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PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

E hoki ki tō ūkaipō: Honoring Grief and Connection Through Sandtray in New Zealand

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Abstract

Sandtray therapy can be a culturally appropriate intervention for clients of various cultures, a developmentally appropriate intervention for clients of various ages, and a safe environment for clients experiencing grief. This article is a case study of a New Zealand child of Māori descent. The authors describe the training the clinician received as a result of a cultural exchange between New Zealand and the United States. This article also highlights key aspects of Māori culture and symbolic expression that contributed to a healing experience of a child navigating grief. The phrase *E hoki ki tō ūkaipō* means "return to your physical/spiritual nourishment" (Dell, 2016).

Keywords: sandtray, multicultural, Māori, counseling, psychology, therapist training, grief, grief counseling

Due to a collaboration between the first author, a professor at Texas State University (who teaches and researches in play therapy) in the United States, and the third author, the Head of

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Zealand is based predominantly in Cognitive-Behavior Therapy frameworks; however, the work undertaken at the clinic lends itself to other forms of therapy and understanding of distress, including Māori cultural approaches to therapy. Consequently, an opportunity for the psychologists at the clinic to learn about play therapy and sandtray therapy was considered important for serving the needs of their communities, particularly children, and those with specific cultural needs, especially the indigenous population of Aotearoa. During this training, it became evident that several therapists involved in Massey University and/or the psychology clinic were "keen" to learn about sandtray therapy as well as play therapy. The Head of the Psychology Department at Massey had ordered a sandtray kit in anticipation of the first author's arrival, to facilitate the first author conducting sandtray training during her stay in New Zealand.

The training consisted of an in-person, four-hour training on sandtray therapy. During this training, the presenter led participants through the sandtray process as if they were clients, as recommended in Homeyer and Sweeney (2023). The presenter did not want to offer any information before this experience, so participants could experience sandtray with fewer preconceptions. The first author approached the training from a Person-Centered, non-directive theoretical point of view (Landreth, 2023). The prompt she used was "Create your world in the sand." This approach is much like Margaret Lowenfeld's "World Technique," as the emphasis was on creating a microcosm of the client's inner world and the client's own perception and interpretation of that world, rather than focusing on symbolic interpretations or Jungian archetypes. Although there is some level of directiveness when a therapist uses a sand tray with a client and provides a prompt, in the United States, this process is consistent with person-centered theory.

After this half-day training, the presenter offered three pre-recorded online lectures (totaling one hour) on conducting sandtray therapy to interested participants. The presenter instructed participants to read Homeyer and Sweeney's (2023) manual, *Sandtray Therapy: A Practical Manual* (4th ed.), before conducting sandtray therapy. Finally, the trainer instructed participants who wanted to conduct sandtray therapy to video record (with client permission) a sandtray session or sessions they conducted and consult with the trainer online via Zoom. The sandtray standard for practice is for mental health practitioners to experience the sandtray themselves, receive training on conducting sandtray, and engage in supervision around conducting sandtray with clients (Homeyer & Sweeney, 2023). To date, four clinicians have undertaken this process. At the time of this writing, supervision has been ongoing for over a year. This case study comes from a supervision experience.

Foundations and Cultural Application of Sandtray Therapy

Developed from play therapy principles, sandtray therapy invites clients to create a tactile representation of their inner world using miniature figurines and sand, offering an alternative to



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traditional talk therapy (Homeyer & Sweeney, 2023). According to Landreth (2023), children often communicate their feelings, thoughts, and experiences through play, making expressive modalities particularly effective for young clients. The structured freedom of the sand tray empowers children to communicate internal experiences nonverbally, especially when verbalization is developmentally inaccessible or emotionally unsafe (Lowenfeld, 1993). This process can support emotional expression, insight, and healing—particularly for individuals who struggle to articulate their experiences with words. Sandtray Therapy's structured freedom and symbolic resonance have demonstrated significant benefits across the lifespan, extending beyond work with children to include adults, trauma survivors, and neurodivergent clients (Homeyer & Lyles, 2022).

