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## **The Emergence of Acceptance and Commitment Sandtray Therapy: A Novel Framework**

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### **Abstract**

This paper introduces Acceptance and Commitment Sandtray Therapy (ACST) as a new branch of sand therapy theory. As a novel framework, it offers a fresh approach to conducting sandtray therapy and provides additional avenues for pursuing research. The creation and articulation of ACST is an evolution of my unique experience as an enthusiastic and dedicated student of Acceptance and Commitment Therapy (ACT) and Sandtray Therapy (STT). Part of this article's purpose is to introduce ACT's foundational philosophy and theory, which is achieved by briefly describing radical behaviorism, functional contextualism, and relational frame theory. The primary focus of this paper is to highlight the six core psychological processes used in ACST and provide an example using a fictitious client's tray with those processes in mind. Suggested protocols for implementing this framework and therapeutic interventional prompts appropriate for its application are also offered. This work is significant in bridging two worlds: ACT's contextual behavioral science realm and the interpersonal neurobiology domain of STT. With the emergence of this new model, new possibilities are on the horizon for both professional communities.

Today, sand therapy stands in the field of psychology as a thriving, stalwart tree with many branches—each branch bearing sound psychological theories and applications. One of the beauties of sand therapy is how its roots run strong and deep and offer diverse professional thought and implementation. Sand therapy professionals can choose from a wide array of psychological theories and applications that align with their personal

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# WORLD JOURNAL FOR SAND THERAPY PRACTICE

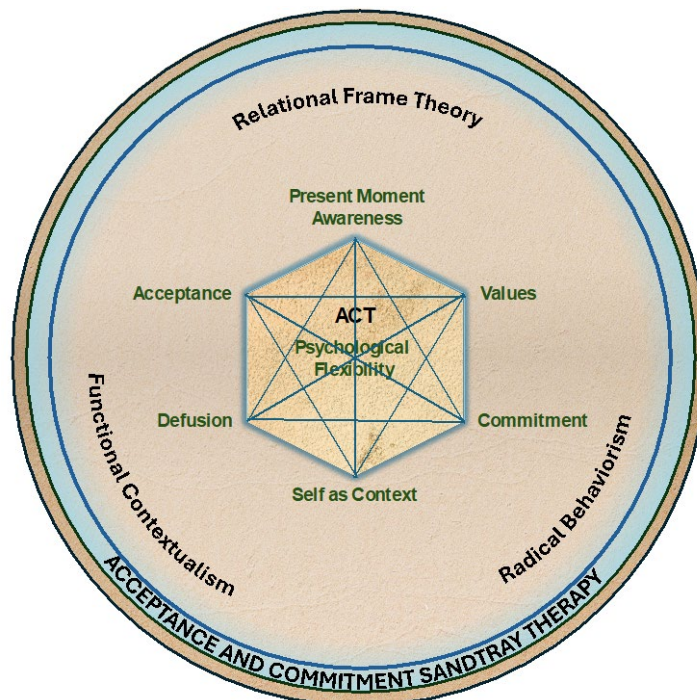
PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

and professional philosophy (Homeyer, n.d.; Homeyer & Sweeney, 2023; Sweeney, 2024). This grants the freedom to work with a theory that rings true for them.

This paper introduces Acceptance and Commitment Sandtray Therapy (ACST) and presents it as a new branch of sand therapy theory. This emerging framework emphasizes concepts, philosophy, and theory found in Acceptance and Commitment Therapy (ACT), as presented by Hayes et al. (2012). Although beyond the scope of this paper, ACST also acknowledges and accommodates significant theories that propose neuroscience (e.g., Panksepp & Biven, 2012; Porges, 2017; McGilchrist, 2021), interpersonal neurobiology (e.g., Kestly, 2014; Siegel, 2012), and neural integration (Kalff, 2022). By integrating these schools of thought, ACST yields a method that helps explain session dynamics and enhances the understanding of clients' experiences in sand therapy. Refer to Figure 1 to view a diagram of the ACST model.

**Figure 1**

*Acceptance and Commitment Sandtray Therapy (ACST) Model*



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*Note:* This image depicts a bird's eye view of a circular sand tray and shows how ACST is grounded in functional contextualism, radical behaviorism, RFT, and ACT.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

This article's purpose is to introduce ACT's foundational philosophy and theory, describe the six core psychological processes in ACST, provide an example of ACST using a fictitious client's tray, and offer a suggested protocol for implementing this framework—to include *Stance of the Therapist*, found in Appendix A, and *ACST Technique* with interventional prompts, accessible in Appendix B and Appendix C. Hopefully, what is read here will spark curiosity and intrigue about this model. The reader will gain enough knowledge and guidance for already proficient sand therapy practitioners to begin using it with clients. A note of caution: To uphold the highest ethical standards and ensure competency, inexperienced sand therapy clinicians are strongly encouraged to undergo training. Learning more, gaining experience, and engaging in supervised practice prior to using this model is highly recommended. It can be a deceptively powerful modality.

## **Acceptance and Commitment Therapy**

One of ACT's central tenets is the belief that human mental and emotional suffering arises from normal psychological processes. Based on this premise, ACT challenges societal and professional practices that promote the idea that humans are meant to constantly strive to achieve and maintain a state of happiness. Unfortunately, the quest for ultimate happiness has led professionals to pathologize natural human conditions (Hayes et al., 2012). Rather than pathologizing, aiming to eliminate or reduce difficult thoughts, emotions, memories, or physical sensations, ACT encourages acknowledging and willingly allowing them. While humans can train their minds in a certain fashion, thoughts, emotions, memories, and physical sensations come unbidden. ACT delineates ways to recognize, accept, and gently hold these unique events. Through engagement with the six ACT core psychological processes, individuals can develop awareness of how they respond to their private experiences and physical environment. Cultivating non-judgmental awareness and curiosity about internal and external personal experiences are key features of the ACT protocol. The primary aim of ACT is to develop psychological flexibility through engagement with its core psychological processes. This empowers individuals to live a meaningful and fulfilling life, even when facing difficult thoughts, emotions, memories, or sensations, and while navigating life's challenges.

