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HOW MIGHT EXISTING SUPERVISION MODELS AND THEORY INTEGRATE TO UNDERPIN THE USE OF SANDTRAY IN COUNSELLING SUPERVISION AND WHAT ARE THE POTENTIAL BENEFITS OF ITS USE?

by

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Masters in Consultative Supervision

A Dissertation,
Submitted in Partial Fulfillment
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2015
ABSTRACT

HOW MIGHT EXISTING SUPERVISION MODELS AND THEORY INTEGRATE TO UNDERPIN THE USE OF SANDTRAY IN COUNSELLING SUPERVISION AND WHAT ARE THE POTENTIAL BENEFITS OF ITS USE?

University of South Wales, Newport
April 2015

This dissertation explored the theory and process of sandtray and sandplay therapy, along with established methods of using sand in supervision. It looked at the history and contemporary context of sandtray and sandplay, and, at the outset, established a professional need for development of appropriate, ethical and accountable sandtray supervision to support therapists already working with this powerful medium. It also examined a wide variety of supervision models across modalities, as well as models which may be beneficial in underpinning this approach. The 7 Eyed Model (Hawkins and Shohet, 2012) was used as a framework to provide structure and focus to this dissertation and thus attending to the many levels operating at any one time in supervision.

This was a non-empirical theory based project which explored a variety of academic literature across related modalities. Initially the Jungian Analytical Approach to sandplay was used as a critical voice within the narrative, however aspects of this theory were found to broadly integrate into an overall sandtray approach to supervision. Areas of difference were highlighted as well as similarity, culminating in an overall synthesis of a sandtray approach. A 3 Phase approach to sandtray supervision was posited along with an awareness for a concept named as the Supervisory Transferential Triad (STT). The benefits of using sandtray in supervision were also discussed along with implications for further Research.

Keywords: Supervision, Sandtray, Sandplay, Creativity, Transference, Countertransference, Play Therapy.
ACKNOWLEDGEMENTS

For Jessica, who loved the sand

‘We are never more fully alive, more completely ourselves, or more deeply engrossed in anything, than when we are at play.’

- Charles E. Schaefer
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CHAPTER 1
INTRODUCTION, AIMS AND RESEARCH CONTEXT

INTRODUCTION AND RESEARCH AIMS

The aims of this dissertation are to investigate the theory and models of counselling supervision, and to discover how these might integrate to underpin using sandtray supervision. The 7 Eyed Model (Hawkins and Shohet, 2012) is used to provide a structured framework as the foundation of theoretical investigation. This chapter focuses on introductory elements including: methodology, ethical considerations, the history and difference between sandplay and sandtray therapy, existing sandplay supervision, an introduction to the theoretical debate providing discussion and argument throughout and reference to researcher reflexivity. This chapter also steps through the content of subsequent chapters to enable mindful navigation of the developing narrative. Beginning with the many applications for using sand in therapy, supervisor accountability and an introduction to the concept of sandtray, the aims and intentionality of this project begin to take shape.

APPLICATIONS OF SANDPLAY AND SANDTRAY THERAPY

Working therapeutically in the sand is mistakenly thought of as purely for children however, evidence suggests clients of all ages experiencing diverse difficulties can benefit, for instance:

Albert (2015) explored sandplay with couples from an analytical perspective; Lagutina et al. (2013) investigated psychological aspects of physical problems using sandplay; Mayes et al. (2004) used sandtray to help ‘…veteran
teachers in the graduate educational leadership program reflect on the biographical, critical, and spiritual dimensions of their sense of calling as educational leaders’ (Mayes et al. 2004, pp.257-284); Park and Lee (2013) investigated sandplay therapy on visually impaired university students’ anxiety, depression and psychological wellbeing; Monakes et al. (2011) conducted a phenomenological inquiry into Adlerian sand tray therapy with adult male substance abuse offenders, and Freedle (2006) explored sandplay therapy with adults suffering with moderate to severe traumatic brain injury.