Symbolism and Cultural Resonance

Across many cultures, sand holds symbolic and ancestral meaning, and incorporating this awareness into sandtray work strengthens its cultural relevance. As Homeyer (2025) notes in her historical overview, early sand-based therapies were shaped by global influences, including children's spontaneous play across war-torn Europe and culturally diverse play traditions. The use of sand as a medium for storytelling and healing is not limited to Western constructs; it reflects a broader human tradition of marking memory, identity, and our relationship with the earth. Defferary (2025) adds that the grains of sand in the tray serve as metaphorical carriers of ancestral stories and emotional legacies, aligning with contextual therapy's emphasis on intergenerational patterns and relational ethics. The symbolic process of constructing the tray may also illuminate intergenerational attachment patterns — revealing how past relational dynamics can shape present-day caregiving and connection between parents and their children (Fearn, 2025). Sandtray therapy, in this sense, becomes a site for clients to excavate inherited cultural narratives.

The meaning of symbols and miniature figurines remains highly individualized and culturally situated — what one client may view as a symbol of power, another may interpret as representing protection or isolation. As Harriet and Straessler (2025) emphasize, "each child is an individual, and one's symbolic meaning is unique to them" (p. 2), reinforcing the importance of attuned presence and client-led meaning-making over therapist-driven interpretation. Acknowledging the cultural symbolism embedded in sand itself enhances the therapist's ability to hold space for a client's heritage, lineage, and connection to land.

Exploring Cultural Identity Through Sandtray

While culture is often narrowly defined by ethnicity or nationality, every individual develops a cultural identity shaped by family, values, traditions, and life experiences (Gil &



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Drewes, 2021). Sandtray therapy provides a nonverbal space for clients to explore these layered aspects of identity using metaphor, symbolism, and story, especially when words may not suffice or are hard for a client to find. As Gil and Drewes (2021) describe, inviting children and families to represent their cultural background through miniature figurines in a sand tray can foster reflection, pride, and deeper understanding. This practice can be particularly impactful for clients navigating cultural disconnection, intergenerational trauma, or acculturation stress. Therapists can intentionally support this process by incorporating culturally relevant miniature figurines, maps, food symbols, and community references into the tray selection, thereby creating opportunities for clients to express complex narratives around heritage, belonging, and identity (Gil & Drewes, 2021). Addressing culture directly, rather than avoiding it, helps normalize conversations about racism, privilege, and differences, all of which can emerge organically in play-based work.

Therapist Responsibility and Cultural Humility

In addition to creating space for cultural exploration, therapists must also approach this work with humility, curiosity, and intentionality. Cultural humility requires practitioners to recognize their own biases and social positioning while remaining open to learning from the client's lived experience (Gil & Drewes, 2021). Rather than assuming cultural neutrality or waiting for cultural material to arise, therapists are encouraged to proactively invite reflection on heritage, identity, and community within the sandtray process. This might involve asking about traditions, family stories, spiritual beliefs, or the significance of specific symbols placed in the tray. Play therapists have an ethical responsibility to remain attentive to systemic issues such as racism, oppression, and privilege, and to create a space where clients feel seen and validated across all aspects of their identity (Gil & Drewes, 2021). This responsibility is included both in the American Counseling Association Code of Ethics (American Counseling Association, 2014) and in the Code of Ethics for Psychologists in Aotearoa NZ (New Zealand College of Clinical Psychologists, 2002).

Interactive Sandtray Therapy emphasizes the spirit of relationship humility, as clients often invite therapists into the tray only when they are ready, thus creating a co-co-constructed space rooted in consent, safety, and symbolic joining (Harriet & Straessler, 2025). Sandtray becomes not just a modality of personal healing, but also a potential site for dismantling internalized stigma, processing intergenerational trauma, and honoring cultural resilience. As therapists deepen their sandtray practice, Homeyer and Lyles (2022) emphasize the importance of attuning to power, process, and symbolic depth in ways that align with the client's cultural and relational worldview. Their advanced clinical model encourages practitioners to maintain a reflective stance, especially when clients are engaging with trauma narratives or ancestral material in the tray.