In practical terms, ACT may seem somewhat reminiscent of other theories and modalities, such as Buddhist philosophy, Gestalt, humanistic approaches, Japanese psychology, and logotherapy. Practitioners of sand therapy are likely most familiar with Buddhist philosophy, as represented in Dora Kalff's work (1980), Gestalt therapy through Violet Oaklander's contributions (1988), and Stephen Armstrong's humanistic sandtray approach (2008). Despite these similarities, ACT remains distinct in its approach and theoretical underpinnings. Unlike other sand therapy theories, ACST is grounded in *contextual behavioral science*, providing a theoretical



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

perspective that scientifically explains and elucidates the psychological processes that occur during a sand therapy session. ACST honors the unique context of an individual's sand therapy experience and facilitates the development of a unique personal template for living a rich and meaningful life, thereby fostering effective behavioral change.

Additionally, ACT can be adapted to fit the context of each client's developmental stage or particular need. Protocols for ACT have been developed for children as young as five years old, pre-adolescents, and adolescents (Black, 2022, 2024; Gillard et al., 2024). There is also a wide array of ACT clinical guidance applicable to working with adults, couples, and groups, and there are a plethora of authors who have contributed to the body of work that delineates ACT's clinical practice (e.g., Harris, 2009; Hayes et al., 2012; Polk et al., 2016; Villatte et al., 2016; Wilson & DuFrene, 2008). Techniques and concepts from each can easily be adapted for use in ACST.

A notable aspect of ACT is the way it is disseminated. Being an experiential therapy model, clinicians are highly encouraged to live ACT in their own lives and to participate in peer consultation or study groups and other training settings. Within the peer consultation or study groups, real plays or role plays are often conducted, where the emphasis is on the observation of ACT's six core psychological processes, rather than the therapist's technique. An illustration of how this can work will be provided in the case example.

## **ACT and its Foundational Roots**

ACT is a "contextual behavioral science (CBS) approach" (Hayes et al., 2012, p. 27), rooted in the philosophies of radical behaviorism, functional contextualism, and relational frame theory (RFT). Reference Figure 1 to view a relevant diagram. Understanding these concepts can enhance the therapeutic process's precision, scope, and depth (Hayes et al., 2012). However, detailed knowledge of the underlying philosophy and theory is not essential for effectively using ACT as a therapeutic modality. While a thorough account of ACT's underlying philosophies and theory is beyond the scope of this paper, brief descriptions of radical behaviorism, functional contextualism, relational frame theory, and ACT's core psychological processes will be provided.

### **Radical Behaviorism**

Radical behaviorism, a psychological philosophy of science proposed by B. F. Skinner, is a component of the foundational basis of ACT. Unfortunately, due to critiques of Skinner's work by his contemporaries (based on misunderstandings), negative preconceived notions about behaviorism persist among many clinical mental health professionals today (O'Donohue & Ferguson, 2001; Thyer & Myers, 2011; Törneke, 2010). These lingering misconceptions have somewhat tainted the reputation of behaviorism and often lead professionals to be less inclined to seek further understanding.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

Why the term radical? Was Skinner referring to something fanatical or militant? No, he was not. He was using that term to reference the conceptual expansion of the philosophy underlying behaviorism. Specifically, he used *radical* to indicate an all-inclusivity and consistency of study and thought when referring to the behavioral principles of radical behaviorism (Törneke, 2010). In this broadening of the philosophy of behaviorism, Skinner (1976) stated that private experiences are as much a part of behavior as public experiences. Today's behaviorists have carried this notion forward. Referring to what behavior is, they assert:

It encompasses every observable response that a living organism can make, regardless of whether the response is produced by the somatic nervous system (e.g., pressing a lever), the autonomic nervous system (e.g., salivation), or neural processes (e.g., electrical activity in the brain). Also, conscious thought is considered to be behavior, be it a subclass of behavior that can be observed only by the organism itself. (De Houwer et al., 2013)

ACST fundamentally embraces and demonstrates this concept.

### **Implications for ACST.**

From the perspective of radical behaviorism, everything observable to both the clinician and the client offers significant points of saliency for fostering change. Consequently, the interbehavioral stream between the client, sand tray, and therapist requires constant attention and interaction – even if silent – on the therapist's part. These opportunities in session provide practice for the client to learn how to engage ACT's six core processes and stretch toward their psychological growing edge.

### **Functional Contextualism**

As seen in Figure 1, functional contextualism is another main aspect of ACT's philosophical foundation. It can be viewed as a more modern term that encompasses and extends Skinner's philosophy of radical behaviorism in the ACT model. It is considered a pragmatic philosophy of science (Törneke, 2010). Differing from other contextualism views, functional contextualism holds "its unique goals: the prediction-and-influence of psychological events with precision, scope, and depth" (Hayes et al., 2012, p. 32).

Essentially, the term functional contextualism implies its own meaning. Contextualism is holistic in nature, and the entirety of an event—its context—is considered central to understanding the event. Harkening back to radical behaviorism, contextualism encompasses both private and public experiences. The functional aspect of functional contextualism provides a framework for exploring how psychological events function within the specific context in which they occur. Therefore, this approach focuses more on examining the function within the context of the psychological event rather than focusing on the event itself or the content of how it may be described (Hayes et al., 2012; Bennett & Oliver, 2019)



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

Additionally, functional contextualism closely examines the notion of truth, adopting the perspective of pragmatic truth. Pragmatic truth is a less objective form of truth than the commonly held view of what truth is. In this sense, truth is evaluated based on its practical usefulness in moving toward a stated intention rather than its accuracy in reflecting reality or a logical consistency within a set of beliefs. Pragmatic truth focuses on unique perspectives and maintains an a-ontological stance. Adopting this view allows individuals to better understand their internal and external experiences and can open doors to making more informed choices for themselves (Hayes et al., 2012).

