



**Exploring Similarities and Differences of Symbols Selection and Narrative Themes in Sandtray Therapy Among Thais with and without Depression:  
A Pilot Study**

Kevalin Saksiamkul<sup>1</sup>, Bussakorn Binson<sup>2</sup>,  
and Rachel Lev-Wiesel<sup>2, 3, 4</sup>

<sup>1</sup>MA Expressive Arts Therapy Programme, Chulalongkorn University, Thailand

<sup>2</sup>The FAA – Emili Sagol Creative Arts Research and Innovation for Well-being Center,  
Chulalongkorn University, Thailand



<sup>3</sup>The Emili Sagol Research Center for Creative Arts Therapies, University of Haifa, Israel

<sup>4</sup>Research Center for Innovation in Social Work, Tel-Hai College, Israel

**Abstract**

This pilot study investigates the symbolic and narrative patterns in Sandtray to explore its potential as an alternative assessment tool for depression in the Thai working-age population. Despite the small sample size, mixed-method analysis of 30 participants (15 with depression and 15 without) revealed 16 distinctive symbols and 18 themes that were uniquely associated with the depressed group. The symbolic meanings and narrative themes that emerged, such as perceived lack of support, disorganized attachment styles, trauma, introspection, social disconnection, and preoccupation with the past, align with the established symptomatology of depression. These findings provide preliminary support for the use of Sandtray as a complementary assessment tool for depression and lay the groundwork for future research in this area.

*Keywords:* Sandtray Therapy, depression, assessment tool, Thai population

Kevalin Saksiamkul  <https://orcid.org/0009-0001-2244-3326>; Prof. Bussakorn Binson, D.Phil.; Prof. Rachel Lev-Wiesel, Ph.D.  <https://orcid.org/0000-0001-5024-6891>

We have no known conflict of interest to disclose. This research was funded by the author's own resources and did not receive any grant or funding from any organization.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## Depression and Its Effects on the Thai Working-Age Population

Major Depressive Disorder or Depression is an epidemic reported as the most prevalent form of mental disorder, affecting more than 280 million people globally (Herrman et al., 2022; *Mental disorders*, 2022). The situation in Thailand is also concerning. Approximately 10 million Thai people are dealing with mental health challenges (Social Outlook Report, 2024). Research shows that 29.40% of the working-age population in Bangkok suffers from Depression (Sujinnapram et al., 2018). Additionally, about 78% of the national mental health hotline users in May 2024 fall in the working-age population, aged between 20 and 59 years old (Mental Health Hotline Users Statistic, 2024). In addition, Depression is still considered taboo in Thai society. The awareness and understanding of the illness are low; even the mainstream media still publishes articles with misconceptions (Telawanich, 2020).

## Challenges in Assessing Depression in Thailand

Although the number of people diagnosed with depressive symptoms is increasing, the inter-rater reliability for diagnosing Major Depressive Disorder was below standard due to the unclear scope and subtypes defined by DSM-5 (Liu & Jiang, 2016). The development of DSM-5 and most assessment tools are based on studies in the Western population, leaving out symptoms reported by a broader population around the world (Haroz et al., 2017). Herrman et al. (2022) indicate that higher social stigma of Depression in low- and middle-income countries may cause lower self-recognition rates. Tangjitboonsanga and Charmsil (2020) also argue that Thais might not report their symptoms realistically due to the high perceived stigma and the socially desirable bias. Moreover, inventories communicate via verbal language, which can lead to some populations being marginalized (Boonyoung et al., 2015).

Apart from that, the number of mental health practitioners in Thailand is insufficient and much lower than the global standard, with only 1.28 psychiatrists per 100,000 population (To what extent Thailand has a “shortage” of mental health practitioners?, 2023). Although the national healthcare service covers some mental illnesses, approximately 68.2% of patients opt to pay for treatment themselves to receive faster services from private hospitals or clinics (Kongsakon, 2006; Lertbamrungchai, 2022; Tamwirote, 2023). The waiting time for new patients with Depression could take up to a year before getting to see a psychiatrist for the first time (Tamwirote, 2023). In addition, in the case of clinician reports, the process relies on the clinician’s perspective, which is subject to bias (Cummins et al., 2015; Liu & Jiang, 2016). Hence, an alternative tool with higher objectivity is needed to improve the current practice (Uher et al., 2013). Such a tool should consider cultures and individual differences and avoid provoking defense mechanisms against social stigma.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## **Possibility of Sandtray as an Assessment Tool for Depression**

Sandtray Therapy is one of the expressive arts therapy modalities that has been proven helpful for diverse demographics across the lifespan and various diagnoses, including Depression (Dawson, 2011; Plotts et al., 2008; Toscani, 1998; Turner, 2023). It involves using symbolic miniatures, sand, and trays to portray one's inner world. Unlike talk therapy, the modality does not provoke the defense mechanism (Homeyer & Sweeney, 2022). Based on the projection assumption, Sandtray Therapy enables bypassing dissociation mechanisms, which is beneficial in bringing the unconscious to light (Roesler, 2019). Not only as an intervention, Sandtray has been used excessively as an assessment tool for mental conditions, personality, emotional states, traumas, and intra- and interpersonal relationships (Frase, 2023; Qiu-Qiang et al., 2023; Stark & Frels, 2014; Wang & Privitera, 2019). Additionally, Sandtray therapy has a modality-specific advantage. It is friendly for those who have art-related stigma or traumas and does not require any skills before the therapy session. That said, Sandtray has the potential to be used as an alternative assessment tool for Depression.

