Beyond the Miniatures: Using Gestalt Theory in Sandtray Processing

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ABSTRACT
Across the helping professions, sandtray has historically been used as a play-based intervention with children. As therapists expand sandtray work with a variety of populations and client issues, its power as a tool in healing is increasingly realized and growing in the literature. Our intent here is to underscore specific techniques used by the Gestalt therapist in processing tray work with adult clients. The emphasis is on how Gestalt methods are used to promote the client's deepening of self-awareness and integration of unknown or negated aspects of self.

Keywords: sandtray, Gestalt therapy, counseling, metaphor

Sandtray therapy was developed by British pediatrician Margaret Lowenfeld in the 1920s during her work with children, in which she would ask them to create “world pictures” using trays of sand, water, and miniature toys (Homeyer and Sweeney, 2005, 2011). Inspired by “Lowenfeld World Technique,” Dora Kalff (1980/2003) used a Jungian theoretical lens to expand the approach and

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coined it “Sandplay therapy”; its practice is directive and the process is based on analytic psychology. With its developmental foundation stemming from play therapy, sandtray may often be thought of as a modality used solely for children; however, there is increasing literature regarding effectiveness across ages, populations, and theories (Boik, 2000; Mitchell and Friedman, 2003; Ward-Wimmer, 2003; Zoja, 2004; Monakas, Garza, Wiesner, and Watts, 2011; Siampani, 2013).

In fact, the very benefit that lends to its use with children illustrates the effectiveness with adolescents, adults, couples, families, and groups of all ages. Benefits of the approach include: (a) giving expression to nonverbalized emotional concerns; (b) providing for a kinesthetic tactile experience; (c) allowing for therapeutic distance; (d) providing opportunity for boundaries and limits within the therapeutic relationship; (e) creating space and emergence of therapeutic metaphor; (f) offering opportunity for overcoming client resistance; (g) enabling communication where clients may have poor verbal skills as well as bypassing verbal defenses; and (h) permitting clients to experience control and seek deeper intrapsychic awareness and meaning (Homeyer and Sweeney, 2011). In today’s literature (cited above), the varied theoretical frameworks of sandtray work are as numerous as its benefits. Subsequently, the therapist’s role and goal of sandtray work would have a direct theoretical link, speaking to the diverse mobility of this technique. While the term sandplay is usually used in Jungian literature where archetypes are the focus of the processing, the term sandtray can be found when referencing most other theoretical work where the client’s phenomenological view of the miniature is valued as a processing tool. Sandtray is referenced here as a fit for our humanistic processing style.

This article expands the literature beyond sandtray as an expressive arts intervention for child clients by describing specific techniques of Gestalt theory that are powerful processing components of sandtray work with adults. Our sandtray processing style places more value on the flow of the relationship and the client’s immediate reaction to the material being processed, and less value on the miniature selection or content/story itself. To that end, we illustrate how the Gestalt therapist uses the client’s verbal and nonverbal reaction to images in the tray to increase depth and breadth of awareness of both accepted and negated aspects of self. While many Gestalt techniques can be relevant to sandtray processing, we highlight those most commonly observed during our style of sandtray processing.

Sandtray Therapy: A Brief Overview

Sandtray therapy is a technique that can be used to facilitate a client’s
expression and exploration of both conscious and unconscious material through symbolic representation (Boik, 2000). The recommended sandtray is a rectangular container characterized by a blue painted interior (Homeyer and Sweeney, 2005). The sandtray is filled halfway with sand and clients may choose miniature figurines to place into the sandtray in order to metaphorically create a scene or tell a story. For example, the therapist's directive to the client is as follows: "Using miniatures you select, create a scene in the sandtray of what you hope to be different after our time together," or "create a scene of what you believe are obstacles to you having the life you envision." Typically, a compilation of therapeutic miniatures range from good to neutral to evil and represent symbols of life's journey to include conception, gestation, birth, growth, decay, destruction, dissolution, and regeneration (Boik, 2000; Petrovic, 2006). Additionally, symbols make the unseen visible, and therefore a set of miniatures might include symbols that represent neurosis, distortions, the spiritual, and the taboo (Homeyer and Sweeney, 2005). A therapist’s collection of miniatures can be varied and vast, but the display is typically neat and orderly. We typically give the client 10-15 minutes to select and create, and the remainder of the time is used for processing. The sandtray therapist is an empathic witness of the client’s growth process and is usually a silent observer as he or she builds and explores the tray scene (De Domenico, 2002). The therapist makes mental notes, which may be shared later, of the client’s approach to the task, the process of selection, and the energy put into the creation of the tray.