### **Implications for ACST.**

In ACST, it may or may not be immediately apparent how private and public behaviors present during a session are functioning. However, the context of an ACST session is somewhat readily apparent and encompasses: the experience of choosing objects and building the tray; the creation in the tray; the client's public and private experiences during the session, paired with their unique personal history and the meaning they derive of that history; the therapist's public and private experiences during the session, along with their unique personal history and how they interpret that history; and, the interpersonal interactions between the client and the therapist during the session. Although these elements are present and provide context, not all of them may be observed or revealed. The function of their presenting behaviors may be revealed through careful observation of the client, the client's narrative, and their responses to the therapist's prompts. Ultimately, the client and the therapist can determine together whether the behavior showing up during a session is facilitating willing movement toward a meaningful intended purpose.

### **Relational Frame Theory**

RFT, a psychological theory of human language and cognition, represents the third foundational aspect of ACT, as seen in Figure 1. This contextual behavioral approach illuminates the human capacity to acquire language and form relational frames through interacting with the environment. Specifically, RFT demonstrates how vast cognitive relational networks are established in a progressive and complex manner (Bennett & Oliver, 2019). This relational framing is considered the crucial fundamental aspect of language and cognition (Hayes et al., 2012). As a contextual behavioral theory, RFT aligns with functional contextualism, and it also maintains a focus on supporting research and informing clinical practice (O'Connor et al., 2017; Törneke, 2017).

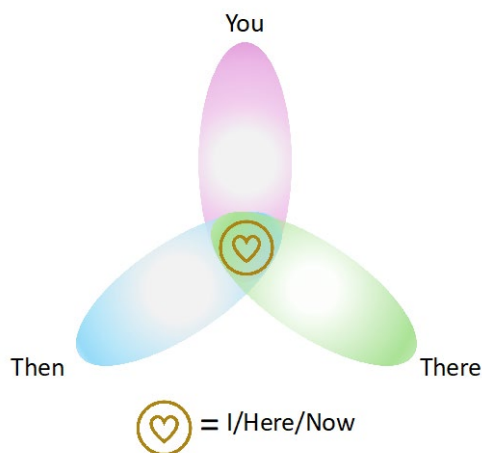
To illustrate RFT in part, consider what happens the moment an infant takes their first breath. The baby begins to cry. Someone present at the birth speaks. Perhaps the mother coos, "You're so beautiful," or says in a soothing voice as she gently rocks the infant in her arms, "Ooooh. Sh, sh, sh. There, there. It's okay." The wondrous human apparatus, albeit in a tiny



infant, begins associating those words and motions with an internal feeling, and relational frames begin forming. Over time, such interactions grow exponentially. As more and more relational frames are created, associated thoughts and emotions inform the meaning made of what is learned through language. A web of learning is created. This process goes on and on right up to the last breath.

RFT has been heavily empirically researched, and much has been written on the theory (e.g., Dymond & Roche, 2013; Hayes et al., 2001; Ming et al., 2023; Törneke, 2010). Its intricacies are far too vast to include here. That being stated, three aspects of RFT seem to stand out for use in ACST: deictic relational frames, ROE-M (relate-orient-evolve-motivate), and metaphor.

**Figure 2**  
*Deictic Relational Frames*



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(Adapted)

*Note:* This image depicts deictic relational frames developed early in RFT. It demonstrates how these relational frames can overlap and come together as I/Here/Now and offer an experience of a transcendent quality (Hayes et al., 2012, p. 88).

### **Deictic Relational Frames.**

Essentially, deictic relational frames are the ability to take varying perspectives in relation to others, time, and space (Hayes et al., 2012) and are a place from which individuals can observe themselves (Törneke, 2017) and, therefore, engage in the core psychological process of *self as context*. The three particular deictic relational frames of *I-You*, *Here-There*, and *Now-Then* can interconnect in a way that has a spiritual quality of transcendence. This felt human experience seemingly outside of time and space has been reported by cultures worldwide. The importance of spirituality in this sense was first explored by Hayes (1984) and is considered by some to be the genesis of ACT. Additionally, Hayes et al. (2012) embraced spirituality as both beneficial and rational for use in science and based their research on the promise of using this perspective-taking in treatment. A diagram

demonstrating these three deictic relational frames can be seen in Figure 2.

### **Implications for ACST.**

This quality of transcendence is often observed in sand therapy and speaks to the sacred nature of the work. These deictic frames are often conjured and observable as objects are selected by the client and placed in the tray and as the process is being witnessed. *I-You*, *Here-*



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

*There, and Now-Then* are inherent in the interactions between the client and the objects, the client and the tray, and the client and the therapist; they also can be apparent in the client's narrative as they gaze at the tray. This engagement may be solemn and can also be playful in nature. The therapist can deepen the client's experience by prompting them to employ enhanced intentional perspective-taking. Suggested questions and phrases that the therapist can use to foster such engagement with these three deictic relational frames (i.e., self as context) are available in Appendix B-4 and Appendix C-4.

## **ROE-M.**

A noteworthy forward-moving development for RFT is that of a model called ROE-M (relating-orienting-evoking-motivating, pronounced 'roam'). This model was initially developed as ROE and provides a conceptual unit of analysis. ROE and ROE-M are both thoroughly discussed in the literature by RFT scholars and too great in volume to explore here (e.g., Barnes-Holmes et al., 2020; Barnes-Holmes & Harte, 2022; Pomorska & Ostaszewski, 2023). Using concepts of ROE-M fosters a process-based intervention that provides greater precision, scope, and depth in treatment and is specific to the context of the moment. This differs from a topographical or manualized treatment protocol (Pomorska & Ostaszewski, 2023). ROE-M is dynamic, and each component is interactive with the other. The R in ROE-M involves the complex ways the mind has of *relating* one thing to another. O involves *orienting* or noticing by bringing present-moment awareness to the event in its context. E, *evoking*, refers to noticing the appetitive, aversive, or neutral quality of the behavioral event. And, M, *motivating*, speaks to the assumed level of potency of motivation and its interaction with the other three components (Barnes-Holmes & Harte, 2022).