Despite the existing frameworks of using Sandtray as an assessment tool, Buhler's World Test (Ayres, 2016), Erica Method (Mattson & Veldorale-Brogan, 2010; Sjolund, 1981), Sandplay Categorical Checklist (Grubbs, 1994), and Cai Baohong's classification (Qiu-Qiang et al., 2023), to name a few, most of them focus on the themes of the Sandtray, which require an excessive amount of time and expertise to analyze. Most studies have been conducted with children in Western settings. The study focuses on Depression, and its symbolism and narratives within the Sandtray is limited (Dawson, 2011; Liu et al., 2021). Hence, this pilot study aims to bridge the gap by investigating whether the selection of figurines in the first Sandtray experience and the narrative themes can distinguish individuals with and without Depression within the Thai context.

## **Research Question**

What are the similarities and differences in the symbols selected and the themes of the narratives (the story) in the first Sandtray experience among the Thai working-age population with and without Depression?

## **Methods**

### **Research Design**

The purpose is to examine whether Sandtray can be used to distinguish individuals with and without Depression by looking at the selection of the figurines and the themes of the



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

narrative. This study employed a mixed-methods approach (Basic Mixed Methods Research Design, 2025) with a convergent parallel design discussing areas of convergence or divergence between the quantitative data (symbol selection) and the qualitative data (narrative themes). The narrative themes should provide a deeper understanding of the symbols chosen by the participants and create meaningful insights that align with the research question.

## Recruitment Procedures

The recruitment was conducted with approval from the Research Ethics Committee of Chulalongkorn University (Certificate of Approval No. 005/68). The participants were divided into two groups: a control group without Depression (n=15) and a study group with an official diagnosis of Depression of the following subtypes: Major depressive disorder, Persistent depressive disorder, Premenstrual dysphoric disorder, or Disruptive mood dysregulation disorder (n=15), making 30 participants in total. The control group was recruited online, and the study group was recruited through referrals from psychiatrists. The study group was selected using a convenience sampling method. They are all between 20 and 64 years old, which falls into the working-age definition (*Working Age Population, 2024*) but does not include those under the Thai legal age. All participants are Thai nationals, can communicate in Thai, and are committed to traveling to the data collection room located in Bangkok. The volunteers with Depression were excluded if they had started taking antidepressants for less than 2 weeks or currently experienced intense side effects of medications. Lastly, neither group had direct experience using Sandtray Therapy before joining the study.

## Data Collection

Each participant was asked to spare 2 hours for the 5-step data collection process:

**Step 1 Introduction:** Participants were brought into the data collection room equipped with a standard-sized tray (20 x 30 inches and 3 inches deep), dry sand, and 298 distinguished symbolic miniatures across 11 categories based on the suggestion of Homeyer and Sweeney (2022). The miniatures include people, animals, vegetation, buildings, vehicles, fences and signs, natural items, fantasy, spiritual/mystical, landscaping and other accessories, and household items. To ensure cultural sensitivity, they were carefully selected in consultation with Supparit Thaweekiat, a seasoned Sandtray practitioner in Thailand.

**Step 2 Non-directive Sandtray Building:** Within 45 minutes, participants were asked to create their own world in the sand, using as many or as few miniatures as they desired. The process was recorded in videos, excluding the participants' faces.

**Step 3 Narrative Telling:** Within 30 minutes, participants were requested to narrate their Sandtray without any follow-up questions. The narrative was voice-recorded.



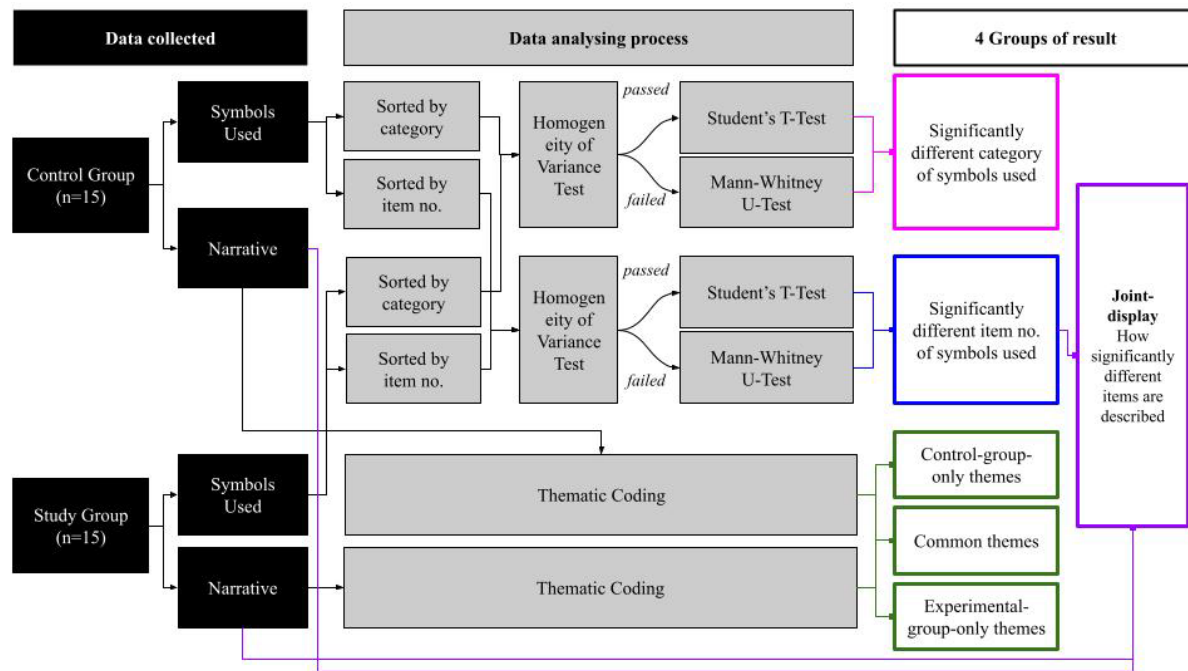
Step 4 Closure: To ensure the participant’s consciousness and calmness before leaving, the researcher allocated 15 minutes for necessary psychological first aid.