Sand has also been used extensively, and perhaps more recognisably, with children and young people (CYP) with studies such as; Grubbs (1995) sandplay and sexually abused children; Green and Conolly (2009) family sandplay with bereaved children; Campbell (2004) the value of sandplay for school guidance counsellors; Green et al. (2013) attachment in adolescent relational development; Cao et al. (2013) case study of a child with Asperger Syndrome; Lu et al. (2010) stimulating creative play in children with autism through sandplay; Shen and Armstrong (2008) the impact of group sandtray on the self-esteem of young adolescent girls. These papers are representative of some of the studies carried out but are not an exhaustive list.

Campbell (2004) suggest that sandplay can be applied to, and integrated into, therapeutic work from many orientations including as a behavioural diagnostic tool, cognitive work with children, family work, relational and psychoanalytic applications (Campbell 2004, p.5). However, Homeyer and Sweeney (2011) explore the limitations of sandtray research; ‘Evidence-based treatment is not currently available in the sandtray therapy arena. What we do have is empirical research that informs our best practices’ (Homeyer and
Sweeney, 2011, p.85). Sandtray or sandplay research involving clients as research participants is ethically problematic so the types of study which are attempted have limitations. However, it is still possible to conclude that sandplay and sandtray practices have a wide ranging potential for therapeutic application.

SUPERVISOR ACCOUNTABILITY

With sandplay and sandtray therapy being evidenced as useful across a broad spectrum of therapeutic work, this raises the question surrounding appropriate supervision for therapists using these approaches. The current development of the new BACP Ethical code for best practice in Counselling and Psychotherapy is likely to impart greater accountability onto Supervisors. They will be required to have appropriate training and knowledge to supervise, specific to their area of expertise, and to be accountable for their level of knowledge and skill. Thus, with a growing trend towards the use of sandtray in counselling practice, there is arguably a mounting pressure on supervisors to provide appropriate supervision of this work, vital to professional ethical best practice. As stated by Homeyer and Sweeney (2011); ‘The ethical and responsible psychotherapist will become theoretically and practically grounded in any modality before its employment. This is particularly important in sandtray therapy’ (Homeyer and Sweeney, 2011, p.3). Therefore, an approach to using sandtray in supervision which provides structure and is underpinned by theory and ethical best practice, is not only useful to therapists seeking appropriate supervision, but it also enables supervisors to evidence their approach and to be accountable.
METHODOLOGY AND ETHICS

This is a theory based piece which is entirely committed to exploration, discovery and academic argument grounded in relevant literature. There is no direct contact with human participants or the use of information gained from sources other than those of a published or reputable origin. All information gathered from existing knowledge will be appropriately referenced and relevant to the lines of enquiry or developing argument in this dissertation. Some of the articles contain case study material, however these articles have already met the ethical guidelines imposed on the individual authors and research teams. There are no ethical issues surrounding confidentiality because all the information explored in this piece of work has been gathered from appropriate reputable sources and has already achieved publication.

DEFINITION OF SUPERVISION

Hawkins and Shohet (2012) define supervision as:

...a joint endeavour in which a practitioner with the help of a supervisor, attends to their clients, themselves as a part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession.

(Hawkins and Shohet 2012, p.60)

This definition emphasises a collaborative approach between supervisor and supervisee aimed at transparently working with whatever is present for the
therapist, within their client-therapist relationship, within their organisational context and also within the supervisory relationship, in a trusted, safe, supportive and ethical space. There are countless definitions of supervision however Hawkins and Shohet (2012) provide a sound starting point for this enquiry. In order to achieve appropriate supervision outcomes a number of functions of supervision have been identified in the literature and form a foundation for much of existing supervision theory, Table 1.1 identifies the functions and tasks of supervision which are most often referred to.

Figure 1.1 The Functions and Tasks of Supervision

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<td>Resourcing</td>
<td>Restorative</td>
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(Adapted from Hawkins and Shohet, 2012, p.62 and Van Ooijen, 2013, p.21)

Van Ooijen (2013) suggests that; 'Most people in the helping professions agree with the three functions of supervision [as shown in Figure 1.1]…Yet how these three functions are understood can vary a great deal' (Van Ooijen 2013, p.35). Van Ooijen (2013) develops this enquiry by exploring a number of questions surrounding: Balance between support and challenge, whether counselling is a part of supervision, how to address educative and normative functions along with other aspects of how a supervisor and supervisee agree
(or contract) to work together (Van Ooijen, 2013, pp.35-45). Through exploring different approaches to supervision, awareness of these functions and tasks will remain integral to this enquiry. The questions Van Ooijen (2013) raises will be addressed through emerging themes as being applicable to sandtray supervision, in particular the boundary between therapy and supervision will be addressed in Chapter 5.