## **Implications for ACST.**

In the same fashion as the other components of RFT, ROE-M can be observed, can also be elicited by the clinician, and can bolster the effectiveness of treatment. When the clinician brings these aspects forward in a subtle way during the safe space of a session, the client's ability to stretch their psychological flexibility is increased.

## **Metaphor.**

In the realm of ACT, the use of metaphor is prominent and is therapeutically useful. Literature from the contextual behavioral science community underscores the significance of metaphorical language, highlighting its relevance to RFT and its practical application (e.g., Stoddard & Afari, 2014; Solonchak & Pesina, 2015; Törneke, 2017). Despite this emphasis, research or discussions specifically addressing tangible metaphorical imagery utilized in sand therapy seem nonexistent. This makes sense, given that ACT practitioners using sand therapy are scarce. Within the field of sand therapy, understanding the use of metaphor and observing its



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

application in practice is quite apparent and commonplace. A recent article by Gil (2023) spoke to understanding metaphor and offered ways of viewing its importance and use in sand therapy.

## **Implications for ACST.**

Professional and personal observations of sand therapy suggest a number of considerations to highlight. Using metaphor and relational framing appears to be intrinsic and obvious in sand therapy. As clients arrange their chosen objects within the tray, they construct a physical manifestation of their internal cognitive and emotional landscape, creating a context for the objects in the tray. This act often unfolds without spoken language, yet it is rich with personal symbolism and meaning, effectively utilizing relational framing in a concrete form. The therapist's key role is to facilitate this process by providing an added layer of context—a held, safe space. This environment allows clients to engage with their metaphors, offering insights that might remain elusive in talk therapy only.

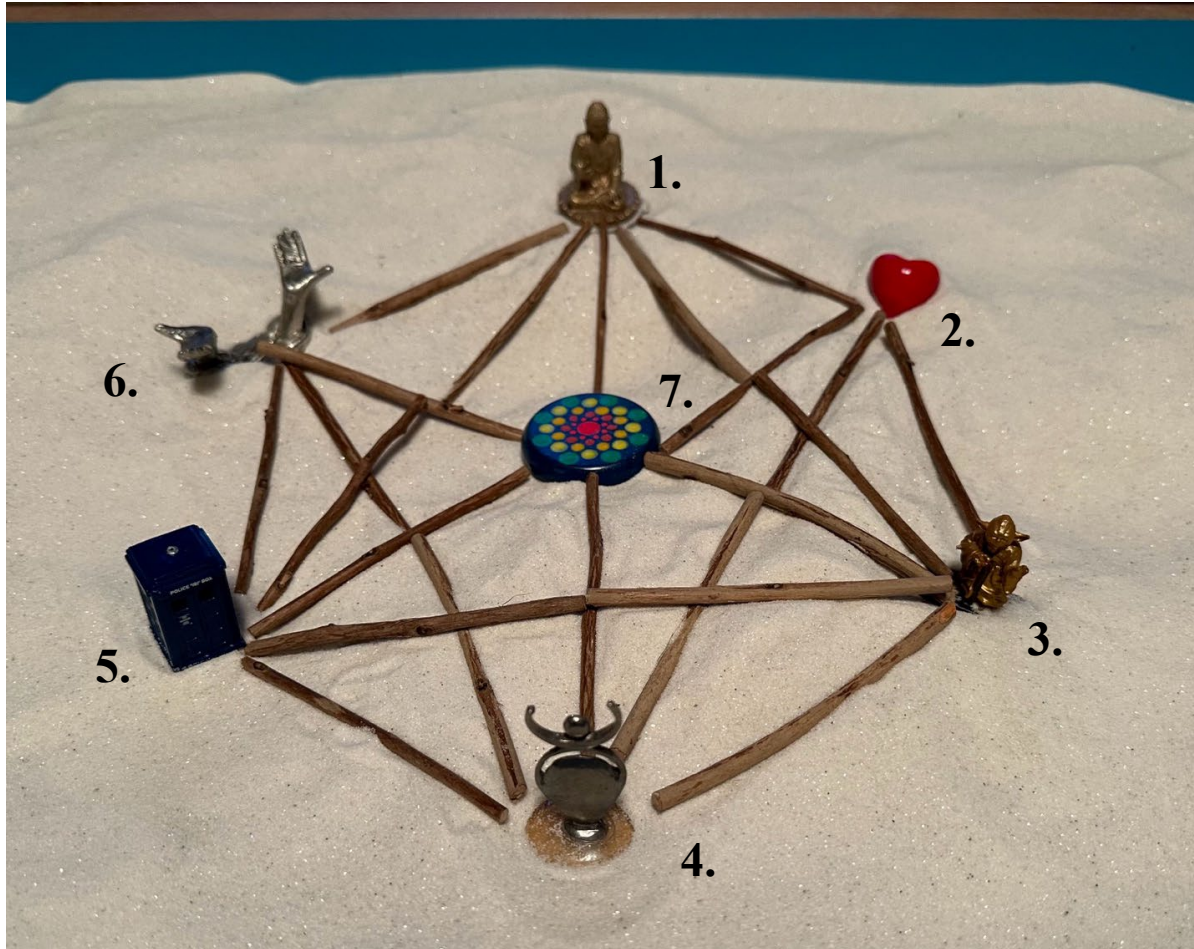
The inherent reliance on metaphor and relational framing within ACST underscores a significant but underexplored area. The objects clients choose may symbolize complex personal meanings and relationships. They are not just interacting with symbols but actively participating in a dynamic process of relating their experiences to observable, tangible forms. This metaphorical aspect of ACST invites further scholarly exploration to better understand how these tangible metaphors contribute to therapeutic outcomes, particularly in enhancing psychological flexibility and client-centered therapeutic advancements.

