

Preface

I first learned of sandplay therapy in 1986 when, as a client, I embarked on an inward journey to find my balance and my place in the world. In sandplay I encountered what seemed to be magical figures that spoke to me and from me that engaged with me and through me, serving as mediators between my inner and outer worlds.

Since that time, I have remained drawn to and captivated by sandplay as a modality, both in the roles of client and of therapist. It is a modality unlike any other—one that is nonverbal and nonrational, allowing us to reach a preverbal level of the psyche (Weinrib 1983, p. 1). Unlike many other therapeutic modalities, the sandplay therapist does not attempt to interpret to the client the sandplay scenes at the time they are made. Instead, he or she may elicit the client's comments or observations about what has been done in the sand. The therapist will use Jungian symbology and archetypal amplifications to understand the sandtrays that have been made. These interpretations, however, stand as hypotheses; they are not presented to the client at the time of the sandtray, to be subjected to affirmation, modification, or refutation.

Both the diversity and the universality of expression through sandplay allow the practicing therapist to learn and understand to a greater degree the complexities and wonderment of human nature, experience, and resilience. Our sharing of these understandings, through research, training, and practice with others, is vital if we are to be able to facilitate our clients' growth as they move forward in their journeys toward wholeness and, indeed, to know ourselves better and become better therapists.

As we move forward in our learning and our sharing, both as individual therapists and as members of professional organizations engaged with sandplay therapy, it is critical that we recognize and remain attuned to the ethical issues that arise. Many times there are no easy answers or solutions to the dilemmas that we confront—the child who desperately wishes to continue with therapy but whose parent refuses to allow it; the need for ongoing professional consultation with relatively few available therapists to provide it; maintaining one's role as therapist with a client who one sees on a regular basis through other activities; facilitating access to sandplay therapy for those potential clients who want it and could benefit from it, but whose funds and life situations do not permit them that access. Many of these issues are common across therapeutic modalities but offer particular challenges in the context of sandplay therapy.

Carina Conradie and Roxie Hanes address in Chap. 1 one of the threshold ethical issues related to sandplay practice: how to recognize one's own level of competence with sandplay practice and the need for continued training and competent supervision while in training. They ask the profound question, "How can we expect our client to experience this deep level of healing if we have very little experience of the sandplay process ourselves as practitioners?"

Jean Parkinson and Sana Loue continue to examine the ethical questions associated with supervision-consultation that is conducted electronically, whether through fax, e-mail, the Cloud, Skype, Oovoo, or electronic means. The use of electronic modalities for supervision and consultation has become increasingly common in sandplay therapy, due to the relative dearth in many geographical locations of sandplay therapists who are qualified to offer such services. Clearly, the therapists seeking the services and those providing them are doing so in an effort to improve the quality of care provided to clients and to heighten therapist competence. Even so, the use of electronic means to accomplish these purposes carries inherent risks to client confidentiality and privacy, demanding that we look further at how to best protect our clients.

Loue examines in Chap. 3 the ability of potential clients to access sandplay therapy from the vantage point of the ethical principle of distributive justice. Sandplay is a specialized modality of therapy; it would neither be desired by nor beneficial to every individual. It is no more elitist in terms of the cost of therapist training or client utilization than are many other modalities, such as Jungian or Freudian psychoanalysis. This chapter challenges us as therapists to examine how we can expand the availability of and accessibility to sandplay as a therapeutic option.

Chapter 4 focuses on transference and countertransference—cotransference—from an ethical, rather than a clinical perspective. Loue notes here that a failure to address such issues competently may potentially subject a client to harm, contravening the ethical principles of beneficence and nonmaleficence.

The growing interest in sandplay research suggests the need to examine the ethical issues that may accompany such investigations. Loue addresses in Chap. 5 the general ethical principles that govern research involving human participants, with reference to the ethical codes of various mental health professions.

Loue and Parkinson highlight not only the ethical issues, but also the legal issues that are often associated with dual relationships and conflict of interest in general, and in the context of sandplay therapy specifically. Parkinson and Loue focus in Chap. 7 on special ethical consideration in sandplay therapy practice. The current emphasis on evidence-based practice would have us believe that the absence of rigorous systematic examination of sandplay therapy's efficacy suggests its ineffectiveness. Such a conclusion would be both uninformed and ill-founded. Nevertheless, because sandplay has not been subject to rigorous, systematic evaluation, respect for clients, through the informed consent process, suggests that they be made aware of any associated risks of the practice. Various other issues common to other therapeutic modalities are examined here in the context of sandplay therapy practice: abandonment, dual relationships, and conflict of interest.

We draw in each of these chapters from well-enunciated ethical principles of clinical practice and research. We have integrated to the extent possible relevant portions of professional ethics codes governing mental health professionals from an array of English-speaking countries—Australia, Canada, the UK, the USA, and New Zealand—to maximize the relevance of the text to sandplay therapists worldwide, whether they are licensed as psychologists, marriage and family therapists, counselors, or social workers.

A danger in editing such a book as this is that it will be viewed by those within the profession and the professional societies as an indictment or accusation that something is not quite right. Such is not my intent, nor is it the intent of the authors who have contributed their work to this space. I would wish instead that the thoughts and opinions contained here will prompt each of us to examine further who we are as individuals, as therapists, and as professionals within our organizations; how we can grow in each of these capacities; and how we can move the field of sandplay therapy forward into the future.

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References

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