# Sandplay Therapy: A Safe, Creative Space for Trauma Recovery.

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The relational healing space that sandplay therapy generates is discussed as conducive to trauma recovery. The attentive, non-directive role adopted by a sandplay therapist is seen as providing security and creative options for non-threatening trauma expression. Early research literature on a range of applications of sandplay is now considered alongside contemporary understandings of trauma-informed therapy. This provides evidence for supporting trauma survivors through sandplay therapy.

**Keywords:** *counselling, expressive therapies, sandplay therapy, trauma*

The sandplay process appears deceptively simple – client shaping the sand and arranging figurines, that soon become symbolic for them, therapist watchfully holding the space and then simply inviting reflection on the final creation. The use of Sandplay Therapy as a psychotherapeutic tool, with clients of all ages, requires an extensive background of training in therapy. When offered to traumatised clients, a wider understanding of trauma-informed practice is essential. This paper reviews some of the recent research that found sandplay a valuable tool in trauma recovery, and discusses how the setting for the process and the theoretical framework, first formulated by Dora Kalff (2003), parallels in many ways contemporary trauma-informed practice.

A well-grounded understanding of the complexities of the human psyche, the mechanisms of therapy, and of attachment-oriented and trauma-informed practice is essential prior to trauma recovery work with sandplay. Extensive experiential and theoretical training, first as a counsellor, and then as a sandplay specialist is essential. Despite its superficial simplicity, the ethical professional application of the sandplay therapy technique requires extensive training, on-going skills practice and regular clinical supervision.

## Background of Sandplay Therapy

In Switzerland in 1956, Jungian therapist Dora Kalff, mentored by C. G. Jung, developed sandplay therapy for providing therapeutic support for young clients, Her method grew from three sources: Dr Margaret Lowenfeld's *World Technique*, the Analytic Psychology of C. G. Jung, and Eastern contemplative traditions (M. Kalff, 2013). Kalff found that the technique also offered a powerful support for adult clients, and soon attracted clients from across Europe and the USA (Kalff, 2003).

Kalff reported on the need to follow client interests and collaborate in offering emotional release activities and various forms of therapeutic art expression (e.g. painting, sculpting with clay) as an adjunct to work with the sandtray (Kalff, 2003). In contemporary counselling this flexibility would be congruent with pluralistic practice (Cooper & McLeod, 2011). The growing practice-based evidence literature, often presented in the form of case studies, has continued to document a wide variety of contexts in which sandplay therapy has supported therapeutic change. Among this literature are an increasing number of reports on supporting traumatised clients, of all ages in recovery from trauma, where sandplay has been used.

When observing sandplay therapy in action, for example via a Youtube clip, it is tempting to see it as a very simple process: provide a client with small objects, a container, and the natural material of sand and they will set about constructing images that reflect their external and internal experiences. However, the shaping of sand, the selecting of miniature objects and creation of a sandpicture can be guided by both conscious or non-conscious logic. In the case of trauma survivors, it may be that the creative process emerges directly from implicit, sensory-based memory, and the client may have little to say about their spontaneous creation. This spontaneous creative process provides therapeutic benefit even without discussion or analysis. However, exploration of the sandpicture can be enhanced, if the client wishes, with verbal processing. In trauma-informed work, the verbal processing must be entirely at the wish of the client, and is more likely to emerge later in the therapeutic journey.

The term 'sandplay' has become something of a generic term over recent years. There are several major traditions in using sandtrays and miniatures, for example, 'sandplay therapy'

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the style developed by Dora Kalff and often used by analytical psychologists (e.g. Aite, 2007; Ammann, 1991; Weirnrib, 1983), an evolution of Lowenfeld and Kalff's work where psychotherapy is not indicated and most often conducted in group settings, now termed 'expressive sandwork' (Pattis Zoja, 2011). A more informal style of using sandtrays and miniatures has evolved directly from Lowenfeld's work used in play therapy (e.g. Axline, 1971; Oaklander, 1988) is now termed 'sandtray work' (e.g. Katz & Rekayek, 2010; Mayes, Mayes, & Williams, 2007; Walker, 1998), and the self-discovery expressive therapies style of sandplay that integrates Kalff's methods and principles within a creative arts context (Pearson & Wilson, 2001). A variety of practice methods exist, side-by-side with Kalff's original style.