DEFINING SAND TRAY IN THERAPY AND SUPERVISION

Homeyer and Sweeney (2011) define sandtray therapy as:

An expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client(s) and facilitated by a trained therapist. It is a process that seeks to promote safety and control for the client so that emotionally charged issues can be addressed through the medium. (Homeyer and Sweeney, 2011, p.4)

This definition falls short of explaining ‘what’ sandtray therapy is and focuses more on the intricate therapeutic process involved. Sandtray therapy utilises a tool known as a ‘sand tray’. Theory underpinning the use of a sand tray derives from two strands of thought, that of sandplay and sandtray. From a sandplay tradition, the sand tray was originally a specific size, Bradway and McCoard (1997) refer to using a tray size depicted by Dora Kalff; ‘...a rectangular blond tray with the now familiar dimensions of 19.5 by 28.5 by 2.75
inches’ (Bradway and McCoard, 1997, p.xiii). The floor of the tray was originally blue and, in later practice the sides were also blue. The blue base can be used to represent water. ‘The kinds of ‘Worlds’ that can be created vary from readily identifiable representations of ‘real-life’ scenarios and vignettes to purely fantasy worlds or indeed combinations of both’ (Hutton 2004, p.608).

The client is invited to build a scene representing aspects of themselves and their world. They may mould the sand and choose from an array of miniatures; ‘Miniature figures representing all aspects of life and fantasy are arranged on shelves near the sand tray’ (Turner 2005, p.1). Lowenfeld (1979), described the type and variety of miniature figures as follows:

- ‘Living Creatures’, both ordinary men, women and children of different races, and also soldiers, uniformed people and animals, wild and domestic;
- ‘Phantasy and Folklore’, including prehistoric creatures and space figures;
• ‘Scenery’, buildings of various kinds, trees, flowers, fences, gates and bridges;
• ‘Transport’, for road, rail, sea and air;
• ‘Equipment’, for gardens, farms, hospitals and roads for example, traffic signals.

(Lowenfeld 1979; Hutton 2004, p.608)

An understanding of how sandtray and sandplay therapy approaches differ will be clarified in the next section with continual discussion throughout this dissertation.

DISTINGUISHING SANDTRAY AND SANDPLAY APPROACHES

In the literature the terms ‘sandtray’ and ‘sandplay’ appear, at times, to be used interchangeably. Homeyer and Sweeney (2011) attempt to distinguish the terms by suggesting that ‘...it is more appropriate to refer to sandplay when discussing the Jungian approach stemming from Kalff's work’ (Homeyer and Sweeney, 2011, p5). Here they refer to Dora Kalff, a Swiss Jungian analyst, who was influenced by Margaret Lowenfeld’s (1979) ‘World Technique’ involving the use of miniatures and sand together. Kalff developed Lowenfeld’s approach into a technique known as Sandplay; ‘...the term sandplay refers to the Jungian approach, although it is widely used outside of Jungian circles’ (Homeyer and Sweeney, 2011, p.7). Friedman and Mitchel (2008) describe Dora Kalff’s approach to sandplay as ‘...a Jungian-orientated, non-verbal form of therapy that facilitates the psyche’s natural capacity for healing...sandplay illuminates the client’s internal symbolic world and provides a place for its
expression within a safe container, the sand tray’ (Friedman and Mitchell, 2008, p.1).

By comparison Homeyer and Sweeney (2011) suggest a more eclectic approach and define ‘sandtray’ as:

An expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and interpersonal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client(s) and facilitated by a trained therapist

(Homeyer and Sweeney, 2011, p.4).

Homeyer and Sweeney (2011) believe that there are many theoretical and technical ways of approaching client work with sand ‘…from the traditional Lowenfeld approach and Jungian sandplay, to Gestalt methods and cognitive-behavioural approaches. Each of these (and others) has therapeutic value’ (Homeyer and Sweeney, 2011, p.7). Therefore within this dissertation, the term ‘sandplay’ will refer to the original Jungian orientated work of Dora Kalff and the term ‘sandtray’ will be used more broadly to consider approaches to using sand across various therapeutic modalities including school counselling, play therapy, trauma therapy, group therapy, couples work and family therapy.

