

# Sandplay: An Adjunctive Therapy to Working With Dementia

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*Sandplay therapy has been utilized with various populations, including those with posttraumatic stress disorder (e.g., Coalson, 1995), children with traumatic brain injury (e.g., Plotts, Lasser, & Prater, 2008), and individuals with substance abuse problems (e.g., Marcello, 2008). However, there are scant references to the employment of sandplay therapy with individuals with dementia. Using case studies from the author's own work, the article provides concrete illustrations of how sandplay therapy may be a significant mode of therapy to consider in working with dementia. This article also explores how sandplay facilitates the individuation process, provides a venue for nonverbal therapy, and promotes the exploration and deepening of an individual's connection with the unconscious mind. Implications for research are also discussed.*

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A progressive and debilitating disease, dementia is one of *the* most prevalent conditions within the geriatric population, with Alzheimer's disease being one of its leading causes. The National Institute on Aging (2009) estimates that approximately 2.4 to 4.5 million Americans are plagued with Alzheimer's disease. The American Medical Association (2010) states that the "prevalence of dementia rises exponentially and doubles every 10 years" after the age of 65. Alzheimer's Disease International (n.d.), a global organization affiliated with the World Health Organization, predicts that by 2050, 100 million people worldwide will be diagnosed with dementia. The facts and statistics of this invasive disease are all but hopeful, making it one of the most researched diseases in the United States.

In order to better grasp the severity and repercussions of this disease, a definition provided in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000) may best elucidate the concept of dementia: "The development of multiple cognitive deficits (including memory impairment) that are due to the direct physiological effects of a general medical condition, the persisting effects of a substance, or to multiple etiologies" (p. 147).

Cognitive deficits include the deterioration of language function, impaired ability to execute motor activities, failure to recognize or identify objects, as well as

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impairment in social and occupational functioning (American Psychiatric Association, 2000).

Primarily considered a biological disease, the treatment of dementia includes nonpharmacologic and pharmacologic therapies, although understandings of the underlying mechanisms of the disease are still not known (Rabins & Pearlson, 2009). Within the nonpharmacologic treatment, cognitive-behavioral therapy appears to be the most widely employed psychological treatment. This kind of treatment is mostly oriented toward behavior modification, which may help control inappropriate or dangerous behaviors. It would also be worth noting that there is considerable clinical work, as well as research, that has been, and is currently being, undertaken with this client group. This is the case in the expressive arts therapies, particularly in the fields of music therapy and art therapy, where it has been found that such avenues are effective approaches for working with individuals with dementia (Abraham, 2005; Waller, 2002; Killick & Craig, 2011). Family therapy has also provided evidence as a valuable tool in enabling the client and family members to deal and cope with the debilitating symptoms of dementia (Gwyther & Blazer, 1984).

Sandplay therapy has been utilized with various populations and has achieved successful results. For instance, sandplay has been creatively employed with posttraumatic stress disorder populations (e.g., Coalson, 1995), children with a traumatic brain injury (e.g., Plotts, Lasser, & Prater, 2008), as well as with individuals with substance abuse problems (e.g., Marcello, 2008). The present inquiry is intended to add to the existing knowledge and literature on working with individuals with dementia. It is the author's hope to provide a glimpse into the value and usefulness of using sandplay therapy with this specific population. Based on theoretical constructs, as well as on two case examples, this article aims to illuminate the clinical application of sandplay therapy to those diagnosed with dementia.

### **A BRIEF OVERVIEW OF SANDPLAY**

As noted by Coalson (1995), "sandplay is an analytic and expressive form of therapy rooted in Jungian psychology" (p. 387). Inspired by Jungian theory and analysis, sandplay was the unique creation of Dora Kalf, a Jungian analyst and disciple of Carl Jung. Sandplay postulates the basic tenet of Jungian psychology: There is a fundamental drive toward wholeness in the human psyche. Smith (1990) believes that "wholeness is synonymous with the reconciliation of opposites and is the normative goal of psychic development" (p. 117); it is the ability to integrate the opposites, such as the idea of good versus evil, or joy versus sadness, in order to embody an equanimous approach to personal growth and development. It is this concept of wholeness, which, beginning at birth, is the fundamental aspect of the human being (Kalf, 2004).