While Sandplay Therapy in Kalff's style and in the Play Therapy tradition remains a spontaneous undirected process, there are also many reports in the literature of therapists creating somewhat structured activities using these materials. The directed approaches have been called 'directed sandplay' (e.g. Boik & Goodwin, 2000; Tennessen, & Strand, 1998) and 'symbol work' (Pearson & Wilson, 2001). Boik and Goodwin differentiate between spontaneous sandtray creations and directed processes, however pointing out that once subject matter has been suggested, the facilitation remains non-intrusive. Pearson and Wilson (2001) point out that the directed method of symbol work can be ideal for supporting clients facing an immediate crisis.

## Trauma-informed practice

Traumatic events have the potential to overwhelm human adaptations and "generally involve threats to life or bodily integrity, or a close encounter with violence and death" (Herman, 1992, p.33). Trauma leaves neurological consequences. Evidence shows that early trauma is "expressed in right-brain deficits in the processing of social, emotional and bodily information" (Klorer, 2005, p. 214). Furthermore, severe maltreatment and lack of significant attachment figures in the early years also leads to adverse brain development (De Bellis, 2001). Traumatic memories appear to be stored in the right hemisphere, which makes verbal expression of trauma memories more difficult (Schiffer, Teicher, & Papanicolaou, 1995). For many traumatised clients reason and executive function may not be readily available, and in general, trauma memories are stored implicitly as sensory-based experiences. Therefore, therapists cannot depend on clients' use of words. Therefore, the use of non-verbal therapeutic activities is recommended to allow contact with, and expression of, implicit memories (Steele & Malchiodi, 2012). Expressive therapies can provide these therapeutic experiences, and in addition, support the development of the therapeutic alliance with "a caring adult who provides opportunities to create and communicate" (Malchioldi, 2008, p. 153).

"Trauma-informed practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone" (Hopper, Bassuk, & Olivet 2010, p. 82). Counselling based on this premise creates opportunities for survivors to rebuild a sense of control and empowerment. Trauma-informed care and practice has recognised the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people (Hooper et al, 2010). What is needed then are ways of support that are sensitive to providing opportunities for clients to rebuild control in their lives.

Traumatised clients may come to believe that the world is threatening and bewildering, and people are neither predictable or trustworthy. This means the 'need' for control becomes paramount (Steele & Malchiodi, 2012), since the person responds to their surroundings from these beliefs. Therapists need to create relationships with clients and therapeutic settings that can begin to prove there are exceptions to these beliefs.

Kalff's emphasis that a core component of sandplay therapy is the provision of a 'safe and protected space' (Kalff, 2003) suggests that, in the hands of an experienced, and regularly supervised counsellor, a client's work in and around the sandtray, can provide a raft of benefits. For example, the therapy room and the sandtray itself provide freedom and containment; the therapeutic relationship engenders trust and safety, and the central therapeutic activity of using sand and symbols allows transfer of trauma from implicit to explicit mode. When memories can be played out safely, symbolically, and non-verbally the process allows resolution without the re-traumatising risk of being required to recount terrifying events.

Imagery has the most potential for therapy when it comes from the client, rather than being provided or imposed by the therapist (Klorer, 2005). In trauma recovery therapist "directives aimed at certain issues are not nearly as effective as the metaphors brought by the client" (Klorer, 2005, p. 218). Sandplay Therapy provides multiple options for clients to generate their own healing metaphors.

## Sandplay in trauma focused therapy

For clients of all ages, violence toward the body and psyche is difficult to address solely with verbal therapy. A therapist will be well served by having a variety of modalities to rely on when dealing with clients with abuse histories (Zappacosta, 2013). It can also be both painful and potentially re-traumatizing to rely on talk therapy to act as the primary healing agent (Zappacosta, 2013).

Because, when using sandplay therapy, the hands are engaged in touching and shaping the sand, the process invites a regenerative relationship to the body, which has usually been deeply numbed in somatic reaction to abuse. The safety of touching the sand can invite the body to begin to return to a more natural state of aliveness rather than living in varied states of dissociation and compartmentalization (Zappacosta, 2013).