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Case Study of Sandtray Therapy with Māori Client

Service Context

Massey University is a leading provider of tertiary education in Aotearoa New Zealand. Massey University has three campuses, and each campus has a University Psychology Clinic. The Massey Psychology Clinic in Manawatū Palmerston North has a range of contracts, including a Psycho-oncology Service, to assist clients who have been diagnosed with cancer and would benefit from mild to moderate psychological therapy. Referrals come through via Health Professionals, and Te Whatu Ora Health New Zealand funds therapy.

Cultural Context

The client, Ventura (pseudonym), and her mother, in this case study, are of Māori descent. Māori are indigenous to Aotearoa, a collective society with strong genealogical connections to their natural environment. Spirituality plays a significant role in their existence and well-being (Valentine et al., 2017). Māori have experienced significant challenges to their ways of being due to colonization, leading to a loss of language, loss of land, and loss of their health system. Reclamation of their knowledge (*mātauranga*) began to make significant strides in the early 1980s and has continued to this day. Ventura's mother spoke the Māori language (te reo Māori) and lived by Māori values. She also ensured her children were educated and socialized with *mātauranga* Māori (Māori knowledge) and within *te ao Māori* (the Māori world).

Māori communication styles are passive in nature. The more passive the communication, the better. *Whakataukī*, or proverbial sayings, are one method of communication utilized by Māori (Heke, 2025; McLachlan et al., 2019). To be able to be present in a conversation, utilising these methods, it is important that a person is able to listen using their entire being, both physical and spiritual, to follow the conversation. There is usually a hidden meaning to the *whakataukī* by the speaker, a test of sorts to check if the listener is hearing the sentiments of the speaker. It allows the listener to follow, often a journey of discovery that hopefully eventually leads the listener to the same conclusion as the speaker. Time is not important; clarity takes time. The following *whakataukī* provide insight into Māori beliefs about people and *te taiao* (the natural world).

He aha te mea nui o te ao? He tangata, he tangata, he tangata.

What is the most important thing in the world? It is the people, it is the people, it is the people.

Ko au te taiao, ko te taiao ko au.

I am the environment, and the environment is me.



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Kua hinga he tōtara i te wao nui a Tāne, ēngari ka noho tonu tōna mauri.
A totara tree has fallen in the great forest of Tāne, but its spirit remains.

These whakataukī highlight the importance of collective relationships to people, to the environment, and to those who have passed (or will pass), but their presence remains. This passive style of communication is congruent with the non-directive sandtray approach that prioritises following the client's lead.

Māori value interconnectedness with one another and the natural world. In *te ao Māori* (the Māori world), *Papatūānuku* is the Earth Mother, the source of all life. She is the place where all things begin, and where all things return. There is a *pūrākau* (Māori story) that tells of how *Papatūānuku* gifts her son, Tāne, with red clay from *kurawaka* (birthplace of mankind) so that he can create a female being. She gives part of herself as a gift to enable this creation (Pere, 2006). For this reason, many Māori believe they should return their body to the place where their *pito* (umbilical cord) is buried. Therefore, many Māori choose to be buried at their ancestral *urupā* (burial grounds) of their *whānau* (family), *hāpu* (sub-tribe), and/or *iwi* (tribe). Due to Māori belief in the interconnectedness of the physical, natural, and spiritual world, after the *tūpāpaku* (deceased person's body) is returned to *Papatūānuku* (Earth Mother), their *wairua* (spirit) is understood to live on through nature and in *te ao wairua* (the spiritual world).