THE FREE AND PROTECTED SPACE

Central to Dora Kalff’s practice was the notion of experiencing the freedom to express in a safe and contained space, something she identified as
the ‘free and protected space’ (Kalff 1980; Bradway and McCoard, 1997, p.8). The free and protected space relates to the therapeutic relationship and the capacity to hold and facilitate the sandplay process. Linda Cunningham (2013), explores the progress that has been made in the development of relational and trauma theories along with research in neuroscience since the initial development of sandplay, thus building on the effectiveness of sandplay therapy ‘…by expanding and deepening the free and protected space’ (Cunningham, 2013, p.1). Arguably, this same ‘free and protected space’ is as important to supervisees as it is to clients, supported by a holding supervisory relationship.

THEORETICAL DEBATE

This project aims to explore supervision models and theory across modalities, and to underpin an approach to using sandtray which is grounded in theory and mindful of safe and ethical practice. Academic discussion is provided by the differences between sandtray and sandplay. The Jungian analytical perspective of sandplay both opposes, and at times aligns with, more contemporary integrative approaches being more synonymous with a sandtray approach. Therefore there is a theoretical push and pull which brings a further dimension to discussion in this study.

THE JUNGIAN ANALYTICAL APPROACH

Jung pulled away from early psychodynamic approaches and developed a more spiritual approach, placing ‘…great emphasis on being impelled to find meaning in life in contrast to being driven by the psychological and biological
forces described by Freud’ (Corey 2013, p.78). Therefore, Jung’s analytical psychology is very different to Freudian psychoanalysis and arguably sits closer to a more humanistic approach at times; ‘Jung’s analytical psychology is an elaborate explanation of human nature that combines ideas from history, mythology, anthropology, and religion’ (Corey 2013, p.77). Another difference from psychoanalysis involves here and now as well as future focused thinking highlighting the process of change. For instance, within the sandplay process, a Jungian analyst specifically looks for ‘…newly emerging potentials for future healing and unification of the personality (e.g., in dreams, sandplays, behaviours, creative impulses, ideas, fantasies) rather than just looking backward and dwelling on old events and wounds’ (Friedman and Mitchel 2008, pp.4-5). In addition to this and central to the Jungian theory is the connection between ‘the self’ and ‘the unconscious’, an overarching belief that ‘…the Self is located in the unconscious – the place of wisdom – and is the central ordering principle of the entire personality’ (Friedman and Mitchel 2008, p.4).

Jung also believed in a concept he called the ‘prospective attitude’, the belief that ‘…the psyche has a natural tendency to heal itself, given the proper conditions… [it] has an instinctual wisdom if left free to operate naturally in a safe and protected environment’ (Friedman and Mitchell, 2008, p4). This process is broadly reminiscent of the actualising tendency, often referred to by Carl Rogers who felt that, given the right conditions for growth (the core conditions), then the client’s would naturally invite inner change; ‘…when therapists are able to experience and communicate their realness, support, caring, and non-judgmental understanding, significant changes in the client are most likely to occur’ (Corey, 2013, p.164).
SIGNPOSTING OF CHAPTERS

Chapter 2 explores the foundations of supervision, sandplay process and Jungian Psychology, beginning with Eye’s 1 of the 7 Eyed Model (Hawkins and Shohet, 2012) and exploring an overview of the client’s story, how they presented in their session and what the supervisee noticed. This is followed by focusing on Eye 2 (Hawkins and Shohet 2012) and considering the interventions used by the supervisee in the session. This chapter also explores: the importance of the supervisory relationship, as well as focusing on sandtray process. Interpretation of sandtray pictures is considered along with the Jungian perspective and the role of the unconscious.

Chapter 3 explores the theories and models of supervision across counselling and psychotherapy including Models of Reflection, Psychotherapeutic Approach Models, Developmental Models and Supervision Specific Models. The chapter continues by considering Creative Models of Supervision along with the importance of using the left hemisphere of the brain and the concept of play. Dancing, moving and writing in clinical supervision is also considered. The focus progresses to explore established methods of Sandplay Supervision Models, including the Collaborative Model, Development Theory in Sandplay, Bernard’s (1979) Discrimination Model and Solution Focused Sandtray Supervision. The chapter concludes with a brief exploration of research papers highlighted for their consideration of using sand in supervision.