Step 5 Photography: After sending out the participants, the researcher photographed the tray from different angles and deconstructed it.

### Data Analysis

The researcher employed a three-step procedure to analyze the data: a comparative analysis of symbol distribution, a thematic analysis of narratives, and an integrative analysis of symbolic and narrative data. The data analysis flow is visualized in Figure 1.

**Figure 1**  
 Data Analysis Flow Chart



### Results

After completing the data collection process, the participants’ demographic information is as follows.



**Table 1**  
*Demographic Characteristics of Participants*

Demographic Characteristics	Control Group		Study Group		All Participants	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>						
Female	9	60	12	80	21	70
Male	6	40	2	13.3	8	26.7
Queer	0	0	1	6.7	1	3.3
<b>Age range</b>						
20-29	3	20	6	40	9	30
30-39	4	26.7	9	60	13	43.3
40-49	4	26.7	0	0	4	13.3
50-59	1	6.7	0	0	1	3.3
60-64	3	20	0	0	3	10
<b>Highest educational level</b>						
High school	0	0	1	6.7	1	3.3
Bachelor's Degree	9	60	13	86.7	22	73.3
Master's Degree	5	33.3	1	6.7	6	20
Doctoral Degree	1	6.7	0	0	1	3.3

*Note.*  $N = 30$  ( $n = 15$  for each group).

### **Significant Symbols by Category**

The results of the symbols used by category showed that the natural items category is the most frequently used on average, followed by household items and vegetation. The least used categories are vehicles, fences, and signs. However, the standard deviation of the natural items is high (120.65) compared to the other categories, indicating a high level of variability.

When comparing the distribution of the symbols used by category between the control and study groups, nine categories passed the Homogeneity of Variance Test. In contrast, the other two failed. The nine passed categories went through the Student's T-test, and the Mann-Whitney U-Test tested the rest for the distribution of the symbols. The results indicate that vegetation is the only category with a significant distribution difference between the two groups of participants, with a small effect size (0.44).



### Significant Symbols by Item Number

After conducting the analysis, the results revealed 16 items used more frequently by the study group and 1 item used more frequently by the control group. All of them have a small to medium effect size. The symbols used by the study group that showed the most significant effect size (0.4667) are item number 118 (Stump with Mushrooms), item number 120 (Small Pinecones), and item number 124 (Big Pinecones). Meanwhile, item number 250 (Bed) was the only symbol that showed a negative effect size (-0.3333), indicating that the control group outperformed the study group.

**Table 2**  
*Significant Symbols by Item Number*

Symbols Category	Item No.	Symbols Description	p	Effect Size	Effect Interpretation	Size
Vegetation	113	Small standing timbers	0.016*	0.4356	small-medium	
Vegetation	115	Pine trees	0.024*	0.36	small	
Vegetation	118	Stump with mushrooms	0.003**	0.4667	small-medium	
Vegetation	120	Small pinecones	0.004**	0.4667	small-medium	
Vegetation	122	Dried barks	0.038*	0.2667	small	
Vegetation	123	Piece of moss	0.008**	0.4	small-medium	
Vegetation	124	Big pinecones	0.004**	0.4667	small-medium	
Vegetation	125	Walnuts	0.008**	0.4	small-medium	
Vegetation	131	Pink flowers	0.038*	0.2667	small	
Natural Items	174	Bird nest	0.008**	0.4	small-medium	
Natural Items	181	Natural crystal	0.018*	0.3333	small	
Spiritual/Mystical	222	Skulls	0.018*	0.3333	small	
Household Items	250	Bed	0.036*	-0.3333	small	
Household Items	279	Old Camera	0.036*	0.3333	small	
Household Items	282	Ladders	0.038*	0.2667	small	
Household Items	286	Books	0.024*	0.4311	small-medium	
Household Items	292	Drinks	0.018*	0.3333	small	

Note. \* =  $p < .05$ , \*\* =  $p < .01$ , \*\*\* =  $p < .001$ . The Cohen's d effect size's interpretation: small (0.2), medium (0.5), and large (0.8) (Brydges, 2019).



**Significant Symbols and Their Narrative**

**Table 3**

*Significant Symbols and Their Narratives*

Item No.	Symbols Description	Examples of Narrative by Control Group		Examples of Narrative by Study Group	
		Participant	Narrative	Participant	Narrative
113	Small standing timbers	A04	(Did not mention)	B01	“I like green space, so I started putting the trees in.” “There is a forest in the middle. When people look from the outside, they would not see this forest at all.”
		A12	“Have some space in the house. Have animals to watch. Have some trees to walk by. Have some space to relax, does not have to be big.”	B13	“At first, I tried to make this forest lively. But then I made it dense and overgrown instead to remind myself that I should stop here, although it might be good in there.”
115	Pine trees	A08	“Those trees are a garden to me.”	B05	(Did not mention)
				B08	“This is my house. I need many trees because the air quality has been low.”
				B15	(Did not mention)
118	Stump with mushrooms	(none)		B01	(Did not mention)
				B06	(Did not mention)
				B12	(Did not mention)
120	Small pinecones	(none)		B04	“But it is a warm loneliness because it



