



**Sandtray Therapy as a Creative Tool  
to Explore Early Maladaptive Schemas and Schema Modes**

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**Abstract**

Schema Therapy is an emerging therapeutic approach proven useful for complex personality and mood disorders. This paper presents two case studies that utilize Sandtray Therapy and its narrative as a creative tool to understand individuals' early maladaptive schemas and schema modes. Grounded in the Schema Therapy approach, early maladaptive schemas refer to one's perception of oneself and the world, influenced by early childhood experiences. Moreover, schema modes refer to one's different ways to cope with challenging situations. Understanding early maladaptive schemas and schema modes is a fundamental step before advancing therapeutic processes.

With different structures and directives, the Sandtray materials from both cases revealed insightful information for the assessment. Additionally, the clients reveal other supportive information. For example, the dynamics between the clients and the opponents, the dynamics between schema modes, the perspectives and feelings of clients towards their modes, and the process potentially needed to access healthier modes and proceed with the therapeutic journey.

**Keywords:** Sandtray Therapy, Schema Therapy, Early Maladaptive Schemas, Schema Modes, Thai population, Adults

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This paper aims to demonstrate how Sandtray can be used as a creative means to access individuals' perceptions of themselves and the world, as well as the



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coping modes they use in challenging situations, based on the Schema Therapy theory. The discussion commences with a brief explanation of the therapeutic approach, followed by an examination of the challenges in the assessment process and the potential of Sandtray to address these limitations. The paper then presents two illustrative case studies, culminating in a comprehensive discussion.

## **Schema Therapy in Brief**

With roots in cognitive and behavioral psychology, Schema Therapy is an emerging therapeutic approach proposed by American psychologist Jeffrey E. Young (Young, Klosko, & Weishaar, 2003). It is known as an evidence-based, effective therapy for complex mental health conditions, borderline personality disorder, chronic depression, post-traumatic stress disorder, and substance abuse, to name a few (Arntz et al., 2018; Setkowski et al., 2023). While Cognitive and Behavioral Therapy (CBT) approaches address present-day issues, Schema Therapy examines past or early childhood experiences to understand the individual as a whole person (Slepecky et al., 2015).

Schema Therapy focuses on understanding how childhood experiences relating to the lack of core emotional needs: secure attachment, autonomy, boundaries, freedom to express, and spontaneous play, may negatively influence the narrative about oneself and the world (known as early maladaptive schemas or EMSs), then making sense of the different behavioural patterns that one uses to cope with emotionally challenging situations (called schema modes or modes). According to Young and Weishaar (2003), the goal of Schema Therapy is to help individuals meet their core emotional needs by learning to use their coping modes in a healthy and flexible way.

## **Challenges in Addressing Early Maladaptive Schemas and Schema Modes in Talk Therapy**

One of the first steps in the Schema Therapy procedure is to identify a person's EMSs (Young, Klosko, & Weishaar, 2003). Lockwood (2008) describes that EMSs are "broad, pervasive themes regarding oneself and one's relationship with others, developed during childhood and elaborated throughout one's lifetime, and dysfunctional to a significant degree." There are 18 schemas in total, categorized in five domains as explained in Table 1.



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**Table 1**  
*Schema Domains and Early Maladaptive Schemas*

Schema Domains	Early Maladaptive Schemas (EMSS)	Brief Explanation of EMSSs
Disconnect and Rejection	Abandonment / Instability	Perceiving others as too unreliable and unstable to ask for support or connect with.
	Mistrust/Abuse	Expecting that others will hurt, betray, humiliate, or take advantage of oneself.
	Emotional Deprivation	Expecting that one's normal degree of desire will not be fulfilled by others.
	Defectiveness/Shame	Perceiving oneself as defective, bad, unwanted, or inferior.
	Social Isolation/Alienation	Feeling that one is isolated or does not belong in the world.
Impaired Autonomy and Performance	Dependence/Incompetence	Believing that one is incompetent or unstable to handle one's daily life.
	Vulnerability to Harm/Illness	Exaggerating fear that a catastrophe (medical, emotional, external) will strike at any time.
	Enmeshment/Underdeveloped Self	Excessively attaching to others and compromising one's individuation.
	Failure	Believing that one has failed or will fail in school, career, sports, etc.
Impaired Limits	Entitlement/Grandiosity	Believing that oneself is superior to others.
	Insufficient self-control/discipline	Having difficulty or refusing to control oneself.
Other- directedness	Subjugation	Excessively surrendering control to others to avoid anger, retaliation, or abandonment.