Lowenfeld’s “world technique” of 1929 was inspired by H. G. Wells’s publication of *Floor Games*, in which the latter encouraged activities that involved playing games and building various scenes using the miniatures to enhance a child’s imagination and inventiveness (Homeyer and Sweeney, 2011). Kalff (1991) suggests that the process of choosing sandplay miniatures unconsciously activates an individual’s psyche, which helps to facilitate communication between clients’ conscious and unconscious worlds and consequently aids them in developing intrapersonal insight and awareness. According to Steinhardt (2013), Jungian Sandplay analysts value each miniature itself and the archetype it represents, which is viewed as the “healing factor.” Jungian analysts would examine shadow elements of the client’s psyche represented in the sand. A sign of mental health exists when the Ego allows all aspects of the Self (totality of conscious and unconscious) to exist alongside.

Armstrong (2008), a humanistic sandtray therapist, posits that sandtray encourages access to the unconscious in the client in order to develop wholeness and congruence. Sandtray therapy has been implemented across theoretical orientations with various client populations; thus researchers
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(cited above) have determined it to be an effective therapeutic technique. The intrapersonal growth experienced through sandtray therapy is unlike talk therapy. Mitchell and Friedman (2003) attest that this experience is because “the cognitive-logical mind is put aside, and the innocent, unsophisticated, and unconscious elements of the psyche, heretofore repressed, are allowed to emerge,” and therefore “healing energies can be released to help the individual perceive and deal with life issues” (p. 195). Sweeney, Minnix, and Homeyer (2003) propose that “some clients might be understood better through a projective and expressive means of evaluation” (p. 376); therefore, projective techniques, such as sandtray therapy, are “more adaptable to diverse client populations than pencil and paper inventories, and they can access the kinesthetic energy and movement within a client’s world missed by verbal interviews” (p. 385). Moreover, many researchers support sandtray as an assessment tool (e.g., Aoki, 1981; Segal, 1990; Sjolund and Schaefer, 1994; Homeyer and Sweeney, 2005; Flahive and Ray, 2007; Shen and Armstrong, 2008).

Researchers have concluded that Adlerian practitioners can utilize Adlerian sandtray methods as an adjunct aid for assessing a client’s style of life, e.g. early recollections, life tasks, etc. (Bainum, Schneider, and Stone [2006]; Even and Armstrong [2011]); and Sweeney et al. [2003]). Stark, Frels, and Garza (2011), as well as Stark, Garza, Bruhn, and Ane (2015), suggest sandtray as a helpful intervention in solution-focused therapy. Additionally, Sori and Robey (2013) wrote on their experiences with sandtray using choice theory. We propose that enormous benefits can be realized for the client when using a Gestalt lens to process sandtray work with adult clients. Specifically, it helps the client go deeper faster.

**Gestalt Techniques in Sandtray Processing**

**The Sum of Gestalt: Overview**

“If we become more aware, centered, and in the present we will be able to discern what is true and not true, and what is best for us” (Sheldon, 2013). The purpose of Gestalt therapy is to increase a client’s awareness of themselves and their environment in the here and now, so that they are able to draw their attention to the mechanism by which they prevent good contact with the environment (Mann, 2010). Individuals experience needs that may or may not fit with their views of how their life should be. When an experience is unacceptable, we invest creative energy in keeping that need out of our awareness, and therefore a state of imbalance occurs. According to Perls (1969), this occurs because we attempt to control ourselves in the circumstances rather than allowing ourselves to have a genuine reaction to
the circumstance, which leads to our feeling out of control. Another way to look at it is that we find creative ways to cope with discomfort and pain; because we are “creatively managing” our reactions, it may be thought that we are not being authentic. In therapy, the client learns not to repress or manage the experience but to let the experience come authentically, in its entirety.