## **ACT's Psychological Processes**

ACT has six core psychological processes, often depicted in a hexaflex diagram, as seen in Figure 1, and again represented in a sand tray depiction shown in Figure 3. The hexaflex demonstrates a unified theoretical model and represents ACT's six psychological processes that support behavior change. Establishing and defining these six core processes took 30 years of research (Hooper & Larsson, 2015). The hexaflex is often used in ACT to illustrate how the six core psychological processes interact. The core processes: 1) Present Moment Awareness, 2) Values, 3) Commitment, 4) Self as Context, 5) Defusion, and 6) Acceptance are dynamically interactive and collectively support psychological flexibility, which is a central goal of ACT (Hayes et al., 2012). Greater psychological flexibility is achieved by engaging these core processes in a manner that emphasizes and promotes living a meaningful life. When individuals achieve greater psychological flexibility, they are more likely to thrive. Refer to the hexaflex represented metaphorically in the sand tray image found in Figure 3.



**Figure 3**  
**ACT Hexaflex in the Sand**



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*Note:* This sand tray creation shows the dynamic interaction of the six core psychological processes and the central focus of ACT – psychological flexibility.

### **1. Present Moment Awareness**

The process of *present moment awareness* is represented by a Buddha figure, which serves as a metaphor for cultivating attention to the present moment, as shown in Figure 3-1.

With this ACT core process, the clinician's role is to guide the client toward paying attention to what is happening from moment to moment in the session. This provides information about



the client, and it lends opportunity for the client to experientially learn to access present moment awareness as their experience unfolds in session.

**Assessing Present Moment Awareness.**

Is the client able to be fully present in the moment? Can the client notice their thoughts, emotions, and body sensations in the moment?

**2. Values**

The process of *values* is represented by a miniature heart object meant to reflect the things in life that matter deeply, as shown in Figure 3-2.

Helping clients articulate their personal values, which are precious and meaningful to them, can be considered *therapeutic gold*. Knowing deeply-held values provides human beings with a guiding compass in life and can motivate them to do hard things. The clinician can help clients appreciate and understand that anything a person cherishes will inevitably involve pain and suffering. After all, if they did not care about that thing, it would not be painful when that value is threatened somehow. In other words, pain and suffering often point to a deeply held value.

**Assessing Values.**

Who or what matters deeply to the client? What personal value is their challenge or difficulty pointing toward?

**3. Commitment**

The process of *commitment* is represented by a Yoda figurine from *Star Wars* (see Figure 3-3).

Yoda famously said, "Do or do not. There is no try" (Lucas & Kershner, 1980), which speaks to committing to act—no matter how small the *doing* is. Committed action can be engaged in a precise way in session, and clinical treatment goals can be set in broader terms. Small, incremental steps taken in the moment can provide a scaffold for clients to build on and give them practice for leaning in and moving toward the kind of person they truly want to be through committed action. Clinicians can gently steer their clients toward noticing when they have choices before them and facilitate choices congruent with the client's personal values.

**Assessing Commitment.**

Given this circumstance, what is the client willing to do? How can the client move toward their values? What practical steps can the client take?



#### 4. *Self as Context*

The process of *self as context* is represented by a female figurine with her arms outstretched, as if being present in the moment and encompassing *all* space and time, as shown in Figure 3-4.

This process involves the client stepping back to observe their own behavior, both internally and externally. This precious aspect of the human experience includes the ability to notice and witness everything that happens in life. Helping clients cultivate this process with kindness, compassion, and without judgment is therapeutically beneficial.

##### **Assessing Self as Context.**

How does the client respond to the past, present, and future? Is the client able to observe their own psychological processes?

#### 5. *Defusion*

The process of *defusion* is represented by a miniature TARDIS (Time and Relative Dimension in Space) from the *Doctor Who* television series (Davies & Moffat, 2005-2017) and is meant to depict an ability to gain different perspectives, as shown in Figure 3-5.

A common way to understand *fusion* in ACT is to use the metaphor of being "hooked" by internal experiences. Internal thoughts, emotions, memories, and sensations can sometimes trap individuals in troubling behavioral loops, increasing their misery. *Defusion* is the process of first noticing these internal experiences and then learning to gain different perspectives and distance from them. ACT offers several methods to achieve this. For instance, believing every thought or buying into every feeling might be useless. Instead, people can learn to become curious about their internal experiences and explore them more fully.

##### **Assessing Defusion.**

Can the client notice if something is keeping them stuck? Can the client notice if something is getting in the way of pursuing who or what is important? Can clients notice if they are running, hiding, or fighting with internal experiences?

#### 6. *Acceptance*

The process of *acceptance* is represented by a miniature object with open hands extended, symbolizing a willingness to accept difficult internal experiences and a gentle place to hold them, as shown in Figure 3-6.

Acceptance is the process through which individuals acquire the understanding that their response to internal experiences is unique to the context of their situation, personal history, and the meaning they ascribe to those internal experiences. Allowing internal experiences without resisting them grants more freedom from being controlled by them. Noticing and acknowledging



when a client is practicing acceptance in session amidst their experience of mental and emotional anguish is helpful in the development of this core process.

**Assessing Acceptance.**

Is the client able to willingly allow difficult thoughts, emotions, sensations, or memories to simply be... to let them come and go in their own good time? Can the client hold their internal experience gently, with self-compassion, and without judgment?

**7. Psychological Flexibility**

*Psychological flexibility* is represented by the disc-shaped mandala object and the hexaflex created of natural wooden sticks, as seen in Figure 3-7. Together, these are intended as a metaphor for flourishing.