Client Demographics

Ventura is a 7-year-old girl of Māori (indigenous people of Aotearoa) and New Zealand European descent. Ventura's mother is indigenous Māori, and her father is New Zealand European. At the time of this session, Ventura lived with her mum, dad, and younger brother and described her family as warm, loving, and fun.

Referral Source

Ventura was referred to the Massey Cancer Psychology Service by a social worker for emotional support and psychological assistance to deal with her mum's palliative diagnosis of breast cancer. She was given 6 months to live.

Presenting Problem

The referral for Ventura to the Massey University Cancer Psychology service was at the request of her mum. Ventura's mum had been transparent with her family about her health and illness, and the children were aware she had an illness called cancer. When mum was given the news of her short prognosis, she told the children that she was going to die soon. Though Ventura



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appeared to be coping well with her mother's progression, Mum still wanted a referral to the service for Ventura to process any fears, anxiety, and grief she might be experiencing in anticipation of her mum's death. This case study is based on content from Ventura's seventh session and is provided with the consent of the family.

Sandtray Therapy Session

Materials

Ventura was provided a 43cm x 34cm sand tray and offered a variety of standard miniature figurines to choose from.

Procedure

As relationships are incredibly important to Māori, it was imperative that the clinician focused on building rapport and trust with the whānau in the early sessions so that the client was able to fully engage in her sessions and be forthcoming about what she was thinking and feeling.

The clinician asked Ventura to "create your world in the sand tray". As shown in Figure 1, Ventura created a tray of her family at their home. Notably, she placed two trees nearby, and she placed the heart gemstone slightly buried in the sand underneath her and her mum. After Ventura had finished her tray, she and the therapist processed it together, and she talked about being happy that everyone was together. She also noted feeling especially connected to her mum. After the clinician and client processed the first tray, the clinician asked Ventura to "show me what it will be like when mummy has died." As shown in Figure 2, Ventura created a very similar scene to the first one. In this tray, she buried her mum in front of the house and placed a coffin on top of her, moved the love heart to be half buried between her and her mum, and turned her own back to the rest of the family. When processing this tray, Ventura reported that when her mum had died, she would feel sad, lonely, and disconnected, but because her mum is buried at home, she will be able to cope. The clinician had not spoken to Ventura's mum about her wishes regarding the place of her burial, but suspected it would likely not be at home. Therefore, once Ventura had finished explaining her tray and processing her feelings, the clinician asked Ventura what it might be like if mum was to be buried on the other side of the fence, in the far corner of the tray, or out of the tray altogether. Ventura expressed sadness about this and stated that to feel connected to her mum she needed to be buried at home. The clinician pointed to the love heart gem that Ventura had buried between her and her mum and asked her what happens to it if the coffin (representing the burial location) were to be elsewhere. Ventura considered this for a moment and then said that she thinks the love heart gem will stay with her.



Figure 1
Tray 1



The clinician reflected this back to her and sat in silence while Ventura considered this. Ventura then stated that the love heart gem means that no matter how far away her mum is buried, her love and connection will remain, because the love heart gemstone is not tied to their physical bodies, but rather to their *wairua* (spirit), which lives on after death. The clinician provided some minimal encouragement, and Ventura expressed that she is happy that their spiritual connection and love will live on regardless of where mum's body is. Still, she wished mum didn't have to die.

As they were coming to the end of processing this tray, Ventura started playing with the sand around the burial site and then buried the miniature figurine representing herself and the love heart gem right next to her mum. She then carefully buried her family, the cat, and the snacks under the coffin, leaving her house, the car, and the trees above ground. Once she had finished, she stated, "We can all be with mummy." Ventura then stood up and moved away from



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Symbolic Meaning and Importance of Culture

Though Ventura never mentioned where her mum would be buried, when the clinician was debriefing the session with mum, the mum reported that her wish was to be buried at her *urupā* (burial grounds) located roughly 9 hours from where the family currently resides. The sand tray, therefore, provided Ventura the space to access her underlying fears that if her mum were to be buried hours away, their emotional and spiritual connection would feel similarly far away.