The Relationship

A Gestalt concept that squares with our beliefs about the healing relationship is the idea of being fully present in the relationship (Armstrong, 2008; De Domenico, 2002). Our belief is that this notion is more than practicing the concept while in the therapeutic relationship with a client; rather it is the daily living of present-focused relating. As facilitators of the client’s sandtray, the therapist should be a good model for the client about how to be in real-time contact with the therapeutic relationship, moment-to-moment, free from blocks that inhibit authentic experience. The value for a client lies in a depth of contact such that he or she rarely, if ever, has experienced. Therapists’ attunement or “I-Thou” relational understanding is the foundation as they witness the clients’ inter/intra personal work. We pay attention to the person’s being as he or she reacts to images in the tray scene, and we note our own experience (i.e., sensory, intuitive, emotional, and cognitive modes) as it is embedded in the contact with our clients and their scene.

I, (Garza, second author) liken the therapeutic atmosphere to an umbrella built for two. Within this protected space, emotionally meaningful contact takes place and nourishment and intimacy can exist. As the client shares her story, I will focus solely on my client and not on what exists outside of this safeguard. Inside, this Gestalt process of connection and contact draws on the Rogerian (1967) idea of a psychophysiological flow of communication, where a culmination of energy is revealed by the client and witnessed by the counselor. As a therapist, I am attuned to my own embodied reaction to what emerges between us in the therapeutic space and will reveal to the client, when helpful, my physical and emotional understanding of the experience. Specifically, I will openly share my reaction to being a witness to the client’s story (e.g., noticing incongruence, sensing inauthentic being or avoidance patterns expressed via change in affect). An aim of therapy is to point out clients’ desires, discomforts, and polarities so that they can increase honest expression until what is hidden presents itself.

Creative Adjustments: Fixed Gestalts

The premise of a creative adjustment (i.e., coping mechanism for making
something tolerable) is that of using protective defenses to adjust to a constantly changing environment (Nesse, 2000). Such a personal style of relating can develop into habit reaction patterns of reacting to others and the environment (Nesse). Unfortunately, these patterns can be outdated, no longer serving a purpose in the client’s current life and becoming a fixed Gestalt. For example, a new mother spends four years caring for her child. She slowly forgets her inter/intrapersonal needs as an individual and only allows into her awareness desires and emotions that fit the paradigm of a mother. As a new mother, this pattern actually helps her to conserve energy and put it where it is needed, into the role of mother. The year the child goes off to school she complains that she feels lost and without a purpose. The fixed Gestalt no longer serves a purpose, and she feels unbalanced. In this example, the consequence of the fixed Gestalt is minor. To demonstrate this point by using a sandtray example, the client’s scene contains a mirror that is directed away from the client’s symbol of herself. It is only after pointing this out and checking for verification that the client is able to recognize verbally the meaning of “I have not really looked at me for a long time.”

In another example, a parent repeatedly pulls away from a child when the child cries. The child’s perception becomes “To be weak in distress is to risk abandonment.” In this case, the child experiences shame when the need for nurturance arises. The belief is “I should not be dependent on another for emotional support.” The child grows up negating the inner voice of vulnerability and only lets information in that reinforces the fixed perception. In this example, a consequence of the fixed Gestalt may be that the client disconnects with supports that may work as an antidote for not being dependent, resulting in his sabotaging opportunities for healthy relationships and not allowing to come into awareness the need for comfort in times of distress.

In the above scenario, the client was a supervisee. In life, he over-emphasized glowing comments to everyone, including to his instructors and supervisor, to the point of causing discomfort to others. In his sandtray work, he continuously surrounded himself with heroes and wise characters with super powers. Through the tray work, he was able to discover the creative adjustment of “If I compliment those around me, they will want to be near me and therefore be there when I need them. I will not have to ask for help and appear weak.”