**Assessing Psychological Flexibility.**

Overall, is the client engaging in all six psychological processes in a manner that supports living a life that is meaningful to them?

**Case Summary**

Alice, a 63-year-old with Class V end-stage myasthenia gravis, was diagnosed four years before starting sand therapy. This rare, chronic autoimmune disease affects small muscle nerve cells, leading to intermittent muscle weakness and impacting muscles for facial expressions, breathing, swallowing, speaking, and movement (Myasthenia Gravis Foundation of America, n.d.).

Alice often faced sudden diaphragm and vocal cord paralysis, necessitating emergency room visits. She sought psychotherapy to help her manage her condition, maintain independence, and repair her relationship with her daughter. Unresponsive to medical treatments and believing her death was imminent, she foremost wanted to end life well by mending things with her daughter.

Alice's care comprises a multidisciplinary team that includes a physician, nurse, chaplain, social worker, psychotherapist, and medical transport. Alice was curious about sand therapy and created her only sand tray during a session when she could walk, talk, and move as needed. Refer to Figure 4 to view this tray. Within weeks of this session, Alice met with her daughter to convey regrets and to embrace hearing what her daughter needed to say. Alice died some days later.

[*Note:* The following is intended as an observation focusing on the client's behaviors and psychological processes without interaction from the therapist.]



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

Alice conducted the session in a reverent manner. She moved slowly and placed objects with great care, often pausing with various facial expressions. Once she had completed the building process, she began to explain the significance of what she created. She first spoke about her daily meditation practice and described how she imagined being in a garden with angels all around her. She said, "I experience so much peace and love there." Figure 4-1 shows what Alice was referring to. She said, "I know the path ahead is sunny and clear. As I meditate, I know that what comes from beyond and from within me is love, and then I know what I want to do." When she spoke those words, she pointed to the area in Figure 4-2. She then said with tears streaming, "What I want most in all the world, with the help of my angels, is to help my daughter understand how much I love her. I'm ready to cross the bridge that's been between us – to hug her and try my best to mend what has happened. I don't know if she'll let me." As Alice spoke, she again pointed to the tray and indicated she was speaking about the area that can be seen in Figure 4-3. Alice sat for a while, silently weeping. Once she was able, she said in a raspy, shaky voice, "I don't know what happens after this life ends, but I'm excited to see what it is. I don't know what will come out of this. I think I'll get to be with people I love who have gone before me... and with my angels... and from wherever I am, I'll get to see my daughter live the rest of her life knowing her mother loved her." Reference Figure 4-4 to see what Alice was pointing to as she spoke.

## **Witnessing Alice's Session: Observing the Psychological Processes of Alice's Session**

*Note:* In line with a common approach to learning ACT, the following demonstrates observing client behaviors and noticing psychological processes during the session.

### ***Present Moment Awareness***

Alice seemed to be engaged in *present moment awareness* throughout the session. This was particularly evident when she chose objects to place in the tray. At times during the session, she would sit in silence as if she was noticing the moment. She also took the opportunity several times to simply sit and breathe before she moved on with her narrative. One of those instances stood out, and that was when she said, "What I want most in all the world, with the help of my angels, is to help my daughter understand how much I love her. I'm ready to cross the bridge that's been between us – to hug her and try my best to mend what has happened. I don't know if she'll let me," and then sat for a while, silently weeping as if she were extremely aware of her *present moment* experience.

### ***Values***

As Alice talked about her daily meditation, it was apparent from her reverent tone of voice and expression that she was connecting with something quite meaningful to her, indicating she was engaged with a personal *value*.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

When she pointed to the path that begins in Figure 4-1 and leads to Figure 4-2, and said, "I know the path ahead is sunny and clear. As I meditate, I know what comes from beyond and from within me is love, and then I know what I want to do," she seemed to be engaged in both *values* and *commitment*. And, as Alice talked about what can be viewed in Figure 4-3, she was clearly involved with something deeply meaningful to her—her daughter—so her *values* were engaged.

**Figure 4**  
*Alice's Tray*



*Note:* This sand tray creation shows a reflection of her inner world. Areas of the tray are numbered to correspond with what is written about the session.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## **Commitment**

Alice was engaged in *commitment* as she talked about what can be viewed in Figure 4-3. This was demonstrated by her saying, "What I want most in all the world, with the help of my angels, is to help my daughter understand how much I love her. I'm ready to cross the bridge that's been between us – to hug her and try my best to mend what has happened. I don't know if she'll let me." Alice indicated she was willing to try, even in the face of her challenge.

## **Self as Context**

As Alice chose miniatures to build the tray, she appeared to be in a state of reflection and remembering. I wondered if she was engaging with the core process of *self as context*. The expressions on her face seemed like she was internally experiencing being *there/then* as she was choosing objects. And she appeared to purposefully place those objects in the tray, indicating she was also experiencing being *here/now*. At that point, whether she was engaging in *I/you* was not readily apparent.

Though I did not ask her more about the purpose of her daily meditation, I understood the importance when she said, "I experience so much peace and love there." At that point, it seemed Alice was inherently engaged with *self as context* as she pictured herself in that scene. There seemed to be a felt sense of transcendence as she spoke about her meditative practice.

## **Defusion**

As she talked about what can be viewed in Figure 4-3, she appeared to be engaged with *defusion*. She seemed to be able to navigate difficult emotions and memories and was no longer stuck in letting them dictate her choices. She seemed to have an air of self-confidence in how she planned to proceed with her daughter, moving from the aversive context of issues with her daughter to the appetitive context of healing and demonstrating her love for her daughter. Alice seemed determined to carry out the visit she was planning.