Chapter 4 returns to the framework of the 7 Eyed Model (Hawkins and Shohet, 2012) being structured around Eye’s 3 and 4. This involves focusing on the client – supervisee therapeutic relationship and considering transference
and countertransference, and recognition of a common oversight in sandplay supervision. Next the chapter considers the relational experience of the supervisee including countertransference and a contemporary relational view of sandplay and the clinical relationship. Projective identification is also considered. Transference and the need for supervision is followed by a consideration of the differences in the nature of countertransference when working with children and young people. The reflexivity section begins to unite aspects of sandplay and sandtray theory, to form an awareness of the movement of transference around a concept named as the Supervisory Transferential Triad.

Chapter 5 continues with the overall framework of the 7 Eyed model (Hawkins and Shohet, 2012) by considering Eye’s 5, 6 and 7. The previous chapters have focused on the supervisee’s experience, here the focus shifts to the supervisors experience of relationship with the supervisee, followed by their experience of the material shared in the supervisory relationship and the wider context in which the therapeutic and supervision work takes place. The chapter also considers the Field of Relationships and Parallel Process, as well as the wider context of the acceptance of creative methods within counselling, psychotherapy and psychology.

Chapter 6 introduces a 3 Phase approach to using sandtray in counselling supervision which is underpinned by the exploration of theory and models of supervision explored in this dissertation. The closing sections explore the potential benefits of using sand in supervision and implications for future research.
RESEARCHER REFLEXIVITY

‘Reflexivity is not the same as subjectivity but rather it opens up a space between subjectivity and objectivity that allows for an exploration and representation of the more blurred genres of our experiences’ (Etherington, 2004, p.37). Including a reflexive section at the end of each chapter will enable exploration of my thoughts, experiences, doubts, concerns and genuine inquisitiveness on aspects within this study. Etherington (2004) draws attention to the fact that research has traditionally been distant and impersonal; ‘…researchers have been expected to approach their studies objectively, and were taught that rigour demanded they adopt a stance of distance and non-involvement and that subjectivity was a contaminant’ (Etherington, 2004, p.25).

Reflexivity also enables acknowledgement of bias, where my own thoughts and beliefs might influence outcomes. Despite the absence of research participants in this study, my bias towards the use of sandtray, as a therapeutic approach and in supervision, might easily affect the way I write up this study. A mindful awareness of this aspect is useful. Etherington (2004) understands researcher reflexivity ‘…as the capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of inquiry’ (Etherington, 2004, pp.31-32).

As an integrative counsellor working with adults, children and young people I have used a sand tray extensively in my practice with all age groups. I have fostered a keen interest to develop a deeper understanding of the many and varied processes I have witnessed in my sand tray over the years. When beginning to work as a supervisor it was a natural progression to invite my supervisees to explore their client material in the sand tray. I was struck by the
richness of their insights and in realising the lack of literature on sandtray supervision I aim to theoretically explore and potentially add to the body of knowledge in this area.

CONCLUSION

This chapter has laid down the foundations of this study and has particularly attended to acknowledging the use of sandtray in counselling supervision as valuable; by establishing the many areas of possible therapeutic application, and that counsellors working in these areas require relevant supervision. However, it is also important to acknowledge that sandtray supervision is arguably as useful for therapists who don’t use sand in their practice, as for those who do. The fact that sand is as potentially useful for adults as it is for young children has also been acknowledged here along with an understanding of the differences between sandplay and sandtray processes. Jungian analytical theory has been identified as providing academic discussion although it has an interestingly changeable complexity in that some aspects surprisingly align with humanistic theories or transpersonal and spiritual approaches. The focus of this study now shifts towards models, theories and processes of supervision with the aim of understanding how this awareness may inform sandtray supervision practice.
CHAPTER INTRODUCTION

This chapter focuses on exploration of client story in supervision along with the strategies and interventions used by the supervisee. The narrative is set in relation to Eyes 1 and 2 of Hawkins and Shohet’s (2012) 7 Eyed Model. Through his research into the significant differences in the way a range of experienced supervisors worked, Peter Hawkins established that ‘…at any time in supervision there are many levels operating’ (Hawkins and Shohet, 2012, p.86) including consideration of the supervisee and client relationship, the supervisor and supervisee relationship, along with the organisational context and the wider systemic context.