**Gestalt Techniques**

*Here and Now Focus*

Fritz Perls discussed the value of three zones of awareness: the inner, the
The inner zone covers what we experience emotionally as well as inner sensations. This would be exemplified by an ache in the temple of your head or a numbness as you swallow hard when discussing something emotionally laden. Many times, this is a somatic symptom of a deeper emotionally laden experience. The outer zone covers what we see, hear, taste, touch, and smell outside of ourselves. The middle zone includes cognitive processes: evaluating, judging, intuitive sensing, and imaginings (Sheldon, 2013).

The power of these zones is two-fold. First, the client needs to recognize the sensations in the moment as they are happening. Secondly, sensations lie in the client’s adeptness to act as an outside observer: a silent witness to his or her own responses. Perls (1969) states: “Without awareness there is nothing, not even knowledge of nothingness” (p. 31). Many times the zones of experience cause imbalance or a sense of incongruence when the individual is unaware. To illustrate this point, imagine that you are a passenger on a train. You have been informed that the next stop will involve some kind of pain or emotional discomfort. Instinctually, survival mode kicks in, and you immediately begin to protect yourself. This happens in therapy, as we sense discomfort, our psyche begins to protect us from emotional discomfort. This may be conveyed by a change in posture, gesture, or even tone of voice. The truth of our experience is revealed via the body as it “bodies forth” (Mann, 2010).

In Armstrong’s (2008) book the client, a mother who lost her son to suicide, creates a tray scene of her loss. In the accompanying DVD, she discusses all the “shoulds” (middle zone) in her life. For example, “You should stop grieving, it is time to move on, and your pain should be minimized because of the time that has passed since the incident.” As she approaches a scene in which she experiences pain, she seems to tense up and freeze. Her shoulders stiffen, her eyes widen, and a clear frown (inner zone) appears on her face. She has control over what she was saying as she calmly discusses the images. However, as she gets closer to discomfort (keeping in mind the train metaphor mentioned above), her psyche begins to protect itself and does not want to get off and explore what waits at the next stop. We witness her experience as she bodies forth, because her body tells on her. The therapist encourages her to stop and process what she is experiencing in her zones of awareness. Immediately, she can identify how much the “shoulds” in her environment are guiding her experience. She is able to recognize her more accurate and previously disowned need to “lose control” and “cry out.”

Polarities

Armstrong (2011) describes polarities as “two opposing tendencies, parts,
wants, or desires” the client experiences, which is often portrayed visually within the sandtray by space, walls, or fences (p. 95). Armstrong also notes that polarities are often verbally displayed with the word “but.” For example, “I want to go back to work, but I’m not sure how my children will adjust to it”; or “I want my boss to know how much I contributed to the project, but I am afraid to come off arrogant.” Both elements are part of the client and serve a purpose in his or her life; often one part will be strongly attached to the client’s fixed Gestalt.

Sandtray allows for the visual depiction of polarities and for fixed Gestalts to arise. The therapist can use this visual depiction to help clients fully experience these parts of themselves in the here and now, both positive and negative attributes of the polarities. Clients can then move towards acceptance, integrate the polarities, and progress beyond their fixed Gestalts.

Relationship Immediacy

Stewart (2001) describes immediacy as a skill where the counselor helps the client to experience the relationship in the immediate moment as it unfolds. This conversation, which he calls “you-me-talk” (p.195), points out how the therapist is feeling about the client, and how the therapist is experiencing the client-counselor relationship or vice-versa. During the therapeutic encounter, an ebb and flow of connection exists. In one moment, the therapist experiences positive relationship patterns, and in the next moment communication patterns that can damage the relationship are sensed (Turock, 1980). For instance, the client may make an unclear statement or one in which the true meaning is camouflaged. The statement has elicited a negative feeling in the therapist. Therefore, one aim in using relationship immediacy would be to point out the significant disturbance in contact; specifically, what just occurred in the transaction that created a sense of distance (Hill, 2004).