The impact of immigration detention on children was explored through a project where they created 'worlds' in the sandtray and from this generated stories to express their subjective experience (Kronick, Rousseau, & Cleveland, 2018). An analysis of the children's sandtrays, and how they created the images, confirmed that the experience of detention was traumatic.

Erik Erikson (1977), the esteemed child psychologist, identified three types of play: traumatic, cathartic and integrative. For young clients working through a traumatic experience, playfulness within a therapy session can help transform the process into one of renewal (McCarthy, 2006). Cathartic play, such as orchestrating long battles in the sandtray, allows the body to rid itself and the psyche of the destructive sensations and experiences of trauma that otherwise become deep-rooted, chronic problems. Cathartic play seen in battle scene in the sand creates a breaking apart of habitual form in the service of a new form (McCarthy, 2006). Cycles of destruction and construction within the sandtrayare very familiar to sandplay therapists.

With young clients sandplay has been used to improve

the security of adolescent attachment schemas (Green, Myrick, & Crenshaw, 2013), and in group therapy (Flahive & Ray, 2007; James & Martin, 2002). Sandplay has been recommended as an ideal medium for traumatised young clients by a number of authors (e.g., Harper, 1991; Howe, 2005; Troshikhina, 2012; Webber, Mascari, Dubi & Gentry, 2006). Porat and Meltzer (1998, 2013) described the way sandplay has made significant inroads in the healing process of Israeli children impacted on by the trauma of war. McCarthy (2006) also described the way sandplay helps with somatic memory recovery after trauma. In addition, Lacroix et al. (2007) demonstrated the effectiveness of Sandplay Therapy with refugee children recovering from a tsunami. Sandplay has been utilised in the support of young patients recovering from serious illness; for example in hospitals (Miller & Boe, 1990), with those recovering from traumatic brain injury (Plotts, Lasser & Prater, 2008), and with those recovering from cancer (Mindell, 1998). Sandplay effectiveness has been noted as a major contributor to recovery in the treatment of children who have experienced sexual abuse (Grubbs, 1994; Harper, 1991; Hong, 2007; Mathis, 2001; Reyes, 2003; Zappacosta, 2013).

A complex, longitudinal, qualitative study with sexually abused children, being treated with sandplay therapy found consistent themes played out in the trays: stories of violence, aggression between people, the need for care and protection and ways to resolve conflicts (Tornero & Capella, 2017). While these themes are very familiar to sandplay therapists, and described by Kalff from her extensive clinical observations (Kalff, 2003), it is helpful to have research confirmation that the shifting dynamics in the trays clearly evidenced therapeutic progress. Ultimately the work in the trays allowed these children to assign new meanings to their traumatic experiences (Tornero & Capella, 2017). This study also illuminated the way therapists can be co-participants in the clients' processes of metaphorical reconstruction.

Sandplay therapy has been described as highly supportive within adult counselling and psychotherapy (Mitchell & Friedman, 2003). Sandplay has been reported as a core therapeutic tool in treating adults with PSTD (Moon, 2006), with combat veterans suffering severe nightmares (Coalson, 1995), with substance abuse offenders (Garza, Monakes, Watts, & Wiesner, 2011), with eating disorders (Myers & Klinger 2008), in the treatment of borderline personality disorders (La Spina, 2004), with sexual addition treatment (Spooner & Lyddon, 2007), with dissociative disorders (Sachs, 1990), and with adults experiencing traumatic nightmares (Daniels & McGuire, 1998).

## Sandplay: A safe psychological space

When supporting traumatised clients creating a safe environment and strengthening feelings of safety and trust must take priority (St Thomas & Johnson, 2007). The most widely used and seemingly effective approaches are methods that provide reassurance and support while gradually, often indirectly, exploring a traumatic past (St Thomas & Johnson, 2007). This reassurance and safety allow clients to make sense of overwhelming experiences and to identify and express underlying emotion, necessary for healing to take place (St Thomas & Johnson, 2007).

Unique to sandplay, containment is offered in three different configurations. It is offered within the parameters of the sandtray itself, within the therapeutic relationship, and within the therapy room, which can provide a secure and insulated setting (Zappacosta, 2013).