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

					is not empty. There are small shells, pinecones, oaks, timbers, and a wooden bench for me to touch.”
				B05	“It is abundant over there. Moreover, the squirrel will take the pinecones to this side because it is a food storage here.”
				B15	“These pinecones, I put them because I like the winter forest atmosphere.”
122	Dried barks	(none)		B01	(Did not mention)
				B05	(Did not mention)
123	Piece of moss	(none)		B02	(Did not mention)
				B05	(Did not mention)
				B15	(Did not mention)
124	Big pinecones	(none)		B04	“But it is a warm loneliness because it is not empty. There are small shells, pinecones, oaks, timbers, and a wood bench for me to touch.”
				B10	(Did not mention)
				B14	(Did not mention)
125	Oaks	(none)		B01	(Did not mention)
				B04	“But it is a warm loneliness because it is not empty. There are small shells, pinecones, oaks,



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

131	Pink flowers	(none)	B06	timbers, and a wood bench for me to touch.” (Did not mention)
			B13	“Flowers. I am not entirely sure if they are a warning or an attraction. That is why I go there often.”
			B14	“I do not know if the new world I am heading to will be beautiful (as flowers) or dry (as bark); perhaps I might die (skull). No one could know.”
174	Bird nest	(none)	B05	“I saw this nest. I think it is my space. It feels cozy and safe.”
			B10	“This nest, I think, is my home. It is something I saw often as a kid.”
			B15	“In here (the bird nest) is a bird because my friend has bird pets. They tell me all about the different breeds.”
181	Natural crystal	(none)	B02	“I believe having water here makes the house look better. So, I put these rocks with some beliefs I cannot remember here.”



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

				B15	“These rocks, I do not know why I put them here. Just want something decorative.”	
222	Skulls	(none)		B02	“I do not think skulls mean death. To me, they mean humor. Many people who do not understand me think I am optimistic, but I have a dark sense of humor.”	
				B03	“I miss Pangan Island, but I do not know why there are skulls here.”	
				B13	(Did not mention)	
				B14	“I do not know if the new world I am heading to will be beautiful (as flowers) or dry (as a bark); perhaps I might die (skull). No one could know.”	
250	Bed		A01	“I like to rest. So, I placed symbols related to rest, such as a bed and entertainment...”	B04	“No one is lying on the bed. I can feel loneliness.”
			A02	“What I like to do is play piano, take a bath, sleep, eat, have money; that is all ok.”		
			A11	“Having all the tools and equipment in the		



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

			house. Ready. Convenient.”		
279	Old Camera	A01	“I like to rest. So, I put symbols related to resting, such as a bed, entertainment (camera and television) ...”	B05	“Things I like such as books, a doll, a camera.”
				B08	“These are what I use for my business: iPad, mobile phone, camera.”
				B15	“I picked the camera not because I like taking photos. However, I like keeping to the moment through photos and videos.”
282	Ladders	(none)		B03	“I have no idea here. Only think they look magical and fit well together.”
				B10	(Did not mention)
				B13	“There is a ladder inside (the fence). I am unsure if I could get out if I go into that side, so I put the ladder there. However, there is only one ladder; I do not think I can get out.”
286	Books	A01	“I like to rest. So, I placed symbols related to rest, such as a bed,	B02	“I like to read. I want to have a lot of knowledge.”



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

			entertainment (including a camera and television), books, and music..."		
	A06		"If I have free time, I love to read. If I am not on YouTube, I will read."	B05	"This is where I lie down to read."
				B10	"I like to read." "I put the book here (near the dragon) because he is a part of me. I want him to have similarities with me."
292	Drinks	(none)		B09	"This beer carton, I like to drink."
				B14	"I can eat/drink everything I want, but I am not happy at all."
				B15	"We need a teacup so we can drink tea."

*Note.* None of the participants from the control group used the symbol no. 118 and no. 120, so they are marked as none on the table. Some participants used symbols but did not discuss them; therefore, they were marked as not mentioned in the table.

### **Narrative Themes**

The narrative was transcribed and coded in Thai to maintain cultural sensitivity. The researcher identified 18 common themes shared by both participant groups (see Table 4). The analysis reveals that the study group expressed their concerns, conflicts, needs, desires, fantasy thinking, thoughts about death, obstacles, and past experiences more frequently than the control group. Notably, fantasy thinking was mentioned 19 times more frequently, and the past was mentioned 10 times more often. On the other hand, another 18 themes were identified in the study group only (see Table 5), with the three most frequently mentioned themes being



descriptions of interactions with the sand or miniatures, unexplainable actions or space, and a lack of human connection. Lastly, there are no themes that the control group uniquely mentions.

**Table 4**  
*Common Themes Found in This Study*

Common Themes	Number of times mentioned by the control group	Number of times mentioned by the study group
As is explanation	31	114
Assigning roles to characters	4	10
Beliefs	7	12
Concerns	7	23
Conflicts	5	20
Coping	15	52
Expressing liking/interest	14	28
Expressing needs/desires	33	106
Fantasy	1	19
Future	3	1
Human connection	40	22
Incorporating death into the tray	1	6
Negative emotions	8	53
Neutral self-perception	3	8
Obstacles	4	18
Past	2	20
Relationship with animals	5	19
Spatial/Environmental Explanation	39	23

**Table 5**  
*Themes found only in the study group*

Study group-only themes	No. of times mentioned	Participant	Narrative
Describing interactions with the sand or miniatures	34	B06	"I learned with the sand that it can bury. So, I tested it out and saw how the texture looked."
		B12	"I tried walking on the sand (with fingers). It felt good."