And, then, as if the interaction with her daughter was the single most important act of significance left in her life, she seemed once again to engage in *defusion* by looking to her death and contemplating what was beyond, as she indicated when she spoke about the area of her tray depicted by Figure 4-4. She said, "I don't know what happens after this life ends, but I'm excited to see what it is. I don't know what will come out of this. I think I'll get to be with people I love who have gone before me... and with my angels... and from wherever I am, I'll get to see my daughter live the rest of her life knowing her mother loved her." (Before this session, Alice frequently worried and ruminated about what death would be like.) With this sand tray, Alice shifted from the aversive thought and emotional patterns of worry to an appetitive-controlled stance of how she viewed dying.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## **Acceptance**

Much of this sand tray personified Alice's *acceptance*, particularly the areas of the tray depicted in Figures 4-3 and 4-4. When Alice spoke about the area in Figure 4-3, she said, "What I want most in all the world, with the help of my angels, is to help my daughter understand how much I love her. I'm ready to cross the bridge that's been between us – to hug her and try my best to mend what has happened. I don't know if she'll let me," she seemed to be indicating she was *accepting* the path ahead, even though the outcome was uncertain.

When she referred to the area of the tray depicted in Figure 4-4 and said, "I don't know what happens after this life ends, but I'm excited to see what it is. I don't know what will come out of this. I think I'll get to be with people I love who have gone before me... and with my angels... and from wherever I am, I'll get to see my daughter live the rest of her life knowing her mother loved her," she seemed to have come to a peaceful place of *acceptance* regarding her own death. Additionally, Alice seemed to be engaged in *acceptance* as she spoke about her death with a raspy, shaky voice about not knowing what would happen when she died. She was able to allow the difficult emotions and thoughts surrounding her death.

## **Overall Observations and Thoughts on ACST Sessions**

The absence of the therapist's words during this session was intentional. It is meant to demonstrate the power of the use of ACST and how the six psychological processes are organically inherent and apparent in the tray. The ACST process intrinsically accomplishes the heavy lifting of prompting engagement of psychological processes. A clinician's words, while sometimes extremely important, are not necessarily vital for psychological change. ACST offers professionals who use ACT as a talk-only modality another option for helping their clients, and it can be particularly useful for clients who may be reluctant to talk.

Additionally, all six psychological processes were apparent in this session for demonstration purposes. However, it should be noted that, at times, a client may not engage in all six processes during a single session. When that is the case, the clinician simply takes note and will want to notice if that is a pattern for the client.

Throughout an ACST session, the *function* of the client's narrative and their apparent present-moment experiences during the session are important to take into consideration. To contemplate what the therapist might say to enrich such a session, please refer to the Appendices.

## **Discussion**

The framework of ACST offers a novel addition to sand therapy theory by integrating ACT with STT, providing a new approach for both sand therapists and ACT practitioners who primarily



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

use ACT as talk therapy. Since this is a new model, several practical steps are being considered to further its development. These include designing an enhanced training protocol, creating a template for assessing effectiveness, designing a questionnaire assessment tool, and recognizing and articulating challenges to the model. The communities of the World Association of Sand Therapy Professionals (WASTP) and the Association for Contextual Behavioral Science (ACBS) are warmly invited to participate in this process to enhance the framework presented here.

Another important consideration is that the theoretical underpinnings of ACST are grounded in existing research and literature. Since the ACST model is informed by radical behaviorism, functional contextualism, and relational frame theory, new avenues for studying what happens in sandtray therapy may become available.

Finally, it seems fitting to end with this. Skinner (1976) wrote:

Self-knowledge is of social origin. It is only when a person's private world becomes important to others that it is made important to him. It then enters into the control of the behavior called knowing. But self-knowledge has a special value to the individual himself.

A person who has been made 'aware of himself' by the questions he has been asked is in a better position to predict and control his own behavior. (p.35)

These words are relevant to ACST. Through ACST's approach, a person's private world is explicitly and profoundly illuminated within the sandtray, fostering space for self-awareness, psychological flexibility, and potential for deeply meaningful change.

## **Concluding Reflections on an Insightful Journey**

The creation and articulation of ACST is an evolution of my unique experience as an enthusiastic and dedicated student of both ACT and Sandtray Therapy (STT). Through my studies, and as an ardent practitioner of both, I have bridged two worlds: the contextual behavioral science realm of ACT and the interpersonal neurobiology domain of STT. Early on, I observed how functional contextualism, relational frame theory, and the six core psychological processes from ACT were inherently present in clients' sand tray creations. Communicating theoretical aspects of this realization to other professionals proved difficult, as I could not sufficiently articulate what I was seeing. Interestingly, during a professional training on sand therapy theory, Sweeney (2024) introduced a simple experiential exercise prompt, "Create a tray showing your professional sand therapy theory journey." That prompt immediately ignited a flood of thought and emotion, resulting in the culmination of the theoretical framework and model presented here. While still finding the subject matter difficult, my ability to convey what has been percolating in my mind for years expanded after creating that tray. (An image of that particular tray is Figure 3.)

My personal values have compelled and motivated me to share the comprehensive model presented here despite the challenge. Much of what I am bringing forward is not original thought; rather, I am standing on the shoulders of others who have spent years developing credibility in



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

their work, providing a sound basis for this model. I am using components of their work and have created a framework that seems important and valuable.

I would like to note that portions of this paper draw upon a foundation of accumulated knowledge acquired from a broad range of academic and practical sources throughout my career. In some instances, I am unable to precisely recall the origin of certain aspects of ACT presented here. Specific sources have been cited wherever possible.

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## Appendix A

### ACST Technique: Stance of the Therapist

- Create and hold a safe space.
- Embody reverence and respect for the client and the process.
- Think of this process as sacred.
- Only use your hands *outside* the sand tray space.
- Come from a place of humility.
- Approach with a sense of curiosity.
- Observe.
- Be with.