Commencing with a closer appreciation of Eyes 1 and 2 (Hawkins and Shohet, 2012), this chapter progresses with a consideration of the fundamental theories of sandtray and sandplay process and Jungian psychology, to provide a grounding in the processes involved in working with sand. Discussion explores how these elements might begin to unite to support the use of sandtray in supervision.

FOCUS ON THE CLIENT (EYE 1; HAWKINS AND SHOHET, 2012)

‘Attention is concentrated on the actual phenomena of the session and how the clients presented themselves, what they chose to
share, which area of their life they wanted to explore, and how this session’s content might relate to content from previous sessions’ (Hawkins and Shohet 2012, p.87).

Arguably this is the most important of all the aspects of supervision as it provides the foundation; where the supervisee lays down the story of the client, providing background and context, enabling the supervisor to form a sense of the client from which further exploration can evolve: ‘…how they move and hold themselves; how they breathe, speak, look, gesture, etc; their language, metaphors and images and the story of their life as they told it’ (Hawkins and Shohet, 2012, p.90). Hawkins and Shohet (2012) explore this as being a difficult space because it requires sitting with the ‘not knowing’ and this may cause the supervisor to ‘…fear their powerlessness and rush to try and make sense too quickly’ (Hawkins and Shohet 2012, p.89). It is important to take time to reflect on what is noticed, to sit mindfully with it and carefully contemplate without rushing in to solve.

THE SIGNIFICANCE OF THE SUPERVISORY RELATIONSHIP

This may be the beginning of unravelling the client story, or commencing the supervisory process within a specified model, however it is arguably also the beginning of the supervisory relationship, the beginning of what Bordin (1983) referred to as ‘the working alliance’ between supervisor and supervisee. This aspect is associated with Eye 5 (Hawkins and Shohet, 2012), which will be explored more fully in Chapter 5. It appears challenging to consider any of the levels of supervision without mindful awareness of the importance of the
supervisory relationship as it provides the space, safety and the professional holding required to enable the supervisory process to unfold. It is also important to note that, in the reality of practice, at any time there will be crossover and many of these levels activated at once.

SUPERVISEE STRATEGIES AND INTERVENTIONS
(EYE 2; HAWKINS AND SHOHET, 2012)

‘The focus here is on the choices of intervention made by the supervisee; not only what interventions were used but also when and why they were used. Alternative strategies and interventions might then be developed and their consequences anticipated’ (Hawkins and Shohet 2012, p.88).

This aspect aligns neatly with Stage 3 or the ‘Space’ aspect of Page and Wosket’s (2015) Cyclical Model; ‘Creating and holding a space is at the heart of the supervision process. It is the place where the therapist is held, supported, challenged and affirmed in his or her work’ (Page and Wosket, 2015, p.41). This aspect is where the actual process of therapy is explored including the supervisee’s approach, strategies and interventions employed within sessions.

Van Ooijen’s (2013) Step 2 of her 3 Step Model also has significance here, where supervisor and supervisee work together to reflect on the content of sessions, considering different approaches and expanding on the aspect selected in step 1 with the aim of addressing the supervisee’s question. ‘Creating the space for reflection is the most important task at Step 2...as a
supervisee I want my supervisor to listen with complete attention, to be interested in my thoughts, feelings, hunches, uncertainties and general musings’ (Van Ooijen, 2013, p.91). Through attentive reflection new possibilities can be identified, Hawkins and Shohet (2012) advocate for a brainstorming approach for inviting the supervisee to identify new possibilities ‘…it is only when we have exhausted all the obvious rational choices that the creative mind starts to get going’ (Hawkins and Shohet 2012, p.92).

Therefore, Eye 2 is less of a foundation phase and more of an opening out, reflective and expansive aspect, which examines the interventions used by the supervisee and where the intricate work of supervision begins.