A brief description of sandplay will accord the reader a basic understanding of the process. A rectangular tray (measuring 19.5 × 28.5 in and 3 in deep), half filled with sand, is the principal piece of equipment. The bottom of the tray is blue in color, thereby providing the impression of water, as used to represent

streams, rivers, or oceans. A shelf filled with miniature figures or figurines belonging to the animal kingdom, plant world, domestic world, religious world, as well as those from other cultures, is also required. In sandplay, no instructions or guidance are given to the client, except to create any image or scenery that the client desires, choosing as many or as few miniature objects from the shelf as desired. In creating an image in the sand, it is believed that an individual invariably creates a symbolic representation of one's inner world. This is based on the idea that Jung considered the language of the unconscious to consist of images.

From a therapeutic perspective, clients engaged in sandplay are given unconditional acceptance; their sandplay creations are not subject to any analysis, judgment, or interpretation by the therapist during the session. In sandplay, there are no right or wrong images, no aesthetic requirements, nor are there any expectations on the part of the therapist. After creating a picture or scene in the sand tray, the client may choose to speak about it. The therapist does not question or infer any associations, nor does he or she provide any interpretations of the images immediately. Until the client and therapist are sure of the completion of the sandplay process, only then are the images (created over several sessions) viewed both by the client and therapist. It is at this point in the process that the therapist offers an interpretation of the client's creative journey. This is commonly referred to as *delayed interpretation*. Viewing the collection of images together has several results, which include the solidification of the unconscious mind, the strengthening of the ego to the self, the possibility for further change in the client's behavior, and an understanding of any emerging themes or motifs that may have been present for the client.

The therapist's interpretations are subjective, based on the initial impressions of the images, as well as an emotional sense and intuition (Kalff, 2004). However, when the therapist makes an interpretation, both the client and the therapist will explore and decide what clinical interpretations fit the client's framework. This aspect of sandplay can be challenging for clients who are nonverbal or who may not possess the psychological capacity to discuss the therapist's interpretations. In such cases, the therapist would still share the interpretation(s) and try to find creative ways of communicating them to the client, perhaps one of the biggest challenges of using this modality with nonverbal clients.

Of significance to the sandplay process are the concepts of symbols and images. To elaborate, an image created by a client, according to Jung (1976), is imbued with symbols from the unconscious mind and always represents something more than its obvious and immediate meaning. Given the dynamic quality and nature of symbols and their projection onto images in the sand, it is essential that the therapist refrain from interpreting an image for its obvious representation. A single symbol may have a variety of meanings for different people. Symbols relate to something either unconscious or at least not entirely conscious. Symbols may also be understood and contextualized differently depending on an individual's culture, historical background, as well as their socioeconomic status. Hence, in sandplay, it is not the symbol itself that is of prime importance, but the very act of creating an image that can prove to be a healing and transformative experience (Kalff, 2004).

## **SANDPLAY FOR INDIVIDUALS WITH DEMENTIA: A UNIQUE EXPERIENCE**

The term “consensus reality” refers to the concept or idea where individuals “share similar states of consciousness and tend to agree on what the world is like” (Nelson, 1994, p. 20); there is a consensual agreement about things, places, and people. However, this is not necessarily the case for individuals with dementia, most of whom are divorced from consensus reality. In fact, dementia possesses the overwhelming quality of driving an individual away from consensus reality with regard to time, places, faces, and behaviors. Individuals with dementia do indeed operate from another level of consciousness and may well operate from what Kalff (2004) believed was the “primitive level” of the unconscious mind—that part of the human psyche that was most primal in nature.

As previously mentioned, dementia results in the loss of cognitive functioning, because of which an individual’s memory can be greatly compromised. Furthermore, the decline in cognitive functioning is accompanied by a host of other experiences, which may include the loss of self, the loss of identity, the loss of relationships, the loss of life itself, all of which result in the individual’s inability to function normally. This can be extremely confusing and debilitating for an individual who was once considered a normal functioning member of society. Having once perhaps lived a fulfilling life, an individual with dementia is now confronted with the anguish of living in a world that does not speak or understand the language of dementia. This is especially so in the more severe stages of dementia, which are generally characterized by the loss of language, where words and sentences are now replaced with mere sounds and silence. Verbally expressing oneself may seem difficult, if not possible.