Through the use of the heart gem, Ventura was able to tangibly see that her love and connection with mum will remain after she has returned to *Papatūānuku* because *Papatūānuku* is here beneath her feet as well as where her mum will be. Mum reported that she had noticed Ventura becoming increasingly fixated on her being buried at the *urupā*, and stated she now understood why. Ventura's mum reported she believes that her *wairua* (spirit) will live on through *te taiao* (the natural world). She said she would talk with Ventura about how she can emotionally and spiritually connect with her through nature after her death. Her mum specifically mentioned that she believes Ventura will be able to connect with her and communicate to her through the trees, which is possibly why Ventura included two trees just off to the side of her family in her sand tray.

Ventura's culture and the therapeutic relationship with Ventura and her mum were both integral to the sandtray process. The clinician was able to use sandtray successfully to assist Ventura with her underlying fears because of the cultural and relational safety that was present in the session. In *te ao Māori* (the Māori world), *te taiao* (the natural world) is understood to be intricately connected to health and healing. Ventura's *iwi* (tribe) is from a coastal area of Aotearoa New Zealand, so it is possible that the *mauri* (life force) of the sand provided Ventura with an ingrained sense of belonging and safety with this therapeutic approach, which allowed her to access her innermost fears. To then process these fears verbally, Ventura needed to feel safe, respected, and understood by the clinician. The clinician demonstrated this by allowing Ventura to move at the pace that felt right for her, being non-judgmental and open-minded, and having awareness of her culture. Finally, through their *whakapapa* (genealogy), Ventura's mum was able to connect the dots and identify why Ventura was fixated on her burial location. Mum was then able to realize the importance of re-sharing *pūrākau* (stories based on traditional history) with Ventura, specifically around *Papatūānuku*, to provide comfort and reassurance to Ventura that she will always be emotionally and spiritually connected to mum through *te taiao*, no matter where she is buried.

Discussion

This case study, conducted by the second author, illustrates the adaptivity of sandtray therapy to the client's cultural identity and spirituality. The non-directive nature of the first



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prompt allowed the child to communicate what she was feeling. The sand and miniature figurines allowed the child to express feelings that were beyond words, both developmentally and emotionally. The sandtray provides distance between the client and their experience (in this case, an experience of grief), giving the child a safe environment in which to communicate. The safety in the relationship between the client and clinician was obviously a necessary and healing factor as well. In the second prompt, the clinician introduced an issue related to the child's culture, using her understanding of the child's culture to foster emotional safety and deepen relational trust. In a non-directive manner, the clinician followed the child's lead in what occurred in the sand tray, as well as the meaning the child gave to the miniature figurines. Not only was the child able to work through some of her fears, but her fears were illuminated to the clinician and communicated to the mother, who was able to access culture and spirituality to comfort her child once she understood the nature of her child's fears. To be clear, the authors do not suggest that sandtray therapy alone "healed" the client. Rather, the sandtray therapy facilitated expression and communication between child, therapist, and mother, allowing the child and mother to access healing through their spirituality and culture. This facilitation may not have happened if the clinician were not familiar with Māori culture. This highlights therapists' responsibility to expand their own cultural awareness by engaging in community events, seeking consultation, and learning about the social realities of the populations they serve (Gil & Drewes, 2021).

In keeping with cultural sensitivity, the second author involved the family in the writing of this case study. The writing of this article has been part of a healing experience for the family and the clinician since the passing of the mother. When the family was asked whether they consented to the publication of this case study, they were excited by the prospect. They were invited to participate in choosing the de-identifying details of the child involved. The father chose the pseudonym, Ventura, due to the name's significance in the mother's family. The authors suggest the practice of including clients in the telling of their stories.

