence and containment, therefore facilitating the development of confidence and a sense of safety (Kalff, 2003).

One of the primary advantages of sandplay lies in its ability to create a secure, open environment. Children's negative emotions can be eased through sandplay therapy because it provides a safe and unrestricted protective environment, allowing them to regulate their feelings and react less strongly when confronted with intense stimuli (such as pain and activity restriction). When a child perceives a sense of companionship, they experience a state of liberation and security in their various forms of self-expression. Using sandplay therapy, in conjunction with the therapist's presence and expertise, offers a conducive environment for children encountering challenges and distress during therapeutic sessions. This approach fosters privacy, facilitates a sense of liberation, and establishes appropriate limits, crucial elements for the child's well-being and progress. Sandplay frequently reveals a client's inner material and resources, which a sandplay therapist facilitates. Sandplay therapy allows this freely without prejudice or direction. The therapist's role as an unbiased observer facilitates the clients' exploration, investigation, questioning, transformation, and restoration of their sense of Self.

Throughout the interview process of the current study, a prevailing sentiment of security and ease was consistently experienced in the presence of all the participants. This facilitated unrestricted and uninhibited communication between the researcher and the participants. From the participant's interviews, it became apparent that the therapist's role is to employ methods that create a secure therapeutic environment (or a *temenos*). It is imperative to ensure protection, as the absence of protection would undermine establishing a solid safety framework to serve the therapeutic process.

### **4.3 Category C: Personal Journey of Sandplay Therapists**

#### ***4.3.1 Emotional Impact of Sandplay Therapy***

When children and adults participate in sandplay, they exhibit diverse utilisation of sand as a means of non-verbal communication with a therapist, enabling them to express their

emotions. When the participants were prompted to reflect on their emotional experiences during sandplay sessions with clients, it was recorded that all participants reported variations in their feelings depending on the specific client involved.

Participant A disclosed that she made a conscientious effort to reflect and consider the client's feelings and emotions. The client before her at that particular moment was the sole focus of her attention.

Participant – A: *"...I feel different with different people. With every person. Only the person that is in front of me exists for that time. Nothing else."*

Participant B indicated that there are instances where she experienced a profound, transcendent connection with her clients, which she perceived as having a sacred and spiritual quality. She explained that she experienced a sensation characterised by a sense of numinosity. The inclusion of the concept of numinosity is expected in therapy processes of Analytical Psychology. Sharp (1991) defines *numinosity* as a characteristic attributed to individuals, objects, or circumstances that elicit profound emotional resonance, which is psychologically linked to experiences of the Self.

Participant – B: *"It's like, they call it the numinous feeling."*

Participant C described that in his capacity as a sandplay therapist, he holds the ability to physically perceive the psyche of the client within his own physical body. The participant exhibited the capacity to perceive and comprehend the emotional and physical sensations encountered by his client.

Participant – C: *"...a lot of the emotions that they experience you will also feel in your body."*

Participant D experienced fluctuating emotions similar to a rollercoaster ride. She described her emotions as that of a wave coming in and going out and highlighted the importance of inter-subjectivity. Smith et al. (2009) explained the concept of inter-

subjectivity as the mutual, overlapping, and emotional essence of our interaction with the world.

Participant – D: *“That can be like a rollercoaster sometimes because, as I said, if you understand inter-subjectivity, you feel what they feeling.”*

While the participants varied in their descriptions of feelings, they all exhibited a degree of resonance with their clients. The notion of resonance holds significant importance within the field of sandplay therapy. The embodiment inherent in sandplay therapy facilitates a *resonance* between an individual's physical and spiritual aspects, rendering sandplay treatment a psychosomatic approach as well (Ammann, 2022). Both Sigmund Freud and Carl Jung concurred, in terms of Depth Psychology, on the significance of the emotional bond between the therapist and the client with the efficacy of the analytical process. According to Jung (1946/1966), the efficacy of therapy depends on the extent to which the therapist engages with the transference. In the context of therapy, transference commonly denotes the phenomenon wherein a person undergoing therapy projects specific feelings or emotions onto the therapist. Jungians often exemplify the archetypal level of transference/countertransference by utilising alchemy, fairy tales, and mythologies. Carl Jung considers the transference phenomenon a significant symptom of the individuation process (Jung, 1966). Sandplay and its elements can serve as potential indications of the therapeutic relationship between the therapist and the client and the degree of transference or countertransference. This phenomenon, frequently referred to as the complex interrelatedness of conscious and unconscious actions and reactions between the client and therapist, is commonly observed in sandplay therapy (Turner, 2005). Melanie Klein, a prominent verbal psychoanalyst, emphasised the significance of the child's transference towards a particular therapist (Mitchell & Friedman, 1994). According to Linda Cunningham (a certified teaching member of Sandplay Therapists of America and the ISST), projective

identification serves as the predominant form of communication between an infant and their mother, and it is also used between a client and their therapist in sandplay processes which can often be prominently seen and verified in the created sandplay images overtime (Cunningham, 2013). For Dora Kalff (2003), the concept of transference is utilised to safeguard and establish a stable connection between the Self and the Ego.

In contemporary psychoanalytic philosophy, the inherent reaction of therapists towards their clients is regarded as a valuable attribute, as opposed to a hindrance, concerning the efficacy of therapy. Among other themes, this study examines the phenomenon wherein unconscious communication elicits the therapist's genuine emotional experience from a client who cannot effectively manage specific emotions and desires to express them to a responsive listener. The participants disclosed that their reactions could be significant in comprehending the client's unconscious experience. Therefore, all of them should be given thorough analysis and examination. The interviews demonstrated that each participant experienced a wide range of emotions and feelings that closely mirrored the client's emotional or physical manifestation. This is a compelling example of how the transference phenomenon, as described by Carl Jung, can be observed. During the interviews, it became evident that the phenomenon known as transference was present in the relationships between the clients and their respective therapists. In light of this, the researcher believes the likelihood of clients experiencing countertransference was noteworthy. The therapist assumes a distinct role in the client's perception during various stages of the therapy session, mainly influenced by the phenomenon of transference. Hence, the therapist must invest their utmost dedication and emotional commitment into the therapeutic session.

#### ***4.3.2 Why Use Sandplay Therapy?: A Rationale***

A foreseeable question asked of all participants was why they chose to bring Jungian sandplay into their practices. While most participants (B, C, D, and E) were initially exposed

to sandplay through acquaintances or mentors during their academic pursuit of psychology, none actively sought sandplay as a conscious activity. Nevertheless, it should be noted that two participants (A and B) were familiar with the principles and practices of Narrative Therapy. The primary responsibility of the narrative therapist is to actively seek out other perspectives or pictures of a client's narrative (story).

Before commencing her sandplay adventure, Participant A had been engaged in narrative work in Africa. She emphasised that sandplay embodies a profound sense of authenticity, rendering it a unique method of engaging with her clients due to its characteristic of honesty and that sandplay can circumvent the inherent cognitive defences that individuals possess towards their inner psyche. In her professional role as a narrative therapist, she has preferred to employ sandplay as a therapeutic method that effectively fosters a non-verbal connection with clients. Participant A relayed she was already working as a narrative therapist when she unintentionally encountered the concept of sandplay through online means. Subsequently, she initiated communication with a founding member who happened to be residing abroad at the time. Consequently, she embarked on her training abroad and, ultimately, became a Jungian sandplay therapist.

Participant – A: “...*sandplay is always to bypass the logical protection people naturally have to their inner being. So, it's the honesty that made me realise that sandplay is superior...*”

Before embarking on her academic actions, Participant B shared that she had had a limited understanding of the modality of sandplay. Throughout her academic pursuits, she remained unaware of her supervisor's profound fascination with the practice of sandplay. Following initial scepticism, Participant B discovered that sandplay appeared to be appealing to both children and adults. She expressed a strong affinity for the underlying playfulness of the method, highlighting its capacity to foster a sense of liberation. Additionally, she asserted that sandplay constitutes a holistic approach capable of facilitating a descent into the



unconscious instead of remaining on a superficial (surface) level. Because she was dealing with the body, she realised that this also meant that she was working with the psyche.

Participant – B: “...*And, so I went, and I found that that was the thing that could drop me into the unconscious, and instead of working surface...*”

Participant C emphasised that sandplay is not merely a therapeutic method sought out by individuals but rather a profound unconscious *calling* that arises as part of one’s personal journey toward individuation. Participant C posits that his early life experiences have guided him toward engaging in the practice of sandplay. The manner in which he engaged in play throughout his early childhood could be interpreted as a manifestation of the predetermined narrative he subsequently began to embody. Upon participating in a workshop and observing the many tools utilised in sandplay, such as miniatures and sandboxes, he experienced a profound sense of enlightenment. He developed an enthusiastic desire to explore the modality of Jungian sandplay further.