It is within this context that sandplay may be of relevance to individuals with dementia. First, sandplay is primarily a nonverbal therapy. It is not necessary for the client to verbally communicate with the therapist. This is mostly because thoughts, feelings, emotions, and ideas can be channeled and communicated through the images in the sand. This is not to imply that the inability to verbally communicate does not pose a challenge to the therapeutic process. However, as Plotts et al. (2008) explain,

Those clients with language impairment may experience difficulty with this verbal process. However, they may still benefit from the nonverbal experience of creating the world. In contrast with other forms of psychotherapy, this verbal process is not heavily dependent on prior sessions. The focus of the verbal exchange is on the current production. Those with better memory and/or abstraction abilities may be able to extrapolate from the sand work to life circumstances, but this is not a requirement. (p. 142)

Creativity is an integral part of self-expression and can occur through various channels, one such way being through words (either spoken or written). When an individual with dementia is unable to use those channels of self-expression, sandplay may be a helpful venue, which, according to Weinrib (2004), “reinforces the ego and improves the patient’s self-image and self-confidence” (p. 69). Thus, the act of creating an image “seems particularly effective where the patient feels helpless in the face of reality” (p. 69).

Second, it has been observed that dementia clients have better long-term memory compared with their short-term memory (e.g., Hulme, Lee, & Brown,

1993). They are able to recall the minutest details from decades gone by. But if asked about a more recent event, these individuals have grave difficulty recalling any information. This being the case, sandplay may be an avenue for an individual to work through the past—to reflect and deliberate on past experiences, memories, and events. This “working through” may be either at a conscious or unconscious level, depending on the progression of dementia. In either case, sandplay provides an individual a therapeutic container for contacting or communicating with the unconscious mind, as well as with past experiences that may not have fully been resolved (Abraham, 2005). Highly dependent on the process of creating images in the sand and its impact on the psyche, sandplay therapy is most conducive for such individuals. And perhaps sandplay would be considered most effective when “not intruded upon by cognitive factors” (Plotts et al., 2008, p. 142), such as thinking logically or speaking coherently.

Third, most clinicians who work with dementia clients are acutely aware of the levels of regression that such individuals may experience. Such psychic and physical regression almost mirrors the behaviors and actions of an infant or a young child, mimicking preverbal responses to the world. For individuals who function at such a level, sandplay therapy may be a noninvasive and safe modality for accessing the human psyche. This is more so as the client is encouraged to work with figurines that may perhaps resemble objects that he or she may have possessed as a child. Moreover, because the client behaves at such a regressed level, it may be less challenging for him or her to engage in sandplay therapy than other kinds of therapies that require clients to be more verbally responsive. This, in turn, provides the client “with a sense of freedom” and eliminates “the burden of having to respond correctly, which sometimes occurs in behavioral and cognitive—behavioral approaches” (Plotts et al., 2008, p. 142).

Fourth, from a neurobiological perspective, there is emerging evidence that links the development and recreation of brain cells and neurons with sandplay therapy. This notion is pertinent when working with individuals diagnosed with dementia and is illustrated in the words of Turner (2005), who states,

Neuroanatomist Marian C. Diamond (1988) observed that brain growth and development is possible at any age with adequate challenges to the nerve cells . . . This contemporary research leaves room for the prospect that, in cases where brain healing and growth are still possible, the sandplay client has the opportunity to revisit and reorder neurobiological structural impairments and deficits (Schore, 2001a, 2001b; Perry, 2001, 2002) . . . Through the active physical engagement with the sand and symbols, neurobiological structure growth maybe triggered, mending wounded areas and allowing the natural progressive process of brain development to continue. (p. 140)

Finally, unlike most other forms of psychotherapy, sandplay deeply engages the body and does not necessarily require the client’s cognitive faculties to be fully intact. Making physical contact with the figurines, placing them in the sand tray, and moving around the sand tray while creating an image are some of the ways an individual involves his or her body in aiding psychological healing (Waller, 2002). At the same time, it is also important to acknowledge that because sandplay engages the body to some extent, it may also be disadvantageous to those individuals with physical ailments or handicaps.