For contemporary counsellors working with a range of clients with mild to severe trauma, offering a holding environment with strong boundaries provides the sought after safe and protected space with a reliable other. Kalff emphasised the importance of responding to a client's need for safety: "If you can provide a free and protected space, you will see the evolution of life as it is taking place in the sand tray" (Turner, 2013, p. 2). A client comes to therapy as a sort of container – filled with anxieties, mixed feelings, losses, hidden strengths, achievements, joys, confusions and remembrances. The therapy room, the therapeutic alliance, and the sand tray, provide safe boundaries in which that container can empty out and replenish.

The process of sandplay creates a shared non-verbal space where therapist attunement, client issues, images and symbols come together. The direction of the healing process is not presupposed or presumed; uncertainty is welcomed not avoided. Working with miniature objects and sand offers a way to expand psychological, emotional, somatic and spiritual possibilities and encourage experimentation that is often avoided by those who are distressed or whose lives carry a legacy of abuse, neglect, emotional upheaval, or trauma. Additionally, at a certain stage of the therapy journey, formerly hidden, positive aspects of the psyche are unearthed and future potential rehearsed in a safe, trusted environment.

As a psychotherapeutic process over time, possibly over many trays, Sandplay Therapy offers a relational healing space (Cunningham, 2005). The process avoids a client being 'fenced in' by therapist bias or agenda. Watching, observing, holding the space, silently formulating - and often abandoning - a working hypothesis, a sandplay therapist allows themselves to visit the individual experience of the inner and outer world that belongs to no-one but the person who created the image (Pearson & Wilson, 2001).

The box of sand and the small objects provide the client with a space, and tools, outside of themselves, where chaotic aspects of the inner world can be placed, seen, organised, reorganised, reconstructed, or deconstructed. The firm boundary of the tray defines the place where the person takes up an interactive – and active – role in their own change process.

The focus in Sandplay Therapy is on a safely emerging relationship buildt up between client and therapist, that leads to a client's enhanced relationship with themselves. A sandplay therapist holds the space open for easeful emergence of a client's inner material, as well as emergence of their inner resources, which often present clearly in the sandpicture. Sandplay Therapy offers a way for this to happen, free from premature interpretation or direction. The stability of the therapist's observer role is an integral part of holding and containing a client's vulnerability as they begin to process, review, question, unravel, transform and restore the foundations on which they had built their sense of self.

## References

Aite, P. (2007). *Landscapes of the psyche. Sandplay in Jungian analysis.* Milan: IPOC.

Ammann, R. (1991). *Healing and transformation in sandplay. Creative processes become visible.* Chicago, IL: Open Court.

Axline, V. (1971). *Dibs: In search of self. Personality development in Play Therapy.* London: Penguin.

Boik, B. L., & Goodwin, E. A. (2000). *Sandplay therapy: A step-by-step manual for psychotherapists of diverse orientations.* New York, NY: W. W. Norton & Co.

Coalson, B. (1995). Nightmare help: Treatment of trauma

survivors with PTSD. *Psychotherapy, 32*(3), 381-388.

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy.* London: Sage.

Cunningham, L. (2005). *Relational sandplay therapy.* New York: Mustard Seed Press.

Daniels, L. R., & McGuire, T. (1998). Dreamcatchers: Healing traumatic nightmares using group dreamwork, sandplay and other techniques of intervention. *Group, 22*(4),
205-226.

De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy.
*Development and Psychology, 13*(3), 539-564. doi 10.1017/S0954579401003078

Erikson, E. (1977). *Toys and reasons.* New York: W. W. Norton.

Flahive, M., & Ray, D. (2007). Effect of group sandtray therapy with preadolescents. *Journal For Specialists In Group Work, 32*(4), 362-382. Doi: 10.1080/01933920701476706

Garza, Y., Monakes, S., Watts, R. E., & Wiesner, V. (2011). Implementing Adlerian sand tray therapy with adult male substance abuse offenders: A phenomenological inquiry. *Journal of Addictions & Offender Counseling, 31*(2), 94-107.