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Over-vigilance and Inhibition	Self-sacrifice	Focusing on meeting others' needs at the expense of sacrificing one's own gratification.
	Approval-seeking/Validation-seeking	Emphasizing the importance of gaining approval or validation from others.
	Negativity/Pessimism	Focusing on the negative aspect of life (pain, death, disappointment, etc.) while minimizing the positive aspects.
	Emotional Inhibition	Inhibiting oneself from spontaneous acting, feeling, or communicating.
	Unrelenting Standards/Hyper-criticalness	Striving to meet an unrealistically high standard of behaviours or performances.
	Punitiveness	Believing that people should be harshly punished when doing something wrong.

To explore EMSs, the Young Schema Questionnaire (YSQ) is usually recommended (Yalcin et al., 2025). The commonly used versions of the instrument are the short (75 items) and the long (205 items). As YSQ is a self-report instrument, as with other self-report tools, there is a chance that results are affected by biases (Anvari et al., 2023). Schema Therapy practitioners also assess their clients' EMSs through interviews, which are typically conducted at the beginning of the therapeutic process (C. Sakulsriprasert, personal communication, April 29, 2024). However, this method has its limitations. Considering the complex conditions of the clients who are referred to Schema Therapy, a verbal interview can be restrictive, as some of the experiences can be considered traumatic and unspeakable for the clients (Pedone et al., 2025; Wong, 2010).

Schema modes are described as "moment-to-moment emotional states and coping responses" that exist in every human being. With that said, when unhealthy, one may not be able to access some modes (Young & First, 2003). According to Young and First (2003), there are four modes, each with 10 subtypes (Table 2). However, Lobbestael, Vreeswijk, and Arntz (2007) argue that the number of modes can vary as research continues to expand.



**Table 2**  
*Schema Modes and Sub-types*

Schema Modes	Sub-types	Brief Explanation of Subtypes
Innate Child Mode	Vulnerable Child	Feeling lonely, isolated, sad, fragile, weak, defeated, left out, etc.
	Angry Child	Feeling angry or enraged because the core emotional needs are not met.
	Impulsive/Undisciplined Child	Acting impulsively in a selfish or uncontrollable manner.
	Contented Child	Feeling loved, connected, satisfied, included, optimistic, etc.
Maladaptive Coping Mode	Compliant Surrenderer	Acting passively or submissively around others out of fear of conflict or rejection.
	Detached Protector	Cutting off feelings or emotionally detaching from others.
	Overcompensator	Behaving in a grandiose or arrogant way to compensate for unmet needs.
Maladaptive Parent Mode	Punitive Parent	Feeling that oneself or others deserve punishment and acting on it.
	Demanding or Critical Parent	Feeling that the right way to be is to be perfect, holding unrealistic standards towards oneself and others.
Healthy Adult Mode	Healthy Adult	Nurturing and validating one's vulnerability or anger. Allowing adults' functioning to happen.

Assessing modes in talk therapy can be done by interviewing clients on a cognitive level about their behaviours and thoughts in challenging situations, using guided imagery exercises to lead clients back to the past, or using the Schema Modes Inventory, a 124-item self-report questionnaire (C. Sakulsriprasert, personal communication, April 29, 2024). With that said, assessing modes can be a complicated process. While self-report and cognitive interviews are



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prone to subjective biases (Anvari et al., 2023), experiential exercises can lead to re-traumatization or resistance (Clinical Issues Across Services, 2014).