The following two case examples may demonstrate the above principles of the value of utilizing sandplay therapy for individuals with dementia. Both cases are based on the author’s own clinical work as a licensed marriage and family therapist

in California. Where the two case examples are concerned, both individuals experienced severe dementia with memory loss, self-isolation, and the inability to communicate effectively. Both individuals lived in an assisted living facility and required a lot of attention and psychological support. (Note: All names in the case examples do not reflect the actual identities of the clients. Additionally, only one client has permitted the pictures of his sandplay images to be displayed for research purposes.)

### **John Combs**

John was a male Caucasian who was 68 years old when he was first referred for therapy. He had been living at the assisted living facility for about 2 years and was diagnosed with moderate to severe dementia; as a result, he was not able to function independently. John was able to communicate, but only to a limited extent. He complained of being lonely and sad; he wished to be with his family but was aware this was not a possibility.

This case, in particular, consisted of a comparatively short process, consisting of 24 sessions over a 6-month period. Each session lasted for approximately 45 min. The following account is a description of the last six sessions, which are extremely significant due to their revelatory nature. It appears that the imminence of John's death was implicit in these sessions. To preface the following account, in the initial few sessions, John spent a good amount of the sessions smoothing the sand to perfection. He would then spend the remainder of the session looking at certain sandplay figures, sometimes commenting on their size, colors, and textures. He never took any of the figurines off the shelf. He only started working with the objects by his fifth session and was consistent in creating images until the final session.

John's sandplay process will be described commencing from the nineteenth session onward. In his nineteenth session, John filled the tray with Egyptian figures in one corner, facing the center of the tray. These consisted of the sphinx, a few Egyptian soldiers, two pharaohs, and a pyramid. In the following session, John filled the entire tray with oceanic and aquatic figures. In sandplay therapy, aquatic images may be symbolic or reflective of the recesses of the human psyche (Kalff, 2004). One could speculate that John may have been navigating the deep layers of his psyche, entering the realm of the unconscious. For instance, one of the figures that were included in this image was that of a whale. Turner (2005) explains that "whales frequently represent a journey in depths . . . a likely sign that they bring new awareness" (p. 14).

By the 21st session, John placed a single figure of an angel in the center of the tray. The angel was a bright-colored object and had its wings spanned outward, as if in motion. According to Weinrib (1983), a single figure signifies the emergence of the reborn ego, a significant movement toward Jung's (1976) concept of wholeness. In other words, it could be interpreted that John may have had "a sense of being supported now by something deeper or stronger—the transpersonal dimension of the psyche—and may have [had] a new sense of worth" (Pearson & Wilson, 2001, p. 36).

In the 22nd session, John created a sand image that consisted solely of female figures such as fairies, native Indian women, and female deities. The female figures could be an expression of John's "anima"—the feminine inner personality, as present in the unconscious of the male. Jung believed that the manifestation of the "anima" in a male was reflective of the movement toward the development of an emotional and spiritual life. It should also be noted that, during these sessions, John exhibited a relaxed and reflective mood. He was quite receptive and began expressing some concern and interest in my personal life, thereby possibly exhibiting some feminine or maternal traits.

The 23rd session was intriguing. In the sand tray, John created a scene of army men with an empty stretcher and an ambulance. The scene might be interpreted as symbolizing rescue or helping. The scene's mood was serious, and John appeared to be contemplating the placement of figures and the scene itself. Following the therapist's intuition, this scene could be suggestive of a healing function that was becoming central to John's sandplay process. Interestingly, this scene bears grave significance for the last session.

In the 24th session, his final session in sandplay, John introduced a host of figures in the sand tray—male figures, a clown, army men, and a small forest. All of these figures were meaningful. To elaborate, the forest could be symbolic of new growth or new life, either on a psychological or spiritual level. The final figures placed in the tray were a gold metallic gate, placed in the corner with the other figures marching toward it. John was not questioned. Instead, the therapist participated as a silent observer, watching John choose each figure and place it in the tray. Although John was scheduled to continue sandplay therapy for a few more sessions, we had to prematurely end therapy because his health began declining. John grew physically tired and weak, reasons for which he decided to discontinue therapy. Two months later, John passed away.