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

			B15	"First, I used a wooden board as a bridge, and then I changed to this bridge."
The unexplainable	29		B02	"I put these elders, but I do not know why I did that."
actions/space			B03	"This is Harry... I have no idea. I do not know..."
			B06	"I cannot recall why I put it."
Lack of human	14		B02	"Actually, I do not think I need humans in my tray."
connection			B07	"They are far away because we are apart in real life."
			B10	"He is not ready to face the problems. So, he faces his town, cares about no one, isolates himself from others, and closes his eyes."
			B14	"I was exiled."
Assigning personal	10		B12	"These are my memory drawers."
meanings			B12	"This playpen is their house."
Gaining insight into	9		B04	"I like nature more than I thought."
oneself			B10	"I feel like these are the opposite spaces, but they happen simultaneously to me."
			B12	"What I find impactful to me is the story about my dad."
Mentioning education	9		B08	"I am selling second-hand clothes."
or work			B09	"There is a calculator because my education needs it. I think math is beautiful."
Positive emotions	9		B06	"Doing this (Sandtray) is fun."
			B11	"I am grateful that they raised me."
			B13	"It is not that hopeless, I guess."
Being influenced by	8		B09	"Just a small thing about me, but someone noticed."
others			B13	"Anyone who sees this part would have guessed that I like this stuff."
Inhibition	7		B13	"It might be good in there, but I should stop here."



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

Introspection	7	B07	“There are many signs that try to tell me, hey, do not go there.”
		B13	“I tend to separate things apart. I have high conflicts within myself.”
Identifying a safe space	5	B05	“I think this is what I am facing internally.”
			“At first, I wanted to make this (nest) a place to read, be with dogs, and hear the birds singing. However, I could not find any cushion, so I used this nest instead. It is my personal space.”
Dream	4	B13	“There are dreams that I still like. I might have forgotten about them. Shall I think about them again?”
Inner moral	3	B13	“It reflects how difficult good decision-making is.”
Unsafe household	3	B09	“I put this near the house because I do not feel comfortable returning home.”
Negative perception	Self- 2	B13	“There are signs that I cannot come back.”
Others	2	B12	“Can I cry?”
Positive perception	self- 2	B09	“I am keeping my positive side in this tray.”
Cognitive bias	1	B04	“But then I thought, perhaps you want me to stay with myself in silence.”

## Discussion

The central hypothesis of this study, which stated that individuals with and without depression would select different symbols in Sandtray Therapy, was partly confirmed.

When examining the symbolic meaning of the significant miniatures used by the participants in this study, they reveal alignments with the commonly observed symptoms of Depression. The effect sizes of all significant items appeared to be small to medium, which indicates minimal statistical differences. Hence, the researcher continues to discuss some of them based on their symbolic meanings suggested in the existing literature.

The trees used by the study group are small and have no visible branches, which may reflect their low self-esteem and reduced perception of available resources (Buck, 1970). Stumps or leafless trees, found in 7 out of 15 Depressed participants, could be one of the indicators of



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

trauma (Isaksson et al., 2009). The empty nest was found in 4 out of 6 trays of the study groups. Wijayanti et al. (2023) suggest that a nest without the presence of parent birds may symbolize insecure, disorganized attachment styles, which are associated with a higher risk of depression (Spruit et al., 2020). Crystals and skulls might be a sign that one has had some thoughts about death and suicidal ideation (Bradway, 2001; Carter, 2018). In addition, the ladder, used solely by the study group, is considered a spiritual passage that connects earth and heaven (Ronnbret & Martin, 2010). Some participants described ladders in their Sandtray as an escape plan. Therefore, the ladder can be interpreted as a tendency to escape or dissociate from reality, which is often a symptom of Depression (Pettoruso et al., 2020).

Similarly, the narrative themes found only in the study group also present common depressive symptoms. Participants with Depression showed the tendency to be more introspective of their thoughts, feelings, and behaviors. They analyze their actions while playing, noticing the changes they make during the process, and synthesize new knowledge about themselves after the playing process. Interestingly, Claari (2016) suggests that Depressed adults with depressive symptoms would engage in confabulatory introspection.

Most participants with Depression did not mention family members, and four noticed how they intentionally excluded humanoid figures from the tray. Five out of 15 participants explicitly mentioned that their relationship with their family is unsafe or uncomfortable. Experiencing difficulties in interpersonal relationships can contribute to a higher risk of Depression (Hua, 2023; Sander & McCarty, 2005). On top of that, Durkheim (2002) argues that one of the main risk factors for committing suicide is loneliness within the family and losing caring feelings for loved ones.

Moreover, the study group shared concerns they have had in the past and present rather than future-oriented concerns. Unsurprisingly, these stressful and upsetting life events can be related to Depression (LeMoult, 2020). Additionally, the lack of future orientation was found to be associated with Depression (Tang et al., 2023), which explains why the study group focuses more on past or current struggles.