Case Example I

A female graduate student came in for counseling with the concerns of anxiety and family issues. Previous sessions revealed avoidance to be her most prevalent coping mechanism. In this particular session with Timm (first author), a sandtray was created in efforts to experience directly the issues that brought up the need for avoidance. As her tray was processed, the polarities arose regarding pressures of graduate school, on one side uncertainty and on the other excitement. The polarity was evident visually within the sandtray and reoccurred verbally in her narrative. One side of the tray contained several miniatures symbolizing the commitments and obligations in her life, and she noted how the opposite side held miniatures representing home and future job prospects. The two polarities were connected with a bridge figure. After
acknowledging and naming the polarities, we began to explore the feelings of uncertainty and the pressures that the client perceived were surrounding her. We explored how this pressure of uncertainty tended to criticize her for not doing things right, or for not doing things the way she “should.” In an effort to bring the pressure into the here and now, I asked her do an experiment: to imagine holding the pressure (identified as a tightness in her shoulders and stiffness in her body) in her hands in front of her, to observe the pressure she experienced as an outsider, and to begin describing everything she wanted to know about the pressure. She then detailed the symbolic pressure she held in her hands in a logical and strategic manner with long, slow pauses.

When she brought up her family, her chin began to crinkle, her mouth stiffened, her eyes squinted, and her hands holding the symbolic pressure dropped down.

**Counselor:** You have a way of presenting what is going on inside of you. You tiptoe to the painful parts. You take it really slow. It seems like you walk slowly to what is going on. When you began to talk about family, your facial expressions seemed to give away what you were really feeling, with the wrinkles in your chin. I observed tightness, pain, and almost disappointment, because immediately there was a let down. Your hands immediately let down.

I then asked her to speak to what it was like for her to hear a witness observe disappointment and let down within her. In response to my question, she began to cry more as her embodied self became less logical and strategic and more in the moment. She was able to take her experience deeper and to sit with uncertainty, and embrace rather than avoid it and tiptoe around the pain. In Gestalt therapy, a goal of the experiment is for the client to experience previously disowned aspects of self.

**Case Example II**

Garza (second author) was counseling a young adult female regarding her promiscuity and her self-identified feelings of shame regarding recent behaviors. As she arrived at the images in the tray that exemplified specific, unhealthy behaviors, I noticed a shift in our flow of interaction. For me, detecting the shift was an intuitive perception, a subtle tug to my emotional, sensing, guidance system, which occurred in an instant. The client had placed the images so that they faced away from me. The feeling I had was that I was not meant to encounter these images face-to-face. Next, the client avoided eye contact as she narrated the scene. Additionally, I noticed her shoulders slump, and she struggled to get the words out. I expressed my embodied reaction with the following immediacy response:

**Counselor:** In this moment I feel distracted from your story, and I
would like to share what I’m experiencing. I get the sense that, as you share this part of your tray, you are unsure of how specific you should be in your sharing; maybe are concerned how your sharing will change what I think of you. I wonder what it is like for you to hear me say that.

Carroll (2009a, 2009b) believes that in therapy the client must “revisit those attributes or behaviors they have carefully tucked away from the judgmental eye of oneself and others” (p. 260). The therapist’s role is to model how to use all the senses to be fully aware of what is being experienced at the conscious and unconscious levels. The therapist encourages the client to be curious of bodying forth reactions and their reasons for occurring. The point is to help clients explore the value in the protection in the moment, and how they can be open to the messages from their inner knowing place, in order to be more fully integrated with themselves.

**Implications for Counselors**

In this paper, we have attempted to provide ideas that stimulate thoughts on Gestalt techniques that can be used to process sandtray work with adults. It is important to emphasize that process and honest involvement are more valuable than the specific miniature or story. The scene is used to facilitate the phenomenological experience of the client. As the client discusses the miniature(s) and story, the therapist reflects at points on the felt sense of the relationship, drawing on Gestalt techniques and the experiential nature of sandtray work. On the other hand, we have witnessed many sandtray counselors-in-training who value the choice of tray miniatures and content of the story over the relationship.

In the sandtray experience, valuing the process or what is happening with the person moment-to-moment—process over outcome, “the between”—is what is most relevant. We hope that it will invigorate others using sandtray in Gestalt treatment to share their case studies and techniques. Additionally, in this world of evidence-based practice, we encourage research into treatment of Gestalt processing and sandtray work.

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