Based on the last several scenes, it could be said that, in some way, the healing process of sandplay not only impacted John's psyche but also prepared him for his death—both at a conscious and an unconscious level. On an unconscious level, John's death may have been symbolically represented by the metallic gate and a band of people marching toward it, perhaps crossing onto the other side. On a conscious level, John voluntarily decided to end therapy. Although we never had the opportunity to discuss termination, as his therapist, I felt that John possessed a sense of completion regarding his sandplay process, which was, perhaps, the motivating factor for ending our sessions prematurely.

It is important to state that this interpretation of John's sandplay journey is not an explanation of his process but only one of the several possible interpretations that could be offered to the client. As the therapist, it felt as if the metallic gate in the sand tray represented John's detachment from his physical body, a transition or movement toward another dimension. In other words, the last few sessions with John were a solemn preparation for his departure from the world. This was a man diagnosed with dementia and believed to be a nonfunctional and noncommunicative member of society. But John did communicate—he communicated the knowledge of his death through the medium of sandplay. Although he spoke a different language, his message was clear: He was aware of his impending death and was preparing to embark on a different, spiritual journey.

Sandplay therapy has the unique capacity to provide an avenue for spiritual reflection and contemplation, as evidenced by the case example of John Combs. This is particularly helpful for individuals at the end-of-life stage, especially for those who are not able to verbally talk about the final stage of life due to their progressive dementia. According to Shaia (2001),

Jung demonstrated that knowing is a continuum. At one end of the spectrum is conscious knowledge or what the ego knows. Many consider this the only "valid" knowing. At the other end of the continuum is "unconscious knowing." This is the knowing evidenced in symbol, dreams, image, art, body and ritual, and it holds the wisdom of the ages. Each type of knowing communicates in its own style and language. Ego's way is largely through conceptual words that flow from the languages we learn, beginning in our first years. Body, image, and dream are the voice of unconscious knowing . . . Each type of knowing is effective in its own way. Conscious knowing tends to think that its language and style are the highest truth. But Jung demonstrated that image, dream, and body convey the numinous, and have the capacity to spur inner growth beyond the ego's appreciation, control or even conscious reflection. (p. 13)

Going back to the role of the therapist that was mentioned in the opening paragraphs of this article, the therapist played a significant role in John's sandplay process. Being emotionally and psychologically attuned, being empathic, having unconditional acceptance, and being present for John were some attributes that were critical in fostering the sandplay journey.

Although he did not talk a lot throughout most of his sessions, John regularly showed up for his sandplay sessions. He did not miss a single session, a fact that is surprising even to this day. And although there was no significant improvement in his dementia, sandplay therapy appears to have provided him with an environment that enabled him to receive the psychological support and nurturance he may have needed in the final stage of his life.

### **David Kramer**

This case study is an illustration of how sandplay therapy may be used in cases where psychotherapy is challenging or impossible. For instance, individuals who are diagnosed with dementia, at its most extreme state, often find it difficult to verbally communicate because of the language and cognitive impairments that accompany the dementia (Waller, 2002). It is in cases like this, as we shall see with David Kramer, that sandplay may possess a unique role in helping individuals find purpose or make meaning of their life circumstances.

Having only recently moved to an assisted living facility, David was a quiet and soft-spoken Caucasian man. At the age of 63, David's only son decided it was time for him to move into a facility where he would get the care and support he needed for dealing with his dementia. David was also clinically depressed and was mostly isolated from the rest of the assisted living community. The staff nurse reported that he seldom ate on a day-to-day basis and rarely participated in any group activities. David's wife had passed away approximately 5 years ago. David was also extremely close with his son, who was now relocating to the East Coast. Perhaps the loss of his family, along with the confusion and cognitive decline that accompanied his dementia, was one of the reasons why David was depressed.

David attended only 10 sessions of sandplay therapy. In terms of communication, he was only capable of "word salad." In other words, his language was often

confused and repetitious, making little sense to the listener. Comprehension of his language was challenging. However, when spoken to in a soft, calm, yet assertive, voice, David was able to follow the therapist's lead.

Because language was a challenge for David, therapy involved finding more creative ways to engage David in sandplay, one of which was to model the process for him. At our first session, David sat in the chair while the therapist ran her fingers through the sand tray as if to show him that it was acceptable to make contact with the sand. The therapist then parted the sand in the center, which revealed the deep blue color of the sand tray, and some fish figurines were placed in the tray as an indication that the blue areas could represent rivers, streams, or oceans. This was followed by taking other figures off the shelf and placing them in various parts of the tray, thereby creating an image in the sand. This process was repeated one more time for David, where verbal communication was kept at a the minimum. He closely watched the therapist through the entire session, as if intrigued or curious about what she was doing.

In the first few sessions, David was resistant to therapy. He would enter the office and observe and touch some of the figurines. He almost appeared like a timid child. During both of the sessions, he was informed that he could take the figurines (off the shelf) and place them in the sand tray. Both times he watched the therapist but did not attempt to follow suit. We spent these two sessions mostly in silence, with David staring at the figurines on the shelf while the therapist continued to create a safe and protective therapeutic environment for him.

However, by the fourth session, there appeared to be a change in David's attitude toward therapy. David came into the office and in his customary way, sat down, and gazed at the shelf. He then stood up, walked to the shelf, and spent the next 30 minutes creating a detailed image in the sand tray; he deliberated on the choice of his figures and was selective on where the chosen figures were placed (see Figure 1).

Pearson and Wilson (2001) note that "the first sand pictures are usually realistic scenes and may give indications of the problem and their possible resolutions" (p. 35). Based on the first image, it could be said that the lone house in the center of the sand tray represented David's physical self—David's body, a receptacle of his past and present experiences. The houses surrounding the centerpiece were on the fringe of the sand tray, most likely symbolic of David's friends, family, and the assisted living facility staff who supported and/or witnessed those psychological and physical processes that were involved in the final stages of life. Kalff (2004) postulated that figurines on the periphery of the sandtray are indicative of themes, memories, or experiences that are beginning to surface in the conscious mind that were perhaps once repressed and are now beginning to gradually emerge. Thus, the houses surrounding the sandtray's fringes could also imply that certain experiences that were once in the background are ready to emerge and be dealt with in the foreground, on a conscious level.

As far as the spiders are concerned, David had a choice of including small or large spiders in the sand tray. He chose large spiders, which appear to be menacing and intimidating. Based on the fact that David had only recently moved into the assisted living facility, the spiders could be interpreted as individuals encroaching on David's physical and psychic space. The size, color, and intensity of the spiders may speak to David's fear of living in an assisted living facility, a place he did not



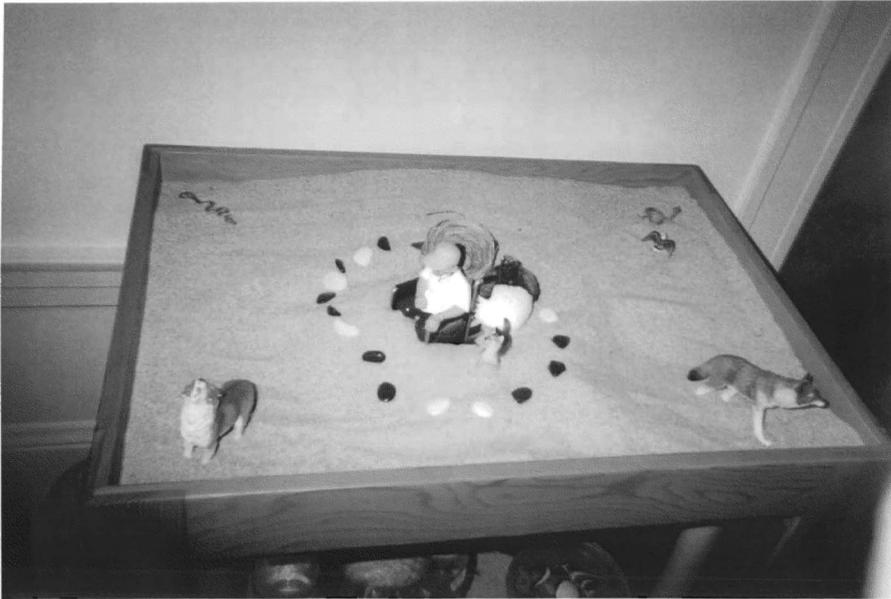
**Figure 1.** First sand image of David Kramer.