## **Sandtray Therapy: Combining Symbols and Narrative to Explore EMSs and Modes**

Sandtray Therapy is an expressive modality that uses sand, a tray, and symbolic miniatures to enhance mental well-being across the lifespan. Used as both an assessment tool and a therapeutic intervention, Sandtray has been shown to help individuals who struggle to communicate their mental struggles with words (Homeyer & Lyles, 2022; Homeyer & Sweeney, 2023). Using symbolic miniatures helps people to express creatively while lowering their defense mechanisms (Lytje & Holliday, 2022). In addition, when one externalizes their thoughts or feelings onto the tray, they find it easier to narrate complex stories (Garza-Chaves, Timm, & Oeffinger, 2018). By examining the client's Sandtray and its narrative, practitioners may gain valuable insights into the client's past and childhood, which is essential for identifying their EMSs.

## **Procedures and Session Structure**

This paper presents two case studies that utilize Sandtray Therapy and its narrative to identify EMSs and modes. Mali and Nina (pseudonyms) volunteered to participate in the assessment sessions, aiming to gain more insight into themselves from a Schema Therapy perspective. The assessments were conducted by two trained Schema Therapy practitioners to ensure accuracy and safety. Mali and Nina were informed of the benefits and risks of participating in the session and signed the written consent forms.

Each volunteer was invited to an individual on-site session. The session began with a discussion about the volunteers' goals and the prompt for the Sandtray making process. The volunteers then built the tray before sharing the story about their creations. While listening to the narrative, the therapist took notes of relevant information to assess EMSs and Modes. The therapist then asked follow-up questions to understand the narrative better and, when needed, provided interventions to help the volunteers process emerging issues. At the end of the session, volunteers had the option to hear their assessment results. The total time spent on each session was 100-120 minutes.

To be clear, the two sessions were not pre-designed in a specific way but rather met the volunteer where they were at the moment and allowed anything to emerge.

## **Case Studies**

### **Case Study 1: Mali**

#### **Case Background**



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Mali is a Thai female in her mid-30s. She works as a full-time government officer and is interested in environmental protection acts. Mali first came to see the therapist in December 2023 for a self-discovery session. In that session, Mali shared that her father was seriously ill, hence, she became the primary caregiver for all family members: her father, mother, and younger sibling. She also mentioned that her relationships with her mother and her sibling were both challenging.

At the beginning of this assessment session, Mali shared that she lost her father a few months ago, and she was still processing her loss. After her father's passing, the family dynamic shifted. Her mother became increasingly dependent on her, a situation she was unfamiliar with. Apart from that, Mali was working on improving her relationship with her mother. "It is

challenging still.", she shared, "But we are both working on it." On the contrary, the situation improved somewhat with her younger sibling. As they live separately, Mali said she "kind of forgets about them" sometimes.

**Figure 1**  
*Mali's Sandtray About the Challenging Situation*



## Session Summary

After catching up at the beginning of the session, the therapist recapped the objective of the session and suggested two prompts that potentially allow the exploration of EMSs in the Sandtray: (1) Build a scene from your

childhood in the sand, and (2) Build a scene of a challenging situation. Mali chose to build a scene of a challenging situation because "It is easier for me to recall it. Compared to the childhood thing, that doesn't really ring a bell."



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**Figure 2**  
*The Symbol Mali Kept Holding in Her Hand While Telling the Narrative*




Mali chose a round bamboo tray with a large crack and placed six symbols in it, including a baby with a green blanket, a woman with a cracked head, a wooden monster, a blue-haired girl, a black feather, and a piece of natal grass (Figure 1). However, she brought another symbol, a bamboo wind instrument (Figure 2) that she explained, “I know this one won’t fit into the tray. But I want to hold it in my hand.” After about 20 minutes, the tray was completed, and Mali then narrated it. During the narrative telling time, she kept holding the instrument in her hand.