SANDTRAY PROCESS

Hutton (2004) explored Lowenfeld’s original sandtray method and theories on play, she notes that when Lowenfeld began promoting the World Technique in the 1950’s she ‘…became concerned that her ideas would be ‘borrowed and adapted’ (Lowenfeld, 1950) by clinicians and thus the intended purpose of the ‘World’ apparatus could become misunderstood. This, along with delays in publishing, may explain why over time Lowenfeld’s work has become less well known than that of Dora Kalff’ (Hutton, 2004, p.606). Kalff (1971) did acknowledge Lowenfeld’s contribution, and obtained consent to develop her ideas (Mitchell and Friedman 1994), Kalff stated that Lowenfeld ‘…understood completely the child’s world and created with ingenious intuition a way which enables the child to build a world - his world - in a sandbox’ (Kalff 1971, p.32). Sadly, ‘…Understanding Children’s Sandplay; Lowenfeld’s World Technique was published in 1979, 6 years after Lowenfeld’s death’ (Hutton 2004, p.608),
therefore she never knew the impact her work would continue to have on counselling adults and CYP.

Over time, it is reasonable to suggest that sandtray techniques have largely been engulfed by Jungian aspects of theory and practice. However, Hutton (2004) concluded that Lowenfeld’s ideas have influenced play therapy practice and also contributed to; ‘…the creation of Kalffian sandplay therapy and [have] continued to influence the work of clinicians from a variety of theoretical backgrounds (Hutton 2004, p.611). Therefore, the sandtray process, first conceived by Lowenfeld (1979), has been more influential than is initially apparent, being adaptable and applicable to a whole cross section of theory and therapeutic approaches. It offers clients the opportunity to work silently, within a gentle, attuned and holding space.

THE USE OF SILENCE

Working with sand releases the pressure of ‘having to’ find words, this in itself can be both a healing and a protective factor ‘…to require a person of any age to verbalize when in an emotional crisis may not be fair, and may in fact be re-traumatizing’ (Homeyer and Sweeney 2011, p.1). Using words, when feeling distraught, depressed or demoralised for example, can be at best challenging. Working with the sand enables a holding of silence, whilst also being therapeutically held within the process. From the therapist perspective, Lowenfeld (1979) confirmed that children who find ‘… ‘World-making’ useful frequently complete a number of Worlds spanning several sessions and if no narration is offered, observing this process can appear rather like watching the television with the sound turned down’ (Hutton 2004, p.609). So, working with
silence, in this approach, can take on a different meaning with whole sessions being filled with the therapeutic holding and accepting of silence. Although referring to the psychological needs of children, the aspect of silent communication clearly applies to clients of all ages, and ultimately also in using sand in supervision. The pressure of challenging feelings and conflicting experience of the psyche at times transcends the use of words.

The facility for supervisees to communicate their experience visually provides a creative and expansive opportunity. Writing from the perspective of integrating creative techniques in supervision Koltz (2008) highlights ‘The visualization that creative activities provide contributes to increased introspection and awareness regarding self and the impact of self upon others’ (Lahad 2000 ; in Koltz 2008, p.418). Therefore, working with sand offers the opportunity to reflect, and to visualise, without the need for verbal communication. A powerful medium, which enables supervisees to experience working in silence at times, thus modelling how it may also feel for a client when silence is held in therapy.

EXAMPLE OF A SANDPLAY PROCESS MODEL

There are many approaches to sandplay and sandtray process, however Campbell (2004) is cited here as an example. Understanding the therapeutic process of using sand, not only allows for argument between the theory of sandplay or sandtray, but enables a grasp of the process from which to bridge into supervision sandplay and sandtray theory. Campbell (2004) explores the value of sandplay as a therapeutic tool for guidance counsellors, she confirms that: ‘Most commonly, the sandplay process consists of two central stages’
(Campbell, 2004, p.2). Although writing from the perspective of sandplay, these stages easily translate to sandtray practice and both stages also share some commonality with Eyes 1 and 2 of the 7 Eyed Model (Hawkins and Shohet 2012).