Participant – C: “... *You are not really going out to look for it...*” “... *You have a calling for your own individuation process or a calling for something...*” “...*So all of that, if you look today at sand and miniatures, all of that were already part of the script that I started to live out...*”

As an Educational psychologist with an intuitive approach, Participant D recognised the necessity of employing a tool that could effectively cater to the pre-verbal comprehension abilities of her young clients. She was aware of sandplay therapy. However, it was only upon receiving guidance from her former supervisor, who adhered to the principles of Jungian psychology, that she developed an inclination toward investigating sandplay therapy. During a lecture, she saw a captivating case study that sparked her genuine interest and motivated her to pursue sandplay therapy actively. The commencement of her sandplay journey occurred late in her life, comparable to that of Dora M. Kalff (the founder of sandplay).

Participant – D: “...*I think I’m a good intuitive, so it just spoke to that functioning that I had within me that this is it...*” “...*I loved it from the moment I saw it. I, as I said, intuitively I knew this is it...*”

Participant E expressed her initial connection with sandplay therapy through her exposure to sandtray work within the framework of Gestalt Play Therapy, which resonated with her longstanding interest in Jungian psychology. She explained that sandplay appealed to her because, as an introvert, she values silence, creativity, and stories. A personal concern prompted her to actively participate in a genuine personal sandplay process alongside her supervisor at the time. This experience ultimately allowed her to recognise and acknowledge the power of Jungian sandplay.

Participant – E: “... *And, I didn’t need to speak. I could work in the sand, and that to me was a very profound experience of just being able to contain emotion...*”

Considering the existing limitations in research and literature regarding the motivations underlying an individual’s attraction to sandplay, the following discussion aims to provide insights into the potential reasons for considering sandplay as a therapeutic intervention for clients. This evaluation may offer valuable perspectives on the factors that attracted the participants to engage in sandplay therapy. According to Homeyer and Sweeney (2017, 2022), sandtray therapy facilitates the articulation of hidden emotional concerns and fulfils the universal human need for kinaesthetic experiences through its sensory nature. These researchers asserted that play is a voluntary activity, even in situations where it is mandated for the client or therapist. They believe that the sandtray experience is designed to be inviting and encourages a sense of freedom and intrinsic appeal. Furthermore, they suggest that activities promoting freedom and personal development have an attractive character that attracts individuals to engage in them. The connection between sand and play is inherent, as individuals of all ages derive joy from engaging in recreational activities involving sand, such

as playing at the beach and constructing sandcastles. These activities not only serve as demonstrations of their imaginative capacities but also as manifestations of their inner identities. Homeyer and Sweeney (2017) further explained that those who exhibit introverted and tense characteristics may experience reduced tension and anxiety through tactile engagement with sand. In the study by Homeyer and Sweeney (2017), sandtray therapy successfully addresses client resistance. Specifically, for verbally skilled adults who tend to employ defence mechanisms such as intellectualisation, rationalisation, or storytelling, sandtray therapy has the potential to penetrate these defences and facilitate therapeutic progress. These authors argued that individuals with limited verbal abilities, regardless of the underlying cause, experience a sense of safety in the sand tray. This medium provides a space for expression that is not reliant on verbal proficiency but rather on the unrestricted nature of the medium. Sandtray work is widely recognised as a beneficial therapeutic method utilised by narrative therapists due to its ability to facilitate clients in effectively articulating their unique narratives. In the context of Jungian therapy, using sandtray activity is regarded as a means to facilitate the exploration of the profound aspects of the human psyche (Homeyer & Sweeney, 2017).

The participants considered these facts significant when they commenced their sandplay exploration. Family and play therapists share a notable characteristic, as they are widely regarded as the most innovative and versatile practitioners in the therapy field. While the examples provided primarily pertain to clients, the participants were inclined towards sandplay due to these factors. These participants showed a solid dedication to acquiring knowledge and progressively incorporated Jungian sandplay into their respective professional endeavours. The captivating beauty and, yet, seeming straightforwardness of sandplay has the potential to motivate therapists from other modalities to include this approach in their professional repertoire.

### 4.3.3 *Individuals' Perception of Sandplay*

Given the recent emergence of sandplay as a therapeutic modality in South Africa, it proved intriguing to ascertain the reported perspectives of clients across various age groups regarding their experiences with sandplay. Consequently, the researcher has partitioned the theme above, namely 'individuals' perceptions of sandplay,' into two supplementary sub-themes, namely "Children" and "Adults".

**4.3.3.1 Children** Participant B explained sandplay as a therapeutic modality that had an inherent appeal to individuals of all age groups, including both children and adults. Her younger clients exhibit a strong affinity towards the sandplay modality. She suggests that the reason for this phenomenon is attributed to the undivided attention bestowed upon individuals, along with the perception of being actively listened to.

Participant – B: *"For some kids, no. For some kids, they see it. I wanna do this."*

Participant C also expressed that children possess a strong affinity for sandplay due to its ability to serve as a means of communication that resonates with them.

Participant – C: *"I think children just love it. It's their language. It's their space. Adults, it might differ..."*

Participant D remarked that her younger clients are strongly attracted to the sand. She believes sandplay is the most enjoyable aspect of the day for her younger clients. The young children she assists have a strong desire to avoid exclusion and regularly seek her presence at the entrance of her practice. For her, sandplay therapy mainly impacts the lives of her young clients. Using two distinct varieties of sand provides a tranquil and affectionate ambience for her younger clients.

Participant – D: *"Well, I can tell you, my little ones, they see it as the best part of their day. They don't want to miss it..."*

Participant E believes that children find it comparatively easier to engage in sandplay. She also stated that children exhibit a strong attraction to engage in sandplay and rarely display any resistance towards initiating and participating in sand-related activities. The reason for this phenomenon is that younger children tend to approach the act of sandplay without excessive thinking and its sensory play qualities.

Participant – E: *“So I think, well, for me, you over-analyse it. You think about it. For children, not so much, maybe.”*

**4.3.3.2 Adults** Participant A observed that there appears to be a tendency for men to exhibit a more protective demeanour when engaging in sandplay activities. In her perspective, explaining the foundational principles underlying sandplay to adults is of utmost significance. A sizeable portion of the South African population believes that therapists engaging in sandplay only engage in foolish activities and that there is a lack of universal comprehension regarding the significance and worth of sandplay among individuals.

Participant – A: *“Those that know value it. Those that don’t know, there’s a huge sector, especially in South Africa, that don’t even like therapists. If we say sandplay, they think: ‘ag, you’re just messing around’.”*

Participant B relayed that her adult clients exhibit a receptive attitude when engaging in sandplay therapy. In contrast, she has encountered certain adolescents who have displayed a degree of reluctance towards this therapeutic modality. In general, she explained that individuals of various age groups, when partaking in sandplay, undergo a profound sensation of appreciation. She provided an account wherein a client expressed a sentiment of unprecedented emotional support, suggesting that this response may stem from a sense of containment and reduced chaos.

Participant – B: *“...people will phone me and say, ‘we want to do the sandplay process’, and these are adults. And, they come in with open arms. It’s amazing...”*

Participant C explained that sandplay may elicit varying responses among adults, with some individuals potentially perceiving it as absurd due to a lack of comprehension.

Nevertheless, participant C added that there is a significant level of interest among adults in sandplay.

Participant – C: “... Adults, it might differ. Some might react like I did right at the beginning and think it’s stupid...” “...And, it works out that he says, “but, I want to work here. This is what I want to do’.”

Participant D expressed the viewpoint that fathers, in particular, appear to be experiencing a sense of being overwhelmed by sandplay. She explained that the process of accepting and responding to the sandplay method may require a lengthier duration among her adult clients.

Nonetheless, the parents also perceive that their child is undergoing a distinct encounter in sandplay. Participant – D: “Yes. So mostly, it touches their child, like part of them. And, they walk in, ‘wow, look at this!’ and they are so excited for their child because their child is going to have a different opportunity.”

Her adult client also expresses profound gratitude for the transformative changes they observe within themselves upon engaging in sandplay activities. Participant D has reported a limited number of individuals expressing aversion or disinterest in physical contact with sand. Nevertheless, she acknowledged that specific individuals could criticise sandplay therapists due to their inclination towards silence.

Participant E, alongside Participant D, also explained that sandplay is a therapeutic modality that may require a longer duration for her adult client to engage with, depending upon the individual’s unique characteristics. She believes that adult clients occasionally experience apprehension over the potential judgment of the therapist while employing specific miniatures inside the sand tray. Consequently, this apprehension leads to increased hesitancy in engaging in sandplay. Older individuals may perceive sandplay as childish and

wasteful and may even have anxiety towards it. She shares the belief that there exists a subset of individuals who wrongly believe that sandplay therapy can be effective in resolving psychological issues within a single session. However, she noted that some of her adult clients are curious and interested in the sandplay modality.