Some interesting considerations, in terms of theoretical orientation, are that the trainer taught child-centered play therapy (Landreth, 2023), to clinicians trained in cognitive behavioral therapy. The first author's perspective is that child-centered play therapy constitutes the "basic skills" of play therapy, providing a base from which therapists can learn to incorporate their own theoretical orientation, with the caveat that all therapists must "listen" to the child's perspective through their play before attempting to intervene. (We are hoping this trainer can return to continue this training and include materials on cognitive behavioral play therapy.) One of the reasons the 3rd author (head of the psychology department) was interested in child-centered play therapy training was her belief that techniques from a different theoretical perspective could be helpful to treating various issues of children at the clinic, especially those who did not seem to respond to the typical approach. Our concern, and that of many others, is that in time-limited therapy, therapists can feel pressured to focus on goal attainment without understanding the child's perspective. Ventura's clinician deeply resonated with the child-centered way of being and



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was in the process of learning this perspective. However, she had training and experience in counseling children using cognitive behavioral techniques. The clinician's theoretical approach could accurately be described as integrative (Yasenik & Gardner, 2012), as her second and third prompts are moderately directive. However, the clinician followed the child's lead in terms of construction and interpretation of the trays and the pace of the session, which is non-directive. This case is an example of a highly effective, intentional use of sandtray therapy using a degree of directiveness. Yasenik and Gardner's (2012) Play Therapy Dimensions Model supports reflective practice across different approaches and models of play therapy, where the therapist moves between varying degrees of directiveness. In this case, the therapist's decision to invite reflection supported the child's therapeutic process. At the same time, the therapist's decision to stay in the metaphor helped regulate the child enough to reflect on the "what if" and find a helpful symbolic solution.

Conclusion

Sandtray therapy, in which the client interprets their own symbolism in the tray (as outlined in Homeyer & Sweeney, 2023), is an appropriate intervention for clients across diverse cultural backgrounds. In addition, it is appropriate and safe for clients experiencing extremely difficult grief issues, who may have difficulty expressing their experience in words. It is also developmentally appropriate for children who cannot always use words to describe their experiences. As illustrated in this case study, it is important for clinicians to be familiar with the culture of the clients they serve and to seek cultural supervision, in keeping with the Code of Ethics for Psychologists in NZ (New Zealand College of Clinical Psychologists, 2002) and the American Counseling Association Code of Ethics (ACA, 2014). In this specific case study, sandtray therapy was instrumental in comforting a child with a dying mother and facilitating a spiritual connection between mother and child.

Further, the training provided by the first author has enabled the psychologists at the Massey Health Conditions and Cancer Psychology Service to have an important tool to serve the needs of their clients and their community, both developmentally and culturally. This type of therapy is not classically included in training for psychologists, but, due to the success of the training provided by the first author, the University is looking to expose students to sandtray work during their training. This case study illustrates the importance and success of cross-cultural international collaboration in the field of therapy, and this relationship is one both parties are seeking to continue.

E hoki ki tō ūkaipō, the phrase used in the title, means "return to your physical and spiritual nourishment." *Ūkaipō* (Dell, 2016) directly translated means "to be fed by the breast at night" (Dell, 2016). The deeper analogy refers to the intimately physical and spiritual relationship between mother and daughter, and ultimately the *whakapapa* connection to *Papatūānuku*, our



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earth mother, the nurturer, our sustenance. *E hoki ki tō ūkaipō* speaks to the client's journey, using sandtray therapy, to re-establish and strengthen her connection spiritually to her mother while also allowing the client's mother to find her re-established connection to our earth mother *Papatūānuku* – her final resting place, their *ūkaipō*. We conclude with a *karakia* (Māori term for prayers) which is in keeping with Māori cultural protocols.

Kia hora te marino,
Kia whakapapa pounamu te moana,
kia tere te Kārohirohi i mua i tōu huarahi

May the calm be widespread
may the ocean glisten as greenstone
may the shimmer of light ever dance
across your pathway.

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