Green, E. J., Myrick, A. C., & Crenshaw, D. A. (2013). Toward secure attachment in adolescent relational development: Advancements from sandplay and expressive play-based interventions. *International Journal of Play Therapy, 22*(2), 90-102. doi: 10.1037/a0032323

Grubbs, G. A. (1994). An abused child's use of sandplay in the healing process. *Clinical Social Work Journal, 22*(2), 193-209.

Harper, J. (1991). Children's play: The differential effects of intrafamilial physical and sexual abuse. *Child Abuse & Neglect, 15,* 89-97.

Herman, J. (1992). *Trauma and recovery.* New York: Basic Books.

Hong, G. (2007). *Sandplay Therapy: Research and practice.* Hove, UK: Routledge.

Hooper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services & Policy Journal, 3*(1), 80-100.

Howe, D. (2005). *Child abuse and neglect. Attachment, development and intervention.* Hampshire, UK: Palgrave Macmillan.

James, L., & Martin, D. (2002). Sand tray and group therapy: Helping parents cope. *Journal for Specialists in Group Work, 27*(4), 390-405. doi: 10.1177/019339202237601

Kalff, D. (2003). *Sandplay: A psychotherapeutic approach to the psyche.* Cloverdale, CA: Temenos Press. (originally published in English in 1980)

Kalff, M. (2013). *Experience related case study: Like a masked ball?* Paper presented at the 22nd Congress of the International Society for Sandplay Therapy, Venice.

Katz, A., & Rekayek, R. M. A. (2010). Israeli Arab-Jewish sandtray group work: Creating a world together. *Psychotherapy and Politics International, 8*(2), 113-127. doi:
10.1002/ppi

Klorer, P. G. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy, 22*(4), 213-220.
https://doi.org/10.1080/07421656.2005.10129523

Kronick, R., Rousseau, C., & Cleveland, J. (2018). Refugee children's sandplay narratives in immigration detention. *European Child & Adolescent Psychiatry, 27*(4), 423-437. Doi: 10.1007/s00787-017-1012-0

Lacroix, L., Rousseau, C., Gauthier, M. F., Singh, A., Giguere, N., & Lemzoudi, Y. (2007). Immigrant and refugee preschoolers' sandplay representations of the tsunami. *The Arts in Psychotherapy, 34,* 99-113. doi:10.1016/j.aip.2006.09.006

La Spina, V. (2004). Sandplay therapy in the treatment of borderline personality disturbance.
In E. Pattis Zoja (Ed.), *Sandplay therapy: Treatment of psychopathologies* (pp. 31-58). Einsiedeln, Switzerland: Daimon Verlag.

McCarthy, D. (2006). Sandplay therapy and the body in trauma recovery. In L. Carey (Ed). *Expressive and creative arts methods for trauma survivors,* (pp. 165-180). London: Jessica Kingsley Publishers.

Malchiodi, C. A. (2008). Creative interventions and childhood trauma. In C. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 3-21). New York: Guilford.

Mathis, C. R. (2001). The story of a sexually abused child's sandplay: A single case study. (Doctoral dissertation). Falls Church, VA: Virginia Polytechnic Institute & State University.

Mayes, C., Mayes, P. B., & Williams, E. (2007). Sandtray therapy, reflectivity and leadership preparation. *International Journal of Leadership in Education, 10*(4), 357-378. doi:10.1080/13603120701370777

Miller, C., & Boe, J. (1990). Tears into diamonds: Transformation of child psychic trauma through sandplay and storytelling. *The Arts in Psychotherapy, 17,* 247-257.

Mindell, N. (1998). Children with cancer: Encountering trauma and transformation in the emergence of consciousness. *The Arts in Psychotherapy, 25*(1), 3-20.

Mitchell, R. R., & Friedman, H. S. (2003). Using sandplay in therapy with adults. In C. E. Schaefer (Ed.), *Play therapy with adults* (pp. 195-232). Hoboken, NJ: John Wiley & Sons.

Moon, P. K. (2006). Sand play therapy with US soldiers diagnosed with PTSD and their families. In G. R. Walz, J. C. Bleuer, and R. K. Yep (Eds.), *Vistas: Compelling perspectives on counseling 2006,* (pp. 63 – 66). Alexandria, VA: American Counseling Association.