Participant – E: *“You get different, I think people, some people are curious, and they are interested and just going with the flow and doing something creative...”*

How the therapist introduces sandplay treatment significantly influences the likelihood of adult engagement in sandplay activities. When considering child clients, it is observed that children often engage actively and enthusiastically in the therapeutic process without hesitation (Turner, 2005). This author also clarified that the process of introducing sandplay to children is typically not arduous. Children have an innate inclination towards play and visual stimuli, readily embracing these activities with ease and enthusiasm. Turner (2005) emphasised that certain therapists have observed that adolescents are reluctant to engage in sandplay. However, some therapists are excellent at sandplay with adolescents. Their reluctance to exert themselves in the sand may be explained by the interaction between the psychic depth sandplay accesses and adolescence’s developmental changes. Kaspar Kiepenheuer, a Swiss Jungian analyst, worked exceptionally well with this demographic and produced insightful writing on the issue in 1990 (Turner, 2005). Turner (2005) further emphasised that fear is one factor in adults’ reluctance to engage in sandplay. The source of the client’s anxiety can vary, and it is crucial to realise that the emotional processes undergone in sandplay can be fearsome. A considerable number of adult clients may exhibit resistance towards engaging in sandplay therapy due to their perception of it as being insignificant or lacking in seriousness. The phenomenon described is frequently observed since Western civilisation prioritises external pursuits and neglects to cultivate one’s internal experiences. Research conducted in Romania by Dan Florin Stănescu (2021) examined the

perspectives of four adult females regarding the practice of sandplay. In his investigation, the author observed that all participants consistently expressed a state of curiosity and additionally recounted emotional challenges about the selection of sand variety and the initial creation of the miniature. According to Stănescu (2021), the participant's difficulty in selecting the initial miniature could be attributed to their instinctive recognition of the symbolic significance of these miniatures. The study's results indicate that participants generally regard the therapist as a discreet yet supporting presence, comparable to an anchor they can depend on, particularly during emotional overwhelm (Stănescu, 2021).

As stated earlier, the origins of sandplay are attributed to Dora Kalff, who initially developed this therapeutic modality with a primary emphasis on its utilisation for children. This emphasis on children is rooted in the recognition that they possess an increased need for engaging in playful activities. The initial perceptions of individuals towards novel individuals, locations, or things hold significant meaning, and how the therapist introduces sandplay treatment substantially influences the likelihood of an individual's engagement in sandplay. In the context of engaging young clients, it is evident that children readily immerse themselves in the tactile-based process. The initial session between a therapist and a new client plays a crucial role in establishing containment during sandplay therapy, and this aspect has the potential to greatly influence the entire direction and progress of the therapeutic journey. The misunderstandings surrounding sandplay among adults can be attributed to their inclination towards realism and tendency to overanalyse the sandplay process. The interviews suggest that both children and adults had an elevated level of receptiveness towards participating in sandplay in most instances. When examining how children engage in sandplay, a universal consensus was reached among all participants that sandplay is inherently a natural phenomenon for most children. Concerning clients of a younger demographic, Participants B, C, D, and E collectively conveyed that children exhibit a



notable inclination towards engaging in sandplay due to their capacity to function as a communicative medium that deeply resonates with them (participant C). One subset of adult clients holds a dismissive view of sandplay (Participant A), perceiving it as frivolous and unproductive, and may even experience anxiety concerning this therapeutic approach (Participant E). Some adult clients may experience a more extended initiation period in engaging with sandplay therapy, potentially due to hesitancy exhibited by older individuals and adolescents (Participants D and E). Based on the observations mentioned above, adult and adolescent clients may lack openness and comprehension regarding the nature, purpose, and potential benefits of sandplay therapy.

#### ***4.3.4 Personal process***

During their sandplay training, all participants actively participated in a personal process by physically constructing their own sand trays with their own ISST certified therapist. In addition to various comprehensive training prerequisites, the training guidelines established by the ISST incorporate a personal sandplay process undertaken by the sandplay novice therapist. Considering the criteria established by numerous national and international bodies, the journey towards becoming a certified Jungian sandplay therapist is a rigorous and comprehensive undertaking, necessitating substantial guidance from accredited educators, extensive engagement in consultation or supervision (both individually and within group settings under the guidance of a registered teaching member), and a personal development process facilitated by a trained professional (Conradie & Hanes, 2015). The participants established a consensus that strongly emphasised the significance of their own personal process and persisting with their personal growth journey, even after completing training and integrating sandplay into their professional practices.

Participant A expressed the importance of persisting with one's individualised personal journey. She expressed that she continues to engage in sandplay practices

regularly with her mentor. Sandplay, in her perspective, can be likened to a metaphorical expedition that mirrors the various stages and experiences encountered throughout one's lifetime.

Participant – A: *“And, I still have a mentor that looks at my sand every now and again because you travelling through, you doing your journey through life...”*

Participant B's personal process holds significant importance and is of utmost value. She emphasised the significant advantages of engaging in a personal process, asserting that it positively affects individual well-being and professional growth by maintaining a state of positivity and stability.

Participant – B: *“Ja (yes), just go, do it, and it's for your own well-being, but it's also for your well-being as a professional.”*

Participant C attained his personal process abroad and believes that engaging in one's own process during training is essential. He believes engaging in one's own personal process after training can be beneficial under certain circumstances. According to his perspective, the sandplay process does not involve a discontinuous sequence of actions. He expressed that, in his role as a sandplay therapist, he anticipates encountering numerous hurdles along his professional journey. Consequently, he believes that engaging in a consistent personal sandplay process can offer significant benefits. Sandplay serves as a comprehensive lifestyle approach, wherein the process of learning is perceived as an ongoing and perpetual endeavour. On the other hand, Participant C expressed that the act of taking part in personal reflection during training and continuing to do so thereafter has the potential to impact and introduce cognitive biases into one's reasoning process. However, he contended that upholding authenticity would help alleviate any potential problems that may arise due to contamination.

Participant – C: “...*But, there will still be processes in your life. So, yes, I think it’s a good thing to do again the sandplay process...*”

Participant D expressed her recognition of the significance of sandplay following the completion of her personal process journey. The comprehension of the intricacies of sandplay may elude a sandplay therapist unless they have had their own personal experience. She perceives a sense of achievement through the physical experience of engaging in sandplay. Her subjective experience throughout the training period led to her selecting sandplay as her preferred therapeutic modality. She expressed that her personal journey can be likened to a chapter in her life.

Participant – D: “...*every process we do is a part of a chapter in our- (life). It’s a lifelong journey that we do...*”

Participant E believes that to study sandplay, specifically Jungian sandplay, one must undergo a personal journey to comprehend its essence. Furthermore, she believes that continuing one’s own personal process is advantageous. She believes engaging in any type of introspective practice is worthwhile to pursue throughout one’s lifetime.

Participant – E: “*I think they should continue with the personal process. It doesn’t need to be sandplay. I think as long as you do some personal work...*”

To study sandplay, engaging in a personal sandplay process facilitated by a qualified sandplay therapist is also necessary. This preliminary step is crucial for understanding the distinctions between sandplay therapy and other therapeutic modalities (Steinhardt, 2013). This author further stated that engaging in sandplay without prior completion of a personal sandplay process renders us ill-equipped to effectively facilitate and contain the profound therapeutic work for the clients. In addition to these prerequisites, STA’s *Handbook of Practitioner Member Requirements and Procedures* (2013) requires that therapists seeking certification as full members undergo a personal sandplay process consisting of a minimum

of 40 sessions (Conradie & Hanes, 2015). Given that the sandplay process manifests itself through a symbolic language, it is imperative to possess a deep understanding of the symbolic language as it is conveyed in various domains such as religions, mythologies, fairytales, literature, and art (Turner, 2005). The therapist must comprehensively understand the symbol language conveyed by the visuals and, subsequently, engage in an internal process that resonates with this comprehension. This mainly pertains to analysing symbols within the framework of depth psychology, as explained by C. G. Jung. It is crucial to have personally encountered these symbols and assessed their effectiveness via one's individual psychological development. This approach makes the effective balance of the client's experience possible alone (Kalff, 1991). According to Steinhardt (2013), sandplay has provided valuable insights into the unpredictable transpersonal experiences and countless numinous events that occur during a client's engagement with the sandplay process. These observations have significantly influenced her understanding of the sandplay process. To qualify as a Jungian sandplay therapist, it is necessary to fulfil the fundamental prerequisites, encompassing the successful completion of an individual sandplay process (Steinhardt, 2013). The literature recommends that therapists should engage in an ongoing process of development, growth, and expansion. According to Jung, for this particular experience to manifest in the therapeutic context, the therapist must cultivate a dynamic connection with their own state of completeness through their ongoing personal growth and exploration. This requirement also parallels the training analysis of depth psychology, where psychoanalysts qualify by fulfilling the key requirement of undergoing an analysis in tandem with academic studies and seeing their own patients. Interestingly, it was Jung who recommended the training analysis requirement for Psychoanalysis to Freud as it became an established profession, and in turn this requirement for candidates undergoing training to become psychoanalysts was formalised in 1922.

The responsible implementation of sandplay treatment necessitates comprehensive training in both internal and external aspects. The seeming simplicity of sandplay is profoundly misleading, as evidenced by the above observations. The initiation of sandplay training involves the initial engagement in a personal sandplay therapeutic process, as this stage of sandplay training holds significant importance. Due to the symbolic nature of sandplay, which delves into the fundamental essence of existence, the process of training and study in this field is ongoing without a definitive endpoint, as noted by Participant C. Engaging in one's own personal process is most effectively facilitated by a sandplay therapist who possesses the expertise, extensive experience, and advanced training. Engaging in the medium of sandplay and experiencing it from an inside perspective is only possible through personal involvement.

#### ***4.3.5 Therapist Identity Transformation***

The study's participants predominantly possess prior experience with and have actively participated in sandplay for over ten years. Given this consideration and the potential impact of specific experiences on one's identity, it was pertinent to inquire about the participants' perceptions of any identity changes after embarking on their Jungian sandplay journey.

Participant B expressed feelings of inadequacy, inefficiency, and a lack of autonomy prior to engaging in sandplay therapy. She experienced a sense of ineffectiveness in her present occupation as an educational psychologist. Nevertheless, when she started her sandplay journey, she experienced a growing sense of self-assurance in her actions. She acknowledged her ongoing learning process and expressed confidence in her ability to further her knowledge through the practice of sandplay. She remarked that sandplay therapy had completely altered her sense of Self as a therapist, giving her a voice she had long since forgotten as an educational psychologist.

Participant – B: “...*Like it gives you a voice. I don't know for me that's what it did for me. It brought my voice back...*”

According to Participant C, an early interest in Jungian psychology formed his sense of Self from a very young age. He went on to explain that it was not until he started doing sandplay that he felt fully awake, in a way that made him look forward to going to work and seeing the potentially life-changing impacts of his work. This vitality further strengthened his sense of Self as a Jungian sandplay therapist. For him, the awakening process commences gradually during the early stages of development and persists daily until adulthood.

Participant – C: “...*it made me much more alive. Every morning I'm excited to see what of life's mysteries I'm going to meet maybe, and what surprises are there going to be. What healing moments are there.*”

Participant D found that engaging in Jungian sandplay provided her with a solid foundation from which to embark on her personal and professional journey, enabling her to navigate the world's complexities and develop balance in all aspects of her life. Her engagement in sandplay has elicited a transformative effect on her, leading her to express a desire to pursue further education and training in the field of Jungian Analysis.

Participant – D: “*I think it is important, although now for myself I actually thinking of wanting to do a Jungian analysis...*”

Participant E conveyed that engaging in sandplay gave her a feeling of accomplishment. She stated that sandplay had afforded her a professional area she perceives as a specialised gift she intends to share with her clients.

Participants – E: “...*and, I feel very confident in using it. So, it gives me a sense of, achievement is not the right word, but the sense of I can really do this.*”

According to Steinhardt (2013), sandplay exhibits an aesthetic quality and occasionally possesses a numinous essence, visible solely to the client and therapist. This

encounter has the potential to surpass rationality and induce a transformative effect on a person's identity and sense of living. The concept of human nature can be seen as an amplification of the characteristics observed in the broader natural world. As humans progress up the evolutionary ladder, the significance of social interaction within a continuous social framework becomes increasingly pronounced for individual beings. Simultaneously, individual identity becomes more important, culminating in human life, where the unity of psychological identity is paramount for the overall well-being of the mind-body complex (Cobb, 1977). Internal functioning refers to the process through which the Ego creates an individual's self-awareness to establish their personal identity (Moore et al., 2017). Identifying, projecting, and introjecting are all based on unconscious similarity between subject and object or between oneself and others (Sharp, 1991).

Authentic acquisition of knowledge can be understood as a cognitive process triggered by a stimulus, leading to the activation of motivational tendencies and subsequent development of one's sense of Self and personal identity. Creative therapists acquire their training differently than other types of therapists. They learn theory and practice while working in groups to gain knowledge and skills. Others watch and participate in the artistic work of others, learning from it and shaping their own identities in the process. Sandplay works because it uses materials from the earth, which triggers natural reactions in our bodies and helps people feel joy, play, and grow as people by letting them explore their feelings and problems. It helps people be more flexible and practical, develops their imagination, and helps them build a strong sense of who they are while also making it easier for them to change who they are.

## **4.4 Self-reflexivity**

### **4.4.1 Researchers' Thoughts**

In the next section, I will highlight some of the intricate characteristics of qualitative research as perceived by the researcher. Below are some chosen extracts from my personal journal during the research project.

*"I realised that I was being challenged to grow not only my skills as a researcher, but also my fundamental virtues as an individual after going through the hands-on experience of improving my technical skills and assuring my correctness. Finding the appropriate structure and sequence of questions, as well as making sense of the responses from the participants, was a challenge for me. Even though the process of coding and finding themes required much work, it taught me the need to be clear and precise when selecting categories and data, as well as the fact that I should constantly be careful of distancing my own interpretation from the stages of the data analysis process in which it occurs. The study taught me how to discern the most important themes and categories from those that were less important so that I could give the information provided by the participants the importance and significance that it deserved. As the researcher, I found that the analysis was messy due to the high level of integration required between the personal experiences and professional training that the participants described. The analysis phase of this study was truly time-consuming due to the forwards and back words reading of the many pages of transcriptions".*

### **4.4.2 Participants**

The subsequent extracts were likewise derived from my journal. These refer to my mental thoughts of the participants and the individuals' feelings towards sandplay. Furthermore, it includes my appreciation for conducting this study.



**Participant A**

*"I was made to feel quite welcome at the participant's home. She was a lovely woman. I was concerned because this was my first interview with someone in the field of sandplay, and I did not understand sandplay yet. The participant initially showed me her figurines, and I was astounded by the variety of figurines she possessed. She told me about the history of one of them, which I found fascinating. She asked if I wanted to make a scene in the sand. I was nervous, but I went ahead with it anyway. It was a lot of fun. We took our seats and began the interview. The interview went quite well. The participant spoke enthusiastically about her work in Africa and her path to where she is now. She was very enthusiastic about sandplay, and I could tell she genuinely wanted to help those children who were in need. She gave numerous examples from situations she was involved with to demonstrate the importance she placed on sandplay. She emphasised the need for sandplay training. We laughed as we talked about my sand creation. I found it fascinating that she remarked that the sand does not lie."*

**Participant B**

*"I could sense Participant B's eagerness from the start of the interview. She was eager to provide any knowledge that could help with the research. She also had a separate portion of her office for children to play that did not entail sandplay, similar to a playroom. I could see she enjoys the play component of sandplay. During the interview, she emphasised the significance of the theoretical foundation, Jungian theory. She is now learning more about Jungian psychoanalytic theory. She stated that sandplay gave her a new purpose in life and restored the voice she once had as an educational psychologist. Her aim for sandplay is that more individuals will be drawn to the training side and that sandplay therapists will be able to serve more people in need. Her responses indicated that she enjoyed the training part of sandplay."*

**Participant C**

*"When I arrived at Participant C's workplace, I was welcomed with a warm welcome right away. Participant C was greatly appreciated, and his information was enlightening. Sandplay was initially started in South Africa by him and another member, making him one of the country's founding members. He believed that it would be beneficial to participate in the research study. He gave a beautiful and comprehensive explanation of sandplay, beginning with its origins and continuing to the type of person interested in sandplay. He recounted several stories from his early life and youth. He believes that, compared to worldwide training, the training provided locally for sandplay therapists is of very high quality. I could sense the immense amount of pride that he had in being a member of the new sandplay movement in South Africa. The interview went incredibly well, and despite going over the prescribed period, I believe it was time well spent. Participant C provided me with much helpful information and prompted me to seriously consider the benefits children can derive from engaging in sandplay."*

**Participant D**

*"When I arrived at the participant's residence, I noticed she had the most breathtaking sea view. The interview went well and continued longer than initially intended. She also worked as an educational psychologist, and from our interactions, I sensed that she is a strong, intuitive, hard-working, and determined woman. She had a picture of Dora Kalff sitting on the table in the dining room. I got the impression that she was pretty enthusiastic about sandplay. One of the comments she shared about a client was particularly fascinating, and it sparked my interest in sandplay even further. She brought out a few intriguing points about sandplay, including the fact that it is a method rather than a technique and, in a manner quite similar to that of Participant A, that sand does not lie. After a little digression, we returned to the original subject and continued discussing our studies at Unisa. Her path through UNISA*

*in psychology brought back memories of my journey through UNISA, as we both started our studies later in life. I glanced at a scene crafted by a client a few days ago, which was very interesting. She had two distinct types of sand in her trays, one of which was desert sand, which I found very soft. Additionally, she had other toys stored in boxes for her clients to enjoy playing with. I was allowed to test out a game she called traffic jam. It was not an easy task, but a great deal of fun. She gave me a parting gift in the form of a seashell."*

### **Participant E**

*"My journey ended with Participant E, the very last participant. She was easygoing and pleasant. She mentioned her love for stories and fairy tales, which she found to be a good starting point of growth for her sandplay. In addition to that, she shared with me some stories about her clients, which I thought to be interesting. She related a personal account of how she decided to use sandplay as a form of treatment for her clients. She also mentioned that some people, including herself, overthink the sandplay process. This is precisely what I did throughout my sandplay session. We discussed the appropriate time to stop collecting figurines, and she mentioned that doing so leads to a disorder, making us laugh. She believes that sandplay therapy is an effective niche sort of counselling. In addition, she discussed the significance of the training in her opinion. The fact that the South African sandplay society is expanding gives her a sense of excitement."*

### **4.4.3 General Reflections of Researcher**

*"Most participants who participated in the interviews had wonderful and original metaphors for describing sandplay. I noted that before most participants began their sandplay, they expressed much scepticism regarding it. Everyone who participated was excited to talk about their experiences with various clients. This collection of stories made me quite curious about the topic at hand. Unfortunately, not a lot of research has been devoted to the lives of these*

*therapists even though a lot of debate and research has been done regarding the benefits and effectiveness of sandplay."*

*"I think that by conducting this research, I am not only a passive observer, but also a participant who is attempting to reconstruct the problem at hand. My involvement in this study allowed me to collaborate with various people. Because of this research, I could collaborate with several different people. A deeper and broader picture of the lives of sandplay therapists was produced due to the many viewpoints and voices presented. Because of the research, I was able to investigate several preconceived notions regarding the function of sandplay therapy in South Africa. This research was carried out to provide concepts and ideas that, in my opinion, should be investigated to educate individuals about the significance of sandplay therapy and the role that therapists play in the process."*

## **Chapter – 5 Conclusion**

### **5.1 Overall Findings**

Most participants, in the current study, emphasised that sandplay is inherently rooted in Jungian psychology and can facilitate a descent into the unconscious mind. One of the participants noted that sandplay therapy is a specialised therapeutic approach founded on analytic psychology. Participants viewed sandplay as a self-healing process that transforms clients and restores their psychological equilibrium. These responses lend credibility to the statement made by De Domenico (2002), which stated that sandplay, as explained by Dora Kalff, delves into the depths of the psyche's autonomous healing powers (known as the Self), hidden from the conscious Ego. Furthermore, it is suggested that the creation and maturation of the Ego and the Self are mirrored in the realm of sandplay.

Using sand, sandtray, and miniature models, both Jungian sandplay and sandtray emphasise the client's understanding of their circumstances by constructing a visual representation of the client's subjective perception of reality. During the analytical phase of this study, all participants duly noted that a discernible distinction exists between the practice of Jungian sandplay and a more generic or encompassing variant of sandtray therapy. One participant explained that only a select few individuals possess the required qualifications to rightfully designate themselves as practitioners of the esteemed discipline of Jungian sandplay therapy. Bradway's seminal work in 2006 explained the disparity by delineating three discernible characteristics that can be ascribed to the therapeutic modality of Jungian sandplay: process, delayed interpretation, and dual processes. This author explained that sandtray therapy represents a broader iteration of play therapy, encompassing various methodologies and theoretical frameworks. Conversely, sandplay therapy is distinctly rooted in the Jungian tradition, adhering to its principles and approaches.

With the progressive enhancement of accessibility of various treatment modalities, the field of psychotherapy has undergone a notable transformation. It has evolved from relying solely on verbal interventions to encompassing various alternative and innovative treatments specifically tailored to individuals across all age groups. Sandplay is a therapeutic modality whose essence lies in its non-verbal and non-rational nature. Thus, it allows individuals to connect with their psyche's profound and pre-verbal aspects. Sandplay, as a manifestation of expressive arts therapy, not only harbours the potential for nonverbal intervention but has been duly recognised by academic inquiry as an efficacious intervention method that transcends cultural and socio-economic boundaries. As highlighted by two participants, in the current study, sandplay may be viewed as a unique form of communication, especially among children. According to Weinrib (1983), sandplay is a therapeutic modality that transcends rationality, delving into the profound depths of the pre-verbal facets of the psyche employing non-verbal modalities. Two additional participants further underscored that sandplay methodology offers a more reliable and trustworthy means of acquiring information compared to traditional talk therapy. As per the findings of Ben-Amitay et al. (2009), it has been observed that certain children exhibit a reluctance to engage in collaborative behaviour during psychiatric assessments due to their limited linguistic abilities, negativistic tendencies, or heightened anxiety levels. These authors have stated that the application of non-verbal communication techniques possesses inherent worth in cultivating a profound bond between a child and a therapist, in addition to its diagnostic capabilities. Another participant maintains the view that the practice of sandplay exhibits universal applicability, surpassing cultural boundaries. According to Roesler (2019), the widespread appeal of sandplay can be ascribed to its non-verbal modality, facilitating its utilisation in many cultural settings.

This study delves into various themes, one of which pertains to the phenomenon, whereby, the therapist's authentic emotional experience is evoked through unconscious

communication from a client who cannot adequately regulate particular emotions and longs to articulate them to a receptive listener. The participants displayed a range of subjective experiences, yet all demonstrated a certain level of resonance with their clients. According to Ammann (2022), the concept of resonance carries substantial significance within the realm of sandplay therapy. The inherent embodiment found within sandplay therapy fosters a harmonious connection between an individual's physical and spiritual dimensions, thereby establishing sandplay treatment as a psychosomatic modality. Identifying the participant's responses holds considerable importance in grasping the client's unconscious experience, thus necessitating a comprehensive analysis and examination of each one. The interviews, in the current study, revealed that each participant underwent a diverse array of emotions and sensations that closely mirrored those experienced by the client, whether they manifested emotionally or physically. This is a compelling exemplification of the transference-countertransference phenomenon, as illustrated by the renowned psychoanalyst Carl Jung, which can be appropriately observed and analysed. Throughout the interviews, it became increasingly apparent that the intricate psychological phenomenon, commonly referred to as transference, manifested itself within the complex structure of relationships between the clients and the participants involved in the study. As per the academic work of Jung (1946/1966), the effectiveness of therapeutic interventions is dependent upon the degree to which the therapist actively involves themselves in the phenomenon of transference. The participants adopted a discernible position in the client's cognition throughout different phases of the therapy session, notably influenced by the occurrence of transference. Turner (2005) proposed that the occurrence of transference, often denoted as the intricate interconnectedness of conscious and unconscious manifestations and responses between the client and therapist, is a prevalent phenomenon frequently witnessed within the realm of sandplay therapy. Therefore, the participants must exhibit steadfast commitment and profound emotional engagement during

the therapeutic session.

The South African Sandplay Society has successfully gained the active involvement of a group comprising 30-40 individuals who are active members of the recognised Sandplay Community in the South Africa region. Sandplay is a sophisticated therapeutic modality requiring extensive academic research and a constant dedication to individual and professional development. Upon examination of the training requisites and time frame extent of the training mentioned above, as laid out within the parameters of page 42, it becomes patently clear that the participants were compelled to undergo comprehensive and lengthy training, partake in introspective therapeutic endeavours, and engage in continuous academic pursuits to employ the therapeutic modality known as Jungian sandplay therapy proficiently. According to the essential work of Mitchell and Friedman (1994), this training field has evolved into a multifaceted and formidable discipline due to the widespread cross-cultural appeal of the sandtray method and the diverse array of professionals attracted to its utilisation. All participants emphasised the significance of a theoretical foundation in Jungian psychology. According to Steinhardt (2013), the training programme emphasises psychological, Jungian, and Kalfian theories. It delves into the human psyche's intricate framework, exploring the archetype's objective unconscious realm.

Furthermore, it delves into the Self's profound role in generating and materialising symbolic representations within the sandtray. It is worth noting that the training programme and its prerequisites exhibit substantial rigour, thereby explaining the participants' collective perception of the training as simultaneously arduous and fulfilling. Upon conducting an extensive inquiry and meticulously evaluating the curriculum, it becomes evident that the certification obtained by the participants is sufficiently legitimate to warrant the award of a prestigious internationally recognised professional distinction. Since March 2023, South Africa has been officially recognised as a member of the ISST in Israel (ISST, 2023).



One of the foremost benefits of sandplay is its capacity to create a secure and open environment, as such what Kalff (1981) referred to as the free and protected space. Incorporating sandplay therapy, alongside the therapist's presence and expertise, provides a conducive environment for individuals of various age groups, including adults and children, who struggle with adversities and emotional turmoil within the therapeutic context. During the individual interviews, a pervasive sense of trust and calm was consistently encountered in the company of all the participants and the researcher. This fostered an unrestricted exchange of ideas and thoughts between the researcher and the participants.

Upon careful analysis of the interviews conducted with the participants, it has become evident that the primary responsibility of the therapist lies in the utilisation of various techniques aimed at establishing an environment of utmost security and tranquillity, commonly referred to as a *temenos*, within the therapeutic setting, thereby fostering optimal conditions for the client's well-being and growth. Ferreira et al. (2014) underscored the notion that encounters with early trauma, abandonment, or deprivation have the potential to evoke a diverse array of affective reactions in children. As a result, establishing a secure and safe environment for children facilitates the cognitive processes of recognising, comprehending, and ultimately releasing these feelings. Three participants emphasised the significance of refraining from prematurely interpreting or analysing a client's sandtray to establish a safe and comfortable atmosphere. According to Pearson and Wilson (2019), sandplay should provide an environment free of therapist interpretation and direction. One of the participants further elaborated that the tray, in and of itself, creates a profound sense of reassurance owing to its carefully established dimensions. In a comprehensive investigation conducted in South Africa by Richards et al. (2012), it was observed that children could manifest their physical discomfort within the secure confines of the tray's frame, aided by the reassuring presence of the therapist.

Given the current constraints within the field of research and literature on the underlying motivations that drive an individual's inclination towards sandplay, it is noteworthy to mention that most participants were first introduced to this practice through acquaintances or mentors during their academic pursuit of psychology. However, it is essential to highlight that none of the participants actively pursued sandplay as a deliberate and conscious endeavour. According to Homeyer and Sweeney (2017, 2022), the sandtray experience is intended to be welcoming and promote a sense of freedom and intrinsic appeal. Moreover, these authors suggested that endeavours that foster autonomy and individual growth possess an inherent attraction that encourages individuals to partake in sandplay. The instances presented within the context of the theme "Why use sandplay therapy?: A rationale" predominantly pertain to the motivations behind using sandplay therapy by specific individuals, whether children or adults. The participants exhibited an attraction towards engaging in sandplay therapy as a result of these influential factors. The participants demonstrated a strong commitment to knowledge acquisition and gradually integrated Jungian sandplay into their respective professional endeavours.

The preliminary impressions that individuals form regarding unfamiliar individuals, places, or objects carry profound significance, and how the therapist introduces sandplay treatment exerts a considerable impact on the probability of an individual's active participation in sandplay. The data collected from the participants indicates that individuals across different age groups, including children and adults, exhibited a heightened degree of openness and willingness to engage in sandplay activities in most cases. Upon careful examination of how children partake in the activity of sandplay, it was agreed upon by all participants that sandplay, in its essence, is a natural, spontaneous occurrence for the vast majority of children. Dora Kalff believed that sandplay constitutes a distinctive approach within the realm of Jungian therapy for children, functioning as a therapeutic modality that

facilitates the non-verbal representation of one's emotions and experiences, catering to individuals of various age groups, including children and adults. When considering children, it was duly noted that they frequently actively and enthusiastically participate in the therapeutic endeavour without hesitation (Turner, 2005).

Regarding clients belonging to a younger demographic, most participants expressed a shared perspective that children demonstrate a discernible propensity for participating in sandplay due to its ability to serve as a communicative tool that profoundly connects with them. As suggested by De Domenico (2002), play, in its essence, encompasses a collection of objects or tangible things, serving as a symbolic and all-encompassing medium of communication that is readily comprehended by the young minds of children.

As per the accounts of two participants involved, it has come to light that a particular faction of adult clients holds a dismissive stance towards the practice of sandplay, deeming it to be unimportant and lacking in productivity. Some individuals within this subset may even encounter feelings of anxiety and nervousness when confronted with this particular therapeutic modality. In the case of another two participants, adult clients may encounter a prolonged phase of initiation when embarking upon sandplay therapy. This extended period could be attributed to the hesitancy among older individuals and adolescents. Based on the data collected from the participants, there appears to be a notable absence of conceptual comprehension among adult and adolescent clients about the intrinsic essence and underlying objectives of the therapeutic modality known as sandplay therapy. Turner (2005) highlighted the notion that a subset of therapists has noticed an inclination among adolescents to manifest a hesitancy when it comes to partaking in the practice of sandplay. The researcher proposes that the potential misconception could be alleviated by transferring knowledge to adolescents and adults regarding the advantageous attributes and intrinsic worth of sandplay and its symbolic quest.

Every participant relayed, in the current study, that they fully engaged in a personal process throughout their training commitments, wherein they carefully crafted their own sand trays through physical means. In the realm of sandplay training, a pivotal phase entails the development of a profound comprehension of the differences differentiating sandplay therapy from alternative therapeutic modalities. This is achieved through the therapist's engagement in a personal sandplay process, fostering a heightened self-awareness and expertise in this particular therapeutic approach (Steinhardt, 2013). In conjunction with an extensive set of comprehensive training prerequisites, the training guidelines established by the ISST include a personal sandplay process embarked upon by the therapist. In light of the requirements defined by various esteemed national and international organisations, attaining the esteemed status of a certified Jungian sandplay therapist is arduous and all-encompassing. It demands substantial mentorship from duly recognised instructors, extensive involvement in consultation or supervision, and a personal growth journey facilitated by a proficient practitioner (Conradie & Hanes, 2015). After completing training and incorporating sandplay into their professional practices, all participants reached a consensus emphasising the significance of their own personal process and maintaining their personal development journey.

Most of the study's participants exhibited a notable attraction for possessing prior familiarity and have actively engaged in sandplay for a decade. The journey of their expedition has culminated in the development of a profound sentiment of achievement and unwavering confidence in themselves. One of the participants has experienced a profound impact from engaging in sandplay, prompting her to express an active desire to pursue additional academic and practical endeavours in the realm of Jungian Analysis. Steinhardt (2013) suggested that sandplay demonstrates an inherent aesthetic quality and, on occasion, manifests a numinous essence that is noticeable exclusively to the client and the therapist.

This interaction possesses the inherent capacity to transcend the confines of rationality and promote a profound transformation within an individual's identity and sense of living. In their crucial work, Moore et al. (2017) elaborated upon the concept of internal functioning, explaining its role in the intricate interplay between the Ego and the formation of an individual's self-awareness, ultimately culminating in establishing their personal identity.

## **5.2 Limitations of the Study**

This study is considered a pioneering exploration examining the unique experiences of Jungian sandplay therapists in South Africa. The prevailing body of literature on sandplay predominantly centres around the inherent value and efficacy of sandplay as a therapeutic modality for individuals across various age groups, encompassing both children and adults alike. This marked the researcher's initial encounter with Jungian sandplay therapy. Before commencing the research endeavour, the researcher diligently engaged in a considerable amount of research. However, during and after the analysis phase, the researcher fortunately came upon numerous additional sources of literature that proved to be highly enlightening. Based on these additional resources, it would have been beneficial to consider rephrasing specific questions during the interview phase to encourage participants to provide more comprehensive and informative responses.

One aspect that could be considered a potential study limitation is the relatively small sample size. A smaller sample size was chosen considering the unique requirements of qualitative research, which necessitates a thorough understanding and exploration of the topic at hand. According to Pringle et al. (2011), it has been suggested that a smaller sample size during IPA could potentially pose some limitations on the use of IPA. These authors also suggested that conducting the research could present challenges in cases where the sample population is particularly specific or unique, as is the case with certified Jungian sandplay therapists in South Africa, where the number of certified practitioners is limited. The present

research study involved interviewing a select group of five individuals within the limited population of eight esteemed Jungian sandplay therapists currently residing in South Africa. The findings, while not claiming to possess representativeness encompassing all eight Jungian sandplay therapists, do warrant consideration. Acknowledging the relatively brief existence of Jungian sandplay in South Africa is essential. The study's scope is inherently limited due to the participation of only five therapists. This might limit the transferability of the study.

Nevertheless, the outcomes derived from this research endeavour may offer insight into potential outcomes that could emerge from a more expansive and inclusive sample size. The researcher refrained from attempting to generalise the findings, as per the interpretivist perspective, suggesting that meanings are contingent upon the diverse contexts and circumstances inherent in human interaction (Merriam, 2009). Hence, the primary objective of this investigation was not to extend its findings, but to delve into the intricate existences of Jungian sandplay therapists residing in South Africa. Notwithstanding these limitations, it is imperative to acknowledge that the implications of this study should not be dismissed outright, for they possess the potential to furnish valuable insights for comparable investigations into other burgeoning Sandplay societies worldwide, thereby contributing to the advancement of future applications.

### **5.3 Future Recommendations**

Forthcoming investigations should integrate a more expansive and comprehensive sample size. Presently, the task at hand may prove to be quite challenging due to the scarcity of accredited Jungian sandplay practitioners within the geographical confines of South Africa. It is worth noting that the possibility exists for conducting comparable research on a global scale, given the presence of a more significant number of accredited Jungian therapists residing in foreign countries.

An additional proposition would suggest that forthcoming investigations adopt a longitudinal approach. This could be accomplished before and after the therapist commences their sandplay journey. Given the potential implications, it is plausible to assert that delving into the intricacies of Jungian sandplay therapists' experiences could yield a more comprehensive understanding of the lives of these therapists. A longitudinal study allows for discerning the numerous factors that influence the therapist's encounters before and after their journey into the realm of sandplay.

Moreover, it would be educational to delve into the intricate realm of the experiences encountered by Jungian sandplay therapists of an international nature in foreign countries. This has the potential to investigate the cross-cultural viability of sandplay therapists. According to the academic findings made by Leong and Blustein (2000), the assimilation of knowledge from various regions across the world presents an expansive prospect for the renewal of our intellectual capacities.

Further investigation utilising a larger sample of Jungian sandplay practitioners would be instrumental in discerning whether these findings accurately reflect the unique encounters of Jungian sandplay therapists or possess broader implications that extend beyond their specific views. Subsequent investigations may encompass a fusion of methodologies, integrating both careful quantitative analyses and comprehensive qualitative inquiries. This comprehensive strategy will facilitate a more educated comprehension of the distinctive obstacles and strengths this particular group of therapists' encounters. The ongoing investigation at hand serves a vital purpose in establishing the foundation and validating the need for subsequent inquiries. However, it is imperative to acknowledge that only forthcoming investigations encompassing a substantially greater number of participants would possess the capacity to provide universally applicable findings regarding the real-life encounters of Jungian sandplay therapists across the globe. Hence, it is anticipated that

further investigation could be conducted to delve into the experiential aspects encountered by practitioners of Jungian sandplay therapy. This anticipation lies in the expectation that this research study will lead to a more profound investigation into Jungian sandplay therapists, and the therapeutic modality known as sandplay. The researcher hopes this study will provide a profound comprehension of the world lived in by Jungian sandplay therapists. While this particular study focuses merely on the lived experiences of Jungian sandplay therapists in South Africa, it is strongly advised that additional research be conducted to ensure the production of rigorous and comprehensive studies. Such endeavours would undoubtedly prove advantageous for aspiring practitioners seeking to embark upon a career in the field of sandplay therapy.



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## Appendix A

### Ethics Clearance Certificate



#### COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

27 June 2022

Dear Mr Wayne Liebel

**Decision:**  
Ethics Approval from 27 June 2022  
to 27 June 2025

NHREC Registration # :  
Rec-240816-052  
CREC Reference # :  
49937502\_CREC\_CHS\_2022

**Researcher(s):** Name: Mr Wayne Liebel  
Contact details: [49937502@mylife.unisa.ac.za](mailto:49937502@mylife.unisa.ac.za)  
**Supervisor(s):** Name: Prof. Christine Laidlaw  
Contact details: 079 434 8444

**Title: The Origin of Sandplay Therapy in South Africa.**

**Degree Purpose: MA**

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *low risk application* was reviewed and approved by the College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.



5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**27 June 2025**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.


*Note:*

*The reference number **49937502\_CREC\_CHS\_2022** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature: 

Prof. KB Khan  
CHS Research Ethics Committee Chairperson  
Email: khankb@unisa.ac.za  
Tel: (012) 429 8210

Signature: PP 

Prof K. Masemola  
Exécutive Dean: CHS  
E-mail: masemk@unisa.ac.za  
Tel: (012) 429 2298



## **Appendix B**

### **Letter to the International Society for Sandplay Therapy (ISST) South African Sandplay Society**

My name is Wayne Liebel. I am currently studying for a master's degree in psychology at the University of South Africa (UNISA) under the supervision of Prof. Christine Laidlaw. I am requesting permission to do research with members of your Society.

I am researching the lived experiences of certified International Society for Sandplay Therapy (ISST) Jungian sandplay therapists. My topic selection is centred on the fact that there is a general lack of research and understanding in South Africa, which focuses on the lived experiences of specifically Jungian sandplay therapists. Although research has been conducted on the benefits of sandplay therapy as a therapeutic method, far less research has been focused on these sandplay therapists' lived experiences. I have chosen your organisation due to the registration requirements for Jungian sandplay therapists.

I hope that the Society's committee members will allow me to interview their members. I am hoping to interview certified Jungian sandplay therapists on account of the nature of the study. I hereby ask permission to promote my study via a flyer electronically to your members in order to recruit members who are willing to participate in this study on the origins of sandplay within South Africa.

The research will entail collecting data from these members through semi-structured interviews, which should last for approximately one hour. Participants' responses will be audio-recorded for later transcription with identifying information removed, and discussions will preferably be held in the consultation rooms of the therapists. Participants will be asked to give their written consent before the interview begins. Any identifying details will be treated confidentially, and their identities will be anonymous unless otherwise expressly indicated.


No costs will be incurred by either the South African Sandplay Society or the individual participant. Participants may withdraw their permission to participate before, during, or after the interview process. No adverse consequences for either the participants or the South African Sandplay Society will result. Therefore, there are no foreseeable risks in participating in this study. Feedback from the study will be made available to all those interested.

I would appreciate your consent to proceed with this research project. You may contact me at wayneliebel@gmail.com if you have any questions or concerns at any time. If you agree, kindly present a signed letter of permission on your Society's letterhead acknowledging your consent and authorisation for me to provide a flyer to be distributed to South African ISST members via email. Alternatively, kindly sign below and return the signed form to me.

Your support and assistance is very much appreciated!

Kind Regards

\_\_\_\_\_  
Wayne Liebel (Researcher)

  
Email: wayneliebel@gmail.com

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prof. Christine Laidlaw (Supervisor)  
Associate Professor  
Department of Psychology  
012 429 8294  
laidlc@unisa.ac.za

## **Appendix C**

### **Information Letter**

This letter is an invitation to consider taking part in a research project I'm undertaking as part of my master's degree at the University of South Africa's Department of Psychology under the supervision of Prof. Christine Laidlaw. This letter will describe the study's purpose, potential risks and benefits, and your rights as a research participant so that you may make an informed decision about whether or not to participate. Finally, I would like to give you additional information about this project and what your participation will entail if you choose to participate. I obtained your information from Braam Beetge.

Over the years, sandplay therapy has played an essential role in many different therapeutic settings. Moreover, research in the past decade suggests participation in this form of play therapy is rapidly increasing. Therefore, the men and women responsible for this play therapy modality are my focus for this study. My motivation is to understand the experiences of Jungian sandplay therapists and to collect insight and ideas about what sandplay therapists in South Africa value about being a sandplay therapist and what they appreciate in patients' connection to sandplay.

Understanding these therapists' lived experiences may help shed light on the importance of sandplay therapy and avoid misunderstanding the role and values of sandplay therapists in South Africa. Therefore, this research study aims to describe and explore Jungian sandplay therapists' lived experiences within the South African context. Consequently, I would like to include you to be involved in my study. Furthermore, because you are actively engaged in Jungian sandplay therapy, you are best suited to discuss the various issues under discussion.

This study's participation is entirely voluntary. It will involve approximately an hour-long interview to take place in a mutually agreed upon location. If you prefer, you can refuse

to answer any of the interview questions. You may also choose to withdraw from the study at any time by informing the researcher. The interview will be audio recorded with your consent in order to facilitate data collection and then transcribed for analysis. I'll email you a copy of the transcript so you can review the accuracy of our discussion and add or clarify any points you want. Your personal information will be kept strictly confidential. Your identity will not appear in any thesis or paper emerging from this study; however, anonymous quotations may be used with your consent. I will keep the information gathered through this study safely and securely. The data will only be accessible to researchers involved in this study. As a participant in this study, you will not be exposed to any known or expected risks. No incentives will be given to you as a participant or the South African Sandplay Society.

If you would like to be informed of the final research findings, please contact Wayne Liebel on 074 640 2064 or mail 49937502@mylife.unisa.ac.za.

Should you have concerns about the way in which the research has been conducted, you may contact Prof Christine Laidlaw on 012 429 8294 or mail laidlc@unisa.ac.za.

If you have any questions or concerns, please do not hesitate to direct them to me in person or via e-mail. However, to proceed with the interview, I first need to obtain your informed consent.

Kind Regards

\_\_\_\_\_  
Wayne Liebel (Researcher)  
[REDACTED]  
Email: wayneliebel@gmail.com

Prof. Christine Laidlaw (Supervisor)  
Associate Professor  
Department of Psychology  
012 429 8294  
laidlc@unisa.ac.za

Signature of Participant: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_  
Date: \_\_\_\_\_

## Appendix D

### Informed Consent Form

You are requested to consent to voluntarily engage in Wayne Liebel's research project (researcher). I am currently working on a research report for my master's degree in psychology at the University of South Africa. This study aims to obtain data on the lived experiences of Jungian sandplay therapists.

- Participation is entirely voluntary. There will be no consequences if you choose not to participate or withdraw from the study. Your relationship with the researcher (Wayne Liebel) and the University of South Africa will be unaffected by this decision.
- You will be expected to answer a few open-ended questions on your experience as a Jungian sandplay therapist. This interview will last approximately one hour, and notes will be taken by the researcher, as well as audio recordings—the risk of participating is minimal.
- These audio recordings will be transcribed, and extracts from the transcription will be included in the final dissertation, with all identifying remarks and names removed. These recordings are done to ensure accurate information is obtained during the interview.
- No publishing or presentation of information and information obtained from you or research findings from this study shall be linked to your name to safeguard the participant's privacy. Pseudonyms (a letter of the alphabet) will be used to identify participants.

I (participant) have read and understood the material presented, been allowed to ask questions about the study, and received responses to any questions I had. I accept that if I have any additional concerns about the study or my rights as a research participant, I should contact the researcher (Wayne Liebel) on 074 640 2064 or email ([wayneliebel@gmail.com](mailto:wayneliebel@gmail.com)).

I know that my contribution is voluntary and that I may withdraw at any moment without providing a reason or suffering any costs. I accept that the researcher will not use my identity



in any reports based on the information gathered during this interview and that my confidentiality as a participant in this study will be protected.

Your signature below indicates that you understand and consent to the above conditions.

Kind Regards

\_\_\_\_\_  
Wayne Liebel (Researcher)

██████████  
Email: wayneliebel@gmail.com

Prof. Christine Laidlaw (Supervisor)

Associate Professor

Department of Psychology

012 429 8294

laidlc@unisa.ac.za

Signature of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix E

### Consent to Audio-Recording

The audio recording of your interview with the researcher is required for this study. The interview will be recorded to use in my research project. The audio recording, as well as the transcript, will not contain your name or any other identifiable information. All names and additional information used to identify you will be removed, ensuring your privacy. You have the option of turning off the tape recorder at any moment and erasing the tape or any section of it.

There will be no recording without your prior knowledge and consent. Furthermore, all listeners to the audio-recording file(s), including myself and the transcriber, are obligated by the Health Professions Council of South Africa's (HPCSA) ethical guidelines.

The contents of these taped sessions are strictly confidential, and no personal information will be disclosed. The recordings will be kept private by being saved on a password-protected computer and stored securely and destroyed after five years.

By signing this form, I (participant) consent to the researcher audiotaping me as part of this study.

Kind Regards

\_\_\_\_\_  
Wayne Liebel (Researcher)  
[REDACTED]  
Email: wayneliebel@gmail.com

Prof. Christine Laidlaw (Supervisor)  
Associate Professor  
Department of Psychology  
012 429 8294  
laidlc@unisa.ac.za

Signature of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F

### Semi-structured Interview Questions

Main Question:

1. Tell me about the key factors that brought you to your current position as a sandplay therapist?

Possible Prompts:

2. How long have you been practising as a sandplay therapist? (Hinchey & Jackson, 2011).
3. Using a metaphor or image, how would you describe the therapeutic process? (McLeod, 2010).
4. What were your initial thoughts about sandplay?
5. Explain how you prepare for and introduce sandplay to your prospective clients? (Turner, 2005).
6. Describe how you create a comfortable and safe setting for clients? (Steinhardt, 2013).
7. What experience(s) initially intrigued you to choose sandplay as a therapeutic method? (Ladany et al., 2008). What leads you to utilise this therapeutic method as opposed to utilising other therapy approaches or methods? In what circumstances would you **not** choose to use sandplay?
8. What is/are the main goal(s) for you as a sandplay therapist? (cf. McLeod, 2010).
9. Describe what emotions do you feel when working with clients during sandplay sessions? (Steinhardt, 2013).
10. What do you regard as critical incidents or turning points that significantly influence a therapist to pursue sandplay as a therapeutic method? (Howard et al., 2006).
11. How do you think clients see sandplay therapy and the therapist? (Turner, 2005).

12. What do you believe to be your greatest challenge as a sandplay therapist? Why do you believe this to be a challenge? (Ladany et al., 2008). What challenges have you found being a sandplay therapist within our South African context?
13. What do you enjoy best about being a sandplay therapist in South Africa?
14. Can you describe how you experienced the training process to become a sandplay therapist within South Africa? Do you believe that the training requirements to become a sandplay therapist are necessary? Why, or why not, do you think this? (Turner, 2005).
15. What is your philosophy on the personal process part of the training to become a sandplay therapist? Should experienced sandplay therapists continue to do their own sandplay process, or not? (Steinhardt, 2013).
16. In what ways has sandplay influenced your identity as a mental health practitioner?
17. Where do you hope sandplay to be in the future within South Africa? Any trajectories that you foresee sandplay developing within our context?

## Appendix G

### Process notes on the research process

#### 10 August 2022

*The researcher emailed the President of the South African Sandplay Society, Mr Braam Beetge and informed him of the research he wanted to conduct with this group of therapists.*

#### 14 August 2022

*In response to the researcher's email, Mr Beetge expressed his excitement about the study. He informed the researcher that he would contact the ISST members in South Africa to determine whether or not they would be willing to participate.*

#### 6 September 2022

*After attending a board meeting with the ISST member, Mr. Beetge responded to the member's inquiry through email. All the members' responses were enthusiastic and most agreed to participate in the interviews and the research.*

#### 10 September 2022

*The researcher called Mr. Beetge, and they talked about the study's objectives and the most straightforward approach to taking the interviews. He provided some helpful feedback. He brought to the researcher's attention that the majority of the participants were based in Cape Town. They had a lovely conversation, and the researcher could feel his enthusiasm even through the conversation.*

#### 10 October 2022

*The researcher received the contact information of all the ISST members in South Africa. The researcher informed all of the ISST members in South Africa about the study, and an email was sent to each of them. Five individuals answered over the next few weeks and indicated they would be more than pleased to participate.*

**20 October 2022**

*The researcher confirmed the best dates and times for the participants throughout the following two weeks. The researcher also emailed an information letter and a document requesting informed consent to all individuals willing to participate.*

**4 November 2022 – 29 November 2022**

*The month of November 2022 was dedicated to conducting of the interviews.*

**5 December 2022**

*The researcher had the recordings transcribed. Since the transcriber I used was incredibly busy at the time, this took a few weeks to complete.*

**28 January 2023**

*The researcher has now obtained the returned copies of all of the transcriptions. One of the transcriptions was somewhat longer than the others, while the other four were about the same length. The transcriptions were a very pricey venture to undertake.*

**30 January 2023**

*The process of analysing transcripts will get underway today. The researcher anticipates that this will be a time-consuming process. The researcher will have to read over the transcripts more than once in order to acquire a good understanding of the situation.*

**15 March 2023**

*Working through a single transcript required significant time, but the results revealed multiple themes. The researcher had to keep reminding himself to approach the second transcript separately and not let the themes covered in the first transcript have any bearing on how he worked through the second transcript. Having said that, the researcher still needed to find similarities and differences.*

**31 May 2023**

*After going through all of the transcripts, the researcher was able to pick out some recurring themes. In addition, the researcher discovered a couple of similarities between the participants' responses.*

**9 June 2023**

*During the following few days, the researcher gave the transcripts a second run-through and verified that the themes intended to be included were still relevant.*

**30 June 2023**

*The researcher made some changes to the initial themes, added some new themes, and removed some irrelevant ones.*

**5 July 2023**

*It has become clear to the researcher that to recognise themes, he must go through every transcript several times.*

**7 July 2023**

*The researcher has compiled a list of quotations he would like to incorporate into each theme. The researcher will include this in the findings and discussion part of the dissertation. The researcher had no idea that this particular research stage would take up so much time until now.*

**28 July 2023**

*The process of analysing the data took significantly longer than anticipated, but it was found to be intriguing. It is intriguing to see how people can come from different places, yet still claim to have had similar experiences. The majority of the participants were similarly introduced to sandplay. It was clear that the participants had similar sentiments about the training.*

## Appendix H

### Non-disclosure Form for Professional Transcriber

22 November 2022

To whom it may concern:

I hereby confirm that I was responsible for transcribing all audio recordings for Wayne Liebel (Department of Psychology) at Unisa.

I, Tania van Rooyen, agree to hold any information contained in any audio recording/documents related to this study by Wayne Liebel, in confidence, as well as regarding individuals and institutions involved in the research study.

I understand that violating this agreement would constitute a serious and unethical infringement on the informant's right to privacy.

Sincerely,



Tania van Rooyen

Transcriber



## Appendix I

### Debriefing for Research Participants

Elmarie Visser

Clinical Psychologist

PS 0012645 UFS, 1982

---

30 March 2022

Dear Mr. Liebel

I am writing this letter to confirm my availability to conduct debriefing sessions for the participants of your study. If participants experience any psychological distress resulting from the study interview and associated procedures, they are encouraged to contact me for individual debriefing sessions, should they deem it necessary.


---

Kind Regards,

Elmarie Visser

## Appendix J

### Turnitin Receipt



## Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

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Assignment title:	Revision 1
Submission title:	The Lived Experiences of Becoming a Jungian Sandplay Ther...
File name:	es_of_Becoming_a_Jungian_Sandplay_Therapist_in_South_Af...
File size:	903.76K
Page count:	176
Word count:	46,798
Character count:	280,707
Submission date:	29-Jan-2024 02:56PM (UTC+0200)
Submission ID:	2281149612

The Lived Experiences of Becoming a Jungian Sandplay Therapist in South Africa

by  
**Wayne J. Liebel**

Submitted in accordance with the requirements for the degree of  
**MASTER OF ARTS**  
in the subject  
**PSYCHOLOGY**  
at the  
**University of South Africa**

SUPERVISOR: Prof. Christine Laidman

January 2024

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