According to Mali, this tray represented the several situations that she finds challenging: the difficulties voicing her own needs, the suppression of anger that she feared may explode some days, the urge to split herself into many parts to satisfy a lot of people in her life, dealing with a controlling mother, and the sadness she held inside. Table 2 summarizes the narrative Mali assigned to each symbol, the therapist’s follow-up

questions, and Mali’s responses.

**Table 2**  
*Mali’s narrative of each symbol*

Symbol’s photo	Name	Narrative
	Baby with a green blanket	<p>“This baby, I picked him up first. When I am stressed, I want to scream like a baby.”</p> <p>“This one represents the inner me.”</p> <p><b>Question: Do you get to scream a lot in real life?</b></p> <p>“No, I don’t get to do that much.”</p>



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Bamboo  
wind  
instrument

“I connect with the wood element.”

“When I’m angry, I keep the anger inside. But it will eventually explode.”

“I want to voice out. But my mom doesn’t like what I am. What I chose was never right. So I have never had my own voice since I was little.”

“I wanted to choose by myself. My mom won’t allow it.”

**Question: Do you want to try playing the instrument?**

“Yes.”

**Question: Now that you have tried playing it and cried for a while, how are you feeling?**

“I felt more comfortable and relieved.”

Woman with  
a cracked  
head



“I don’t know what to do. It’s tough.”

“I want to split myself into many pieces. So, I can do everything (I and others want to).”



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Wooden  
monster

“This one represents the problems. They are so huge that I can’t handle them.”

“In a difficult situation, I feel small.”

“The posture of this one seems so demanding. Sometimes I turn my back on it, but I can still hear it. I have always been like this with my mom.”

“Mom won’t let me choose, so I went against her. But now that her health isn’t so great. I want to serve her. But I won’t do that naturally. Am I taking revenge on her? Not letting her get what she wants?”

“I can see this mode in myself (not letting mom have what she wants).”

“But if I do, I (the self) might disappear again.”

“I want her to trust me and the choices I make.”

“I want her to know that the world is a safe place. But she doesn’t believe that. We clash. I still try, although I know she holds a lot of old beliefs within her.”



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Blue-haired girl

“Sad one. I want to disappear behind the cloud or flower petals.”

“This is how I boost my energy (hiding). And once I am relaxed, I can come back and deal with everything again.”



Natal grass

“Natal grass, just seeing it makes me feel the softness and safety.”

“It reminds me of good memories/feelings. I want to have it.”



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Black feather “Feature, this one is very soft and light.”

“These (natural elements) are protecting and embracing me.”

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*The therapist's follow-up questions are presented in bold.*

After narrating the tray, Mali was overwhelmed by the realization that her relationship with her mother was not what she had wanted. The therapist then supported her by creating a space for her to voice her thoughts and feelings by playing the instruments, using the empty-chair technique (Perls, 1969) to explore alternative views of the situation, and to invite her to make any changes to the Sandtray that reflected her shifted perspective on this challenging situation (Figure 3). Mali took out the baby with a green blanket and replaced it with a laughing girl, explaining that “it is the same baby, but became more playful and happier”. She also mentioned that the wooden monsters (representing her mother), after hearing how Mali felt, “lowered its arm. More understanding now.” Lastly, Mali added the Statue of Liberty in the middle of the tray, facing the wooden monster, and explained that “after processing this stressful situation, I can feel more freedom. I can feel that freedom is my power source.”

## **Comparison of Mali’s Sandtray Materials with the EMSs and Modes Framework**

Based on Mali’s Sandtray and narrative, the three EMSs revealed were *emotional inhibition*, *self-sacrifice*, and *subjugation*. It is clear when Mali said, “When I’m angry, I keep the anger inside. But it will eventually explode.” and “I want to voice out. But my mom doesn’t like who I am. What I chose was never right. So, I have never had my own voice since I was little.”