Myers, C. E., & Klinger, K. N. (2008). Creating new worlds: Using sandtray therapy with eating disorders. In S. L. Brooke (Ed.), *The creative therapies and eating disorders* (pp. 95-108). Springfield, IL: Charles C. Thomas Publisher.

Oaklander, V. (1988). *Windows to our children. A gestalt therapy approach to children and adolescents.* New York: The Centre for Gestalt Development.

Pattis Zoja, E. (2011). *Sandplay therapy in vulnerable communities. A Jungian approach.* London: Routledge.

Pearson, M., & Wilson, H. (2001). *Sandplay and symbol work: Emotional healing and personal development with children, adolescents and adults.* Melbourne: ACER.

Plotts, C. Lasser, J., & Prater, S. (2008). Exploring sandplay therapy: Application to individuals with traumatic brain injury. *International Journal of Play Therapy, 17*(2), 138-153. doi: 10.1037/1555-6824.17.2.138

Porat, R., & Meltzer, B. (1998). Images of war and images of peace. *Journal of Sandplay Therapy, 7,* 25-73.

Porat, R., & Meltzer, B. (2013). Images of war and images of peace in sandplay therapy. In E. Perroni (Ed.). Play: *Psychoanalytic perspectives, survival and human development* (pp. 133-153). Hove, UK: Routledge.

Reyes, C. J. (2003). Combining art and sandtray therapies with sexually abused children. In H. Kaduson and C. Schaefer (Eds.), *101 favorite play therapy techniques* (3rd ed.) (pp. 125-128). Northvale, NJ: Jason Aronson.

Sachs, R. G. (1990). The sand tray technique in the treatment of patients with dissociative disorders: Recommendations for occupational therapists. *The American Journal of Occupational Therapy, 44*(11), 1045-1047. doi:10.5014/ajot.44.11.1045

St Thomas, B., & Johnson, P. (2007). *Empowering children through art and expression: Culturally sensitive ways of healing trauma and grief.* London: Jessica Kingsley Publishers.

Schiffer, F., Teicher, M., & Papanicolaou, A. (1995). Evoked potential evidence for right brain activity during the recall of traumatic memories. *Journal of Neuropsychiatry and Clinical Neurosciences, 7*(2), 169-175. doi 10.1176/jnp.7.2.169

Spooner, L. C., & Lyddon, W. J. (2007). Sandtray therapy for inpatient sexual addiction treatment: An application of constructivist change principles. *Journal of Constructivist Psychology, 20*(1), 53-85.doi:10.1080/10720530600992782

Steele, W., & Malchiodi, C. A. (2012). *Trauma-informed practices with children and adolescents.* New York: Routledge.

Tennessen, J., & Strand, D. (1998). A comparative analysis of directed sandplay therapy and principles of Ericksonian psychology. *The Arts in Psychotherapy, 25*(2), 109-114.

Tornero, M. D. L., & Capella, C. (2017). Change during psychotherapy through sand play tray in children that have been sexually abused. *Frontiers in Psychology, 8*, Article 617, 1-12. doi: 10.3389/fpsyg.2017.00617

Troshikhina, E. (2012). Sandplay Therapy for the healing of trauma. In J. A. Lavrijsen and M. Bick (Eds.). *Is this a culture of trauma?* Whitney, UK: Inter-disciplinary Press.

Turner, B. (Ed.) (2013). *The teachings of Dora Kalff: Sandplay.* Cloverdale, CA: Temenos Press.

Walker, S. C. (1998). Stories of two children: Making sense of children's therapeutic work. *The Arts in Psychotherapy, 25*(4), 263-275.

Webber, J., Mascari, J. B., Dubi, M. & Gentry, E. (2006). Moving forward in trauma response and treatment. In G. Walz, J. Bleuer and R. Yep (Eds). VISTAS: *Compelling perspectives on counselling.* (pp. 17-21). Alexandria, VA: American Counseling Association.

Weinrib, E. L. (1983). *Images of the self.* Boston: Sigo Press.

Zappacosta, J. D. (2013). Sandplay therapy: A way of rediscovering inner wisdom in the body and psyche. In S. Loue (Ed.), *Expressive therapies for sexual issues* (pp. 181-199). New York: Springer.