However, it is noteworthy that a bed was found only among the controls. Although research shows that the link between Depression and sleep disorders is strong, and 40 percent of young depressed adults experience hypersomnia (Nutt et al., 2008). The study group did not incorporate a bed in their Sandtray. One possible explanation is that a bed for Depressed individuals is not perceived as a sanctuary and a place of relief, so they avoid selecting it. In contrast, for depression-free individuals, it is a place of relief after a working day.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## Conclusion

This research revealed some of the significantly different symbols and themes of narrative in Sandtray Therapy between the Thai working-age population with and without Depression. The symbols used reflect characteristics such as low self-esteem, perceived lack of support, traumatic background, unhealthy attachment, suicidal thoughts, and dissociation tendencies. Meanwhile, the narrative themes suggest deep introspection, a lack of healthy relationships with family members, focusing on the past, and fantasy thinking. These results show alignment with the established symptoms of Depression.

As this study involves a vulnerable population, it is crucial to mention that all participants had access to psychological support after the data collection. First, they had the researcher's contact information and were informed of the choices of mental health practitioners. They could schedule a session with them free of charge within one week after the data collection. This is to ensure the mental well-being of the participants.

With that said, several methodological limitations warrant consideration when interpreting the results of this study. Firstly, the sample size was restricted due to logistical constraints, which may compromise the generalizability of the findings. Furthermore, the recruitment strategy employed a convenient sampling approach. The sample's demographic composition was skewed, with a disproportionate representation of female participants (80%) and a narrow age range, as all participants were under 40. This lack of diversity undermines the study's ability to draw meaningful comparisons across genders and age groups. Moreover, the researcher's manual coding of narrative data introduces the potential for human error and unintentional biases, which may have influenced the results.

Studying with different populations could also be beneficial, for example, kids in school, older adults, and migrant workers (Hasan et al., 2021). These populations are all vulnerable and at high risk of Depression (Fassl et al., 2025; Fiske et al., 2009). The results can lead to an alternative screening tool and procedure for Depression in schools, children's hospitals, palliative care settings, and health care systems for immigrants.

Lastly, it is noteworthy that this study's findings diverged from those of Buhler's World Test (Webber & Mascari, 2008). The World Test posits that an "empty world" configuration, characterized by the use of 35 items or fewer (or one-third of the tray), is symbolic of sadness or depression. However, in this study, only three of the 15 participants in the study group employed fewer than 35 items in their trays. Furthermore, the study group's average number of symbols used ( $M = 123$ ) far exceeded that of the control group ( $M = 62$ ). Additionally, the lack of a humanoid figure in the tray symbolizes pain or abuse, as argued by Webber and Mascari (2008). However, in this study, no significant differences were found in the distribution of the humanoid figures. These discrepancies may be attributable to differences in population demographics, cultural contexts, and sample sizes between the two studies.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## References

- Ayres, K. (2016). *Indicators of trauma in a single sand tray scene of a rural school youth* [Dissertation].  
[https://repository.up.ac.za/bitstream/handle/2263/60970/Ayres\\_Indicators\\_2017.pdf?sequence=1](https://repository.up.ac.za/bitstream/handle/2263/60970/Ayres_Indicators_2017.pdf?sequence=1)
- Basic Mixed Methods Research Design. (7 March, 2023).  
[https://catalyst.harvard.edu/community-engagement/mmr/hcat\\_mmr\\_sm-6090567e0f943-60905896c80af-60e5fdb32399e-60e5fdd8057fc-610bf777da6a0-610bf7808de24-610bf792228a4-610bf8685d8f5-610bf871cbea9-66be4af6dac9f/](https://catalyst.harvard.edu/community-engagement/mmr/hcat_mmr_sm-6090567e0f943-60905896c80af-60e5fdb32399e-60e5fdd8057fc-610bf777da6a0-610bf7808de24-610bf792228a4-610bf8685d8f5-610bf871cbea9-66be4af6dac9f/)
- Boonyoung, S., Silpakit, P., & Matanasarawoot, A. (2015). Sukontip K. Face mood Pictorial Depression Assessment Tool. *Journal of Health Science*, 24(5), 844-853.  
<https://thaidj.org/index.php/JHS/article/view/532/463>
- Bradway, K. (2001). Symbol dictionary: Symbolic meanings of sandplay images. *Journal of Sandplay Therapy*, 10(1), 9-104.
- Brydges, C. R. (2019). Effect size guidelines, sample size calculations, and statistical power in gerontology *Innovation in Aging*, 3(4).  
<https://doi.org/https://doi.org/10.1093/geroni/igz036>
- Buck, J. N. (1970). *House-Tree-Person Technique: Manual*. Western Psychological Services; Revised edition.
- Carter, J. (2018, 10 March). Death and rebirth archetype in sandplay therapy.  
<https://jillcartertraining.co.uk/sandplay-death-rebirth-archetype/>
- Claari, R. M. J. (2016). Confabulatory introspection in emerging adults with symptoms of depression. *JayScholar*.  
[https://core.ac.uk/outputs/268401117/?utm\\_source=pdf&utm\\_medium=banner&utm\\_campaign=pdf-decoration-v1](https://core.ac.uk/outputs/268401117/?utm_source=pdf&utm_medium=banner&utm_campaign=pdf-decoration-v1)
- Cummins, N., Scherer, S., Krajewski, J., Schnieder, S., Epps, J., & Quatieri, T. F. (2015). A review of depression and suicide risk assessment using speech analysis. *Speech Communication*, 71, 10-49. <https://doi.org/https://doi.org/10.1016/j.specom.2015.03.004>
- Dawson, L. S. (2011). *Single-Case Analysis of Sand Tray Therapy of Depressive Symptoms in Early Adolescence* [The George Washington University].
- Durkheim, E. (2002). *Suicide: A study in sociology* (2 ed.). Routledge.
- Fassl, F., Muth, J., Hofleitner, M., & Lüftenegger, M. (2025). Adolescent depression in school: risk factors and consequences on school functioning. *Journal of Research on Education*.  
<https://doi.org/https://doi.org/10.1007/s35834-024-00458-1>
- Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology*, 5, 353-389. <https://doi.org/10.1146/annurev.clinpsy.032408.153621>