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That Mali tends to stop herself from feeling and expressing freely, which matches the explanation of *emotional inhibition*. Meanwhile, the sentence “I want to split myself into many pieces, so I can do everything (as I and others want to)” subtly suggests that Mali tends to do as others want,

**Figure 3**  
*How Mali’s Tray Looked After Processing*



even at the cost of her well-being, which aligns with the schemas of *self-sacrifice* and *subjugation*.

Additionally, this Sandtray also revealed five modes that Mali tends to use when coping with challenging situations. The baby with a green blanket represented the *vulnerable child mode*, as Mali explained that it wanted to scream when things went wrong, although she did not get to do so as much in real life. This baby later became a happy girl who represents the *content child mode*. There are two subtypes of *maladaptive coping modes* to observe from Mali’s tray. The woman with a cracked head could represent the *compliant surrender subtype*, splitting herself to satisfy others.

Meanwhile, the *detached protector subtype*

was also evident in the blue-haired girl, as Mali described her hiding to re-boost her energy. However, it is crucial to note that Mali was in a healthy adult state after processing the tray. She showed a calm and stable quality throughout the discussion. Additionally, Mali accepted her sadness and anger as they emerged, which aligns with the characteristics of the *healthy adult mode*. Hence, by the end of the process, the Statue of Liberty was included as a symbol of her liberation.



## Case Study 2: Nina

### Case Background

Nina is a Thai female in her early 30s. She has been working as a learning designer and facilitator for the past few years. Nina shared that she has always engaged in workshops or classes that offer inner growth, and she would like to explore herself through the lens of Schema Therapy and Sandtray.

Nina expressed from the beginning of the session that she was currently feeling overwhelmed by her new position at a large corporate firm. Apart from that, her relationships with her family and partners were unsatisfactory. She felt an unexplainable emptiness from the inside that sometimes made her stomach ache.

### Figure 4

*Nina's Inner Emptiness*



### Session Summary

After listening to Nina, the therapist asked her to choose a symbol or two that could represent the emptiness she felt. She chose two symbols (Figure 4): a boy with a cloth around his eyes and a group of worm-like monsters. Nina said that all the challenges she faced now triggered this feeling.

Hence, the therapist proposed that Nina create a Sandtray using these two symbols as a center to explore the underlying dynamics of the empty feeling and potentially lead to insights regarding her EMSs and modes. Nina agreed to the direction and started creating her tray.





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identified her internalized guilt and shame; although her mother never said it directly, she felt like her mother was silently disapproving of her choices.

Once finished narrating the tray, Nina connected the emptiness she felt inside with the disconnection from her true self, as they are placed on opposite sides in her Sandtray. To ensure that Nina saw some hope in the situation, the therapist invited her to make a short list of activities that would help her reconnect with the life she wanted before ending the process.

It is worth noting that there was also a representation of positive fantasy in Nina's tray. It was represented in the middle-top area of the tray, where Nina placed a happy-looking girl, two colorful mushroom houses, a coaster with a house image, and a basket filled with sand. She described this area as a happy place or happy memories that she would like to keep close to her. However, it was unclear whether these happy places or memories exist in real life.

## Comparison of Nina's Sandtray Materials with the EMSs and Modes Framework

The first EMS revealed in Nina's Sandtray was *emotional deprivation*. When Nina said, "I

**Figure 6**  
*The Dancing Lady and the Monster*



have known that my mom never accepts my choices. She wanted me to continue our family business. However, I have known myself since I was young that I do not care about that. I have my own dreams. I have asked myself why it must be me who solves problems.". It showed that she did not

expect others to meet her needs and that she had to solve everything herself. This can be seen as a deprivation of empathy: when one lacks understanding and listening from others from a



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young age. Nina's perception was also evident in her tray, where she portrayed her ideal self with a large, dancing lady and other people with a small demon running away from her (Figure 6). The size difference between the representation of herself and that of other people might reflect Nina's perceived reliability of people in general. Additionally, the monster running away from the lady might visualize the disapproval Nina felt from the people around her.