consider his home. On the other hand, the spiders could also be interpreted as symbols of those brain cells that are damaged by dementia, specifically by “plaques and tangles” (Mann, Yates, & Hawkes, 1982), abnormalities that have a debilitating impact on the functioning of the brain. The spiders maybe akin to the dementia that was invading David’s brain and perhaps David was relating to this fact on a biological or cellular level.

As with all other clients, the therapist observed David’s process, his body language, as well as his covert expressions as he engaged in the creation of his images. During the rest of the seven sessions, David continued to create images in the sand tray. Due to some physical ailments in his legs, it took David a lot more time than usual to pick up figures from the shelf and place them in the tray. He still continued to say little in our sessions, and we mostly worked in silence. Some of David’s images expressed a sense of equanimity and resolution regarding his present circumstances. Other images, on the other hand, could be considered to be a sign of apathy and despair.

To elaborate, in his seventh session, David placed a figure of a man in a wheelchair in the center of the tray (see Figure 2). This figure may have represented David’s vulnerability and helplessness regarding his physical and psychological situation. This idea is supported by reports from the assisted living facility staff that David isolated himself from other residents, as well as refused to engage in social and community activities. Furthermore, David seldom heard from his son, who now lived miles away from him. Thus, for all means and purposes, David was like the man in the wheelchair, doing all that he could to simply survive.

Our final session was the 10th session. In this session, David’s sandplay image was almost bare: A tree was placed upside down in one corner of the sand tray.



**Figure 2.** David's reflection of isolation and helplessness.

David had firmly installed the tree in the tray, ran his fingers through the sand for a little while, and then sat down. Upon enquiring if he wanted to continue with the creation of his image, he only shook his head in response. As we sat in our usual silence with David, the therapist's own countertransference became apparent. Sadness, loneliness, grief, and despair were some of the feelings she experienced with David in the room. It felt as if there were things he wanted to say, but he had no means of articulating them. It was challenging for the therapist to understand the significance or symbolism of the tree. Was it new life? Was the tree symbolic of David being uprooted from his family and familiar surroundings? Did David feel that he was being uprooted from his own body, not feeling connected with his physical space and surroundings? The meanings and interpretations are endless, but as Kalff (2004) and Weinrib (1983) have mentioned, it is the process of creating the image that is significant and possibly healing for David, and not necessarily the image itself.

At the 10th session, David did not inform me that this was to be his final session. He simply stopped attending therapy and the therapist assumed he wanted to terminate our sessions. On consulting with the head nurse at the facility, it was learned that David was still residing at the facility and was no longer interested in pursuing therapy.

In light of these circumstances, there are several interpretations for why David terminated therapy. It could be concluded that David knew what was best for him and his decision was respected. Choosing to discontinue therapy could have meant that David was gaining some sense of autonomy and self-agency that had been missing in his life since he moved into the assisted living facility. This was taken to be a positive sign and the therapist hoped that David would return to therapy some day. But that day has yet to come.

It could also be said that in prematurely terminating our sessions, David was reenacting and expressing his feelings of abandonment, loneliness, and despair that he may have experienced from being abandoned by his son. On the other hand, it could be argued that David's dementia had progressed to such a stage that he was not able to maintain the physical and psychic energy needed in sandplay therapy. There appears to be no solid evidence as to why David stopped attending the sessions.

The therapist tried to approach David twice by visiting him in his room, but unfortunately, David's dementia had progressed to such a stage that he was unable to recognize her. On reflecting on the therapist's countertransference, the situation had evoked feelings of sadness, disappointment, and hopelessness, and the therapist had to personally deal with this experience and trusted that David's psyche had achieved at least some level of healing and transformation.