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- Frase, T. (2023). Grief walking in the sandtray. *World Journal for Sand Therapy Practice*, 1(3). <https://doi.org/https://doi.org/10.58997/wjstp.v1i4.16>
- Grubbs, G. A. (1994). An abused child's use of sandplay in the healing process. *Clinical Social Work Journal*, 22, 193-209. <https://doi.org/https://doi.org/10.1007/bf02190474>
- Haroz, E. E., Ritchey, M., Bass, J. K., Kohrt, B. A., Augustinavicius, J., Michalopoulos, L., Burkey, M. D., & Bolton, P. (2017). How is depression experienced around the world? A systematic review of qualitative literature. *Social Science & Medicine*, 183, 151-162. <https://doi.org/https://doi.org/10.1016/j.socscimed.2016.12.030>
- Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Hairi, F. M., & Nordin, A. S. A. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLoS One*. <https://doi.org/https://doi.org/10.1371/journal.pone.0260221>
- Herrman, H., Patel, V., Kieling, C., Berk, M., Buchweitz, C., Cuijpers, P., Furukawa, T. A., Kessler, R. C., Kohrt, B. A., Maj, M., McGorry, P., III, C. F. R., Weissman, M. M., Chibanda, D., Dowrick, C., Howard, L. M., Hoven, C. W., Knapp, M., Mayberg, H. S., . . . Wolpert, M. (2022). *Time for united action on depression: a Lancet–World Psychiatric Association Commission*.
- Homeyer, L. E., & Sweeney, D. S. (2022). *Sandtray therapy: A practical manual* (4 ed.). Routledge.
- Hua, Z. (2023). Effects of interparental conflict on children's depression in the context of COVID-19: Does parent–child conflict play a role? *Child Abuse & Neglect*, 143. <https://doi.org/https://doi.org/10.1016/j.chiabu.2023.106280>
- Isaksson, C., Norlén, A.-K., Englund, B., & Lindqvist, R. (2009). Changes in self-image as seen in tree paintings. *The Arts in Psychotherapy*, 36(5), 304-312. <https://doi.org/https://doi.org/10.1016/j.aip.2009.07.004>
- Kongsakon, R. (2006). Thai national healthcare and psychiatric disease. *Journal of Psychiatric Association of Thailand*, 51(2).
- LeMoult, J. (2020). From stress to depression: Bringing together cognitive and biological science. *Current Directions in Psychological Science*, 29(6). <https://doi.org/https://doi.org/10.1177/0963721420964039>
- Lertbamrungrachai, W. (2022). *Patients with depression must wait so long for doctors and yet can't be completely cure with medicine*. Thai PBS. Retrieved 11 September from <https://theactive.net/read/depression-medicine-plan/>
- Liu, X., & Jiang, K. (2016). Why is diagnosing MDD challenging? *Shanghai Arch Psychiatry*, 28(6), 343-345. <https://doi.org/10.11919/j.issn.1002-0829.216073>
- Liu, Y. Y., Li, K., Bin, T., Tan, J. F., Wang, Z. D., Wang, J. X., & Shen, H. Y. (2021). Psychological symptoms and the use of shadow miniatures in sandplay therapy. *The Arts in Psychotherapy*, 75. <https://doi.org/https://doi.org/10.1016/j.aip.2021.101834>



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- Mattson, D. C., & Veldorale-Brogan, A. (2010). Objectifying the sand tray: An initial example of three-dimensional art image analysis for assessment. *The Arts in Psychotherapy*, 37(2), 90-96. <https://doi.org/https://doi.org/10.1016/j.aip.2010.02.006>
- Mental disorders. (2022). Retrieved 9 from <https://www.who.int/news-room/factsheets/detail/mental-disorders>
- Mental Health Hotline Users Statistic (May 2024). (2024). [https://catalog.dmh.go.th/dataset/1323\\_/resource/07f66dee-8e87-41dc-8b4b-0491f640c041](https://catalog.dmh.go.th/dataset/1323_/resource/07f66dee-8e87-41dc-8b4b-0491f640c041)
- Nutt, D., Wilson, S., & Paterson, L. (2008). Sleep disorders as core symptoms of depression. *Dialogues in Clinical Neuroscience*, 10(3), 329-336. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3181883/#:~:text=Links%20between%20sleep%20and%20depression,with%20a%20preponderance%20in%20females.>
- Pettoroso, M., d'Andrea, G., Martinotti, G., Cocciolillo, F., Miuli, A., Muzio, I. D., Collevicchio, R., Verrastro, V., De-Giorgio, F., Janiri, L., Giannantonio, M. d., Giuda, D. D., & Camardese, G. (2020). Hopelessness, dissociative symptoms, and suicide risk in Major Depressive Disorder: Clinical and biological correlates. *Brain Sciences*. <https://doi.org/10.3390/brainsci10080519>
- 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. <https://doi.org/10.1037/1555-6824.17.2.138>
- Qiu-Qiang, Z., Bo-Lin, L., Wei-Wei, Y., Yu, Z., & Qi-Zhe, Z. (2023). Analysis of initial sandplay characteristics among university students with different levels of loneliness. *BMC Psychiatry*, 23(1), 930. <https://doi.org/10.1186/s12888-023-05443-y>
- Roesler, C. (2019). Sandplay therapy: An overview of theory, applications and evidence base. *The Arts in Psychotherapy*, 64, 84-94. <https://doi.org/https://doi.org/10.1016/j.aip.2019.04.001>
- Ronnbert, A., & Martin, K. (Eds.). (2010). *The book of symbols*. Taschen.
- Sander, J. B., & McCarty, C. A. (2005). Youth depression in the family context: Familial risk factors and models of treatment. *Clinical Child and Family Psychology Review*, 8(3). <https://doi.org/10.1007/s10567-005-6666-3>
- Sjolund, M. (1981). Play-diagnosis and therapy in Sweden: The Erica-Method. *Journal of Clinical Psychology*. [https://doi.org/https://doi.org/10.1002/1097-4679\(198104\)37:2%3C322::aid-jclp2270370215%3E3.0.co;2-2](https://doi.org/https://doi.org/10.1002/1097-4679(198104)37:2%3C322::aid-jclp2270370215%3E3.0.co;2-2)
- Social Outlook Report (First Quarter of 2024). (2024). [https://www.nesdc.go.th/ewt\\_dl\\_link.php?nid=5493&filename=socialoutlook\\_report](https://www.nesdc.go.th/ewt_dl_link.php?nid=5493&filename=socialoutlook_report)
- Spruit, A., Goos, L., Weenink, N., Rodenburg, R., Niemeyer, H., Stams, G. J., & Colonnese, C. (2020). The relation between attachment and depression in children and adolescents: A