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- Prompt the client to notice their own felt experience – in the moment.
- Engage the client's five senses by prompting them to notice what it's like in their world.
- Be patient with the process.
- Linger in silent moments to allow the client's full experience to come forward and fully emerge.
- Gently guide the client to stretch their experience.
- Help the client notice their own engagement with core psychological processes.
- Use the words of the client when you refer to names of objects, their emotions, their thoughts, their sensations.
- Refrain from naming or interpreting their experience. Let that come from them.
- Mirror the client's gestures and expressions authentically.
- Use the words of the client when responding to let them know you were paying careful attention.
- Choose a stance of being directive or non-directive, depending on the context.

## Appendix B

### ACST Technique: Examples of Directed ACST Prompts

*Note:* Please modify language used in these prompts as needed to accommodate various developmental stages, cognitive ability, and cultural backgrounds.

#### 1. *Present Moment Awareness.*

- "Without thinking too much about it, choose objects and build something in the tray that demonstrates right here, right now."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates a time you remember having present moment awareness."

#### 2. *Values.*

- "Without thinking too much about it, choose objects and build something in the tray that demonstrates who/what matters deeply to you."

#### 3. *Commitment.*



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- "Without thinking too much about it, choose objects and build something in the tray that shows a specific circumstance and demonstrates what you are willing to do going forward regarding that circumstance."

#### **4. Self as Context.**

- "Without thinking too much about it, choose objects and build something in the tray that demonstrates "then" and also demonstrates "now."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates "there" and also demonstrates "here."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates "you" (meaning someone you are in relationship with) and also demonstrates "me" (meaning you)."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates your *inner experience* of something we've talked about."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates your *outer experience* of something we've talked about."

#### **5. Defusion.**

- "Without thinking too much about it, choose objects and build something in the tray that demonstrates what your mind has been telling you."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates another way of looking at what is happening."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates what stands in your way of moving forward."

#### **6. Acceptance.**

- "Without thinking too much about it, choose objects and build something in the tray that depicts the difficult emotions you've been experiencing."
- "Without thinking too much about it, choose objects and build something in the tray that depicts the difficult thoughts you've been experiencing."



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- "Without thinking too much about it, choose objects and build something in the tray that depicts the difficult memories you've been experiencing."
- "Without thinking too much about it, choose objects and build something in the tray that demonstrates the sensations you've noticed in your body."

## Appendix C

### ACST Technique:

### Examples to Promote Psychological Flexibility, Process the Tray, and Deepen the Sandtray Experience

*Note:* Please modify language used in these prompts as needed to accommodate various developmental stages, cognitive ability, and cultural backgrounds.

#### 1. *Present Moment Awareness.*

- "Take a moment to just breathe."
- "What do you notice coming up for you?"
- "What emotions are there?"
- "Where do you sense \_\_\_\_\_ (that emotion) in your body?"
- "When you're here in this scene/this world, what can you see?"
- "When you're here in this scene/this world, what can you hear?"
- "When you're here in this scene/this world, what can you feel?"
- "When you're here in this scene/this world, what can you feel on your skin?"
- "How does the air around you feel?"
- "What's it like for you to touch something in this world?"
- "When you're here in this scene/this world, what can you smell?"
- "When you're here in this scene/this world, do you taste anything?"
- "Can you taste anything in the air?"
- "What's it like for you to be with (see/hear/feel/notice/remember) these things?"
- "Is there anything you'd like to add/take away?"
- "Is there anyone/anything you wish were here, too?"
- "Imagining if \_\_\_\_\_ was here, too, what do you notice coming up for you now?"
- "Tell me more."



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

## 2. *Values.*

- "It seems like there's joy there."
- "That seems important to you."
- "It seems like there's pain there."
- "It seems like you care about that very much."
- "What's the most important thing you want me to know about this world/scene?"
- "What touches your heart the most about this world/scene?"

## 3. *Commitment.*

- "Is there anything you would like to change?"
- "Can you notice what thoughts you are experiencing?"
- "Knowing what is here, are you able to move toward what matters to you deeply?"
- "Given this circumstance, how can you use what you have learned about yourself to move toward living life well?"
- "Given this circumstance, how can you foster more sweetness in your life?"
- "Are you able to lean into making a choice that is congruent with the kind of person you want to be, even though \_\_\_\_\_ (pain, fear, sadness) is still present?"

## 4. *Self as Context.*

- "As you see yourself *then*, how do you see yourself *now*, in this moment?"
- "As you see yourself *there*, can you also see yourself *here*, in this room?"
- "As you see and think about that *person/thing*, how do you see *you*?"
- "Does this scene fit for you?"
- "Is there any part of you that feels a different emotion now?"
- "Does \_\_\_\_\_ (any figure placed in the tray) want to speak?"
- "What does \_\_\_\_\_ want to say?"
- "Does \_\_\_\_\_ have anything to say to \_\_\_\_\_?"
- "If you were \_\_\_\_\_, and \_\_\_\_\_ was you, what would that be like?"

## 5. *Defusion.*

- "Are you able to see from a different perspective now?"
- "What if you were \_\_\_\_\_ (one of the objects placed in the tray), what would you notice?"
- "How does \_\_\_\_\_ feel?"
- "What is your mind saying in this moment?"



# WORLD JOURNAL FOR SAND THERAPY PRACTICE

PROMOTING THE ETHICAL PRACTICE OF SAND THERAPY

- "Is that a familiar thought – or is it new?"
- "What's it's like for \_\_\_\_\_ (one of the objects placed in the tray)?"
- "What would \_\_\_\_\_'s mind be saying?"
- "How does/did this work in your life?"

## **6. Acceptance.**

- "Let's sit with that thought for a moment."
- "Let's sit with that emotion." (Use the name the client called it.)
- "Let's sit with that thought of \_\_\_\_\_." (Use the name the client called it.)
- "Let's sit with that memory of \_\_\_\_\_." (Use the name the client called it.)
- "Let's sit with that sensation of \_\_\_\_\_." (Use the name the client called it.)
- "Are you able to allow that to be there?"
- "Take a moment to breathe."

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