**Figure 7**  
*Symbol Of Nina's Vulnerable Child Mode*



The second EMS observed was *approval seeking*. Despite how unreliable Nina perceived others to be, she still expected their approval, especially from her mother. Nina shared that she decided to change her job because her mother kept asking her about her annual bonus and comparing her to the neighbour's kids, which exemplified Nina's tendency to act for others' approval.

Meanwhile, this tray also showed Nina's three subtypes from two modes. One being the *maladaptive coping mode (compliant surrenderer subtype)*, represented by the boy with a cloth around his eyes. Nina described him as "Inner emptiness. The fact

that he has his eyes all covered represents how I have covered my true self.", which aligns with the definition of *compliant surrenderer subtype*—acting in compliance with others to avoid rejection. In Nina's case, she disconnected with her true self and became someone she thought her mother would be pleased with. On the other hand, the *innate child mode (vulnerable child subtype)* was also represented by two symbols: the fairy and the red panda (Figure 7), as Nina described them as acts of crying and whining. Lastly, the way Nina included her happy fantasy (Figure 8) in the tray might give a hint at how she copes with challenges. This could be considered as a *detached protector subtype*, another one from the *maladaptive coping mode*, in which one escapes into fantasy or addictive behaviours to avoid difficult feelings.



**Figure 8**  
*Nina's Happy Fantasy*



### **Conclusion and Discussion**

This paper demonstrates the use of Sandtray as a creative tool to identify early maladaptive schemas and schema modes, in line with the Schema Therapy approach. As presented in the two case studies, Sandtray Therapy can be beneficial in several ways.



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First, Sandtray allows individuals to portray complex situations and see them simultaneously. The tray and narrative serve as evidence supporting the assessment results, help individuals process emotions, accept their situation, and move forward in the therapeutic process. Externalizing abstract concepts and feelings into objects helps solidify experiences and facilitates meaning-making. During the session, Nina processed her feelings about the different modes she has, decided how she wants to co-live with them, and designed strategies accordingly. On the other hand, Mali allowed her vulnerable child mode to come out and play with the musical instrument, which fulfilled the core emotional need of that mode, hence it was soothed and shifted to a content child mode. These examples illustrate how Sandtray serves not only as an assessment tool but also as an intervention.

Observing how one interacts with symbols can signify which modes are active and may need attention. For example, when Mali continued to hold the musical instrument, which related to her need to be heard, her vulnerable child mode was activated, and emotional processing was necessary. And when Nina almost cried while talking about the boy with closed eyes, it might signify that the compliant surrender mode was being excessively used and causing her emotional constraints. Noticing these details can help therapists take crucial actions to support their clients.

Therapists can also use Sandtray to support the person's emotional needs and, at the same time, learn about conditions that help calm their modes. Looking back to when Mali's vulnerable child mode got to play the instrument and later shifted to the content child mode, it was obvious that the need was to be heard. Furthermore, once the need was met, Mali was able to access her healthier mode, though the process occurred only in the session and not in a real-life situation with her actual opponent.

Position of the symbols in the tray may reveal the dynamics between modes and between the client and their opponent. In Mali's case, her healthy adult symbol (the Statue of Liberty) was placed facing her mother's symbol (the wooden monster). This can be seen as both a confrontational act against her mother and a protective act for her other modes. In Nina's case, the boy with closed eyes was looking toward the dancing lady, which could be interpreted as a wish for the compliant surrender subtype to reconnect with her true self, for instance.

Although the processes of the two cases differed, it is still possible to extract the necessary results. The author hopes this is encouraging for practitioners to remain creative, go with the clients' flow, and trust in the process and the power of the creative tool. However, practitioners should keep in mind that when more information emerges, the assessment results need to be reconsidered. It is essential to keep our eyes and hearts open to new possibilities.

Finally, being alert for signs of trauma reactions and closing the session safely are also crucial when working with unconscious materials. As Sandtray grants access to deep areas of people's minds, practitioners must be trained and ready to support their clients when unexpected situations arise.



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