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- multilevel meta-analysis. *Clinical Child and Family Psychology Review*, 23, 54-69. <https://doi.org/https://doi.org/10.1007/s10567-019-00299-9>
- Stark, M. D., & Frels, R. K. (2014). Using sandtray as a collaborative assessment tool for counselor development. *Journal of Creativity in Mental Health* 9(4), 468-482. <https://doi.org/https://doi.org/10.1080/15401383.2014.897663>
- Sujinnapram, M., Meksawan, K., & Pongthananikorn, S. (2018). Relationship between dietary pattern and depression among a working age population in Bangkok. *Thai Journal of Public Health*, 48(3)
- Tamwirote, K. (2023). *How much does Thai national healthcare cover the treatment for Depression*. Thairath. Retrieved 11 September from <https://plus.thairath.co.th/topic/politics&society/104079>
- Tang, P., Pavlopoulou, G., Kostyrka-Allchorne, K., Phillips-Owen, J., & Sonuga-Barke, E. (2023). Links between mental health problems and future thinking from the perspective of adolescents with experience of depression and anxiety: a qualitative study. *Child and Adolescent Psychiatry and Mental Health*. <https://doi.org/10.1186/s13034-023-00679-8>
- Tangjitboonsanga, N., & Charnsil, C. (2020). Attitude toward depression in Thai population. *Journal of the Psychiatric Association of Thailand*, 65(1), 75-88. <https://he01.tci-thaijo.org/index.php/JPAT/article/view/240795>
- Telawanich, P. (2020). *Thai Society and Depression*. Matchon Online. Retrieved 1 September from [https://www.matichon.co.th/article/news\\_2397892](https://www.matichon.co.th/article/news_2397892)
- Thai Health Report (2023). *To what extent Thailand has a "shortage" of mental health practitioners?* Retrieved September from [https://www.thaihealthreport.com/th/articles\\_detail.php?id=167](https://www.thaihealthreport.com/th/articles_detail.php?id=167)
- Toscani, F. (1998). Sandrama: Psychodramatic Sandtray With a Trauma Survivor. *The Arts in Psychotherapy*, 25(1), 21-29. [https://doi.org/https://doi.org/10.1016/S0197-4556\(97\)00058-0](https://doi.org/https://doi.org/10.1016/S0197-4556(97)00058-0)
- Turner, P. R. (2023). Sandplay therapy for people coping with negative symptoms of psychosis: a theoretically promising option. *Journal of Social Work Practice*, 38(2), 191-204. <https://doi.org/https://doi.org/10.1080/02650533.2023.2284358>
- Uher, R., Payne, J. L., Pavlova, B., & Perlis, R. H. (2013). Major Depressive Disorder in DSM-5: Implications for clinical practice and research or changes from DSM-IV. <https://doi.org/https://doi.org/10.1002/da.22217>
- Wang, D., & Privitera, A. J. (2019). Beyond self-report methods: Sand tray used in resilience evaluation. *The Arts in Psychotherapy*, 63, 60-67. <https://doi.org/https://doi.org/10.1016/j.aip.2019.03.001>
- Webber, J., & Mascari, J. B. (2008). *Sand tray therapy and the healing process in trauma and grief counseling* ACA Annual Conference & Exhibition, Honolulu.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

Wijayanti, A. P., Oktawirawan, D. H., Maharani, F. N. T., Kahija, Y. F. L., Dewi, K. S., & Ediati, A. (2023). *Drawing a home: Insights on child attachment from the Bird's Nest Drawing Test*. Proceedings of International Conference on Psychological Studies (ICPsyche), *Working age population*. Organisation for Economic Co-operation and Development. Retrieved 11 September 2024 from <https://www.oecd.org/en/data/indicators/working-age-population.html>

Original content from this work may be used under the terms of the <https://creativecommons.org/licenses/by-nc-nd/4.0/> Any further distributions of this work (noncommercial only) must maintain attribution to the author(s), the title of the work, journal citation, and DOI.