### **IMPLICATIONS OF SANDPLAY THERAPY**

Although sandplay was originally developed as a therapeutic technique for working with children, and was later applied to adults as well, its effectiveness may also be felt with the elderly population, especially those who suffer from dementia. This idea is supported by research conducted by Akimoto (1995), who employed sandplay therapy with brain-injured elderly clients. Akimoto (1995) found that this form of therapy was most efficacious in enabling his clients to regain self-worth. He also identified an important aspect of sandplay therapy where individuals with neurological deficits are concerned: "The sand trays seemed to reveal the patient's latent capacities, whereas intelligence testing highlighted their deficits" (p. 62).

It appears there are several benefits of the employment of sandplay with individuals with dementia. First, being a nonverbal and noninvasive mode of therapy, sandplay may provide a meaningful channel that initiates, supports, and establishes the connection with an individual's unconscious mind, a realm of the psyche that holds powerful clues to the processes and functioning of human beings. Therefore, sandplay may be used for individuals with dementia who are unable to verbally connect with the therapist, as it provides a unique therapeutic avenue for meaningful communication.

Second, sandplay therapy may facilitate and assist the individuation process, which, according to Jung (1992), is one of the vital goals of a human being. The individuation process typically occurs in the middle stage of life, when an individual begins to question the meaning or purpose of life; or, it can be brought about forcibly by tragic events, such as sudden and significant loss or physical illness (Jacobi, 1965).

Third, sandplay may allow the client with dementia to develop an awareness and expression of the unconscious mind through the abundant use of symbols and figurines. Sandplay also creates a bridge between the conscious and unconscious mind, which allows the client to connect with several aspects of the self and any concerns related to it (Abraham, 2005). This may include acknowledging one's limits, reflecting on one's life, and the possibility of confronting death. Psychological defenses may also be reduced as a result, thereby opening further contact with the self, which is a major component of the individuation process.

Fourth, sandplay may also be utilized for those individuals with dementia who are able to verbally communicate with the therapist. In cases where a client may be more inclined toward talk therapy, sandplay may be used as a complementary therapeutic tool or technique. As Weinrib (1983) explains, “at its best, sandplay is a prime facilitator of the individuation process. At its least, it is an invaluable adjunctive modality” (p. 88). When used as an adjunctive to talk therapy, sandplay may provide “more opportunities for feedback and enriches the analytic cathartic process in exploring the symbolism and possible meanings” of the images created in the sand” (Coalson, 1995, p. 387).

Finally, because individuals with dementia are generally those who have entered the final stage of life, the value of sandplay may be enhanced for some of these individuals approaching death. For instance, sandplay may facilitate the regression of a client toward memories and feelings that have been repressed. This may provide him or her the opportunity to work on past experiences, thereby clearing the psychological space for the final transition of the psyche to the afterlife. Again, even if such an individual is unable to verbally express him- or herself, it is the act of creating the images in the sand that may be liberating in the final stage of life; this is a stage where an individual may not always have the opportunity to make peace with or confront other individuals in his life, or resolve experiences that may have been too painful for him or her.

The primary goal of sandplay is the integration of the emotional, physical, cognitive, and spiritual aspects of an individual as he or she traverses the path toward wholeness. The journey toward wholeness may be conscious or unconscious on the part of the individual. As seen in the case example of John Combs, there was a conscious movement toward unraveling the countless layers of the human psyche until his final session, where John foresaw his own death. This case example is a testament to the value and efficacy of sandplay therapy with those individuals diagnosed with dementia. However, there is much more to be researched regarding the utilization of sandplay therapy in working with dementia. Moreover, it is not possible to completely rely on sandplay therapy as a scientific tool for working with dementia until several more case studies and in-depth research has been conducted.

Yet it is important to keep in mind that there are currently approximately 18 million people worldwide diagnosed with Alzheimer’s disease, a leading cause of dementia (World Health Organization, 2009). In the United States alone, every 72 seconds, someone develops Alzheimer’s disease, and “by midcentury, someone will develop Alzheimer’s every 33 seconds” (Alzheimer’s Association, 2007, p. 5). And while the scientific community is bound to develop a cure, or find other ways (besides medication) of dealing with dementia, it is impossible to predict when that day will come. In the meantime, it is the author’s hope that this article will serve as an impetus for further consideration and research regarding the value and efficacy of sandplay therapy for individuals with dementia.

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