In the first stage, the client is invited to construct a sand picture ‘…where the perceived needs for the counselling session and the intentions of the facilitator guide the specific instructions given to the child’ (Pearson and Nolan, 1995; Campbell 2004, p.2). Commonly there are either one or two sand trays, one might be dry and the other wet. The client selects miniatures from a large selection of items relating to a variety of aspects of life including that which ‘…repel[s] you, that which magnetically draws you, that which bores you, that which is tasteless, that which is horrifying, that which is good, that which is evil, that which is harmonious, that which is absurd’ (Gisela Schubach De Domenico 1995; Homeyer and Sweeney, 2011, p.19). The array of miniatures enables the client to draw from their experiences and ‘…express the negative feelings and memories that exist in their unconscious and impact on their choices, feelings and behaviour’ (Pearson and Wilson, 2001; Campbell 2004 p.2). The miniatures are placed in the sandtray which offers the protected space within which the client can build a 3 dimensional representation of their emotional experience. Applied to supervision, this stage forms a parallel with Hawkins and Shohet (2012) Eye 1, in that it is the laying down of the story from the supervisee’s perspective, and a gentle collaborative experiencing by both supervisee and supervisor.

Homeyer and Sweeney (2011) suggest that the sandtray ‘… is more than just a container for the sand. It is a container of the psyche’ (Homeyer and
Referring specifically to the physical sand tray, Carl Jung (1977) explored the concept of ‘temenos’, a Greek word meaning ‘the sacred space surrounding a temple or an altar’, he described it as ‘…a deep inner space within people where soul-making occurs’ (Carl Jung 1977; in Homeyer and Sweeney 2011, p.14). Therefore the Jungian perspective of the sand tray posits that it ‘…is a container of the psyche, and involves temenos, where the sacred is kept separate from the profane’ (Homeyer and Sweeney, 2011, p.14).

Although the language used in Jungian sandplay is more grounded in archetype, imagery and unconscious experiencing, this phase of the process, the creation of a sandtray picture or scene, is arguably largely the same in both sandtray and sandplay disciplines. The major differences occur in the next stage and in aspects of interpretation.

The second stage involves exploring the narrative, the experience, context and feeling conveyed by the sand picture. Here the client is invited to ‘…clarify personal meanings and to integrate new feelings and insights that may have emerged’ (Campbell 2004, p.2). The client is then able to ‘…express the negative feelings and memories that exist in their unconscious and impact on their choices, feelings and behaviour’ (Pearson and Wilson, 2001; Campbell 2004, p.2). So, in exploring their sand picture with their therapist, the client is able to invite new perspectives, bring clarity and build new awareness surrounding aspects of their life.

There are clear parallels here when relating the use of sand tray to supervision with Eye 2 (Hawkins and Shohet, 2012) suggests an opening up of the story, and an exploration of the strategies and interventions used by the supervisee. By inviting the supervisee to bring aspects of their work through the
sandtray, we are providing a vehicle to assist the conscious mind of the supervisee to link with the unconscious experience.

INTERPRETATION OF THE SANDTRAY SCENES

The process of interpretation requires careful attention as it would be all too easy for the therapist to begin interpreting through their own projections. However, the truest interpretation belongs to the creator of the sand picture; ‘sandplay pictures are generally considered to be a projection of the child’s [or client’s] internal experiential world and a representation of his/her worldview’ (Dale and Wagner, 2003; Campbell 2004, p.2). Turner (2005) suggests that ‘…it is very important that the therapist develops an understanding of what is transpiring in the client’s sand play process. This understanding plays a critical role in the containment, or holding, of the client’s emerging unconscious material’ (Turner, 1994; in Turner 2005, pp.2-3). Interpretation therefore involves a degree of ‘sitting with’ the material presented; ‘Interpreting sand play involves the thinking process, but it should also include the functions of intuition, feeling, and sensation’ (Turner, 2005, p.3). Therefore interpretation is not so much about a logical cognitive understanding, but more about the experience of ‘being alongside’, the relational connection through the sand, and complete alignment with the client’s ‘whole being’ as they are presenting to their therapist.

The traditional Jungian process of interpretation consists of recognising the archetypal significance of a symbol, thus making interpretation external to the sand tray creator. Vinturella and James (1987) suggest that ‘…interpretation is not only unnecessary but also inappropriate. It is suggested that symbols are arbitrary and have unique meanings for individuals and as
such their subjective nature must be respected’ (Vinturella and James, 1987; Campbell, 2004, p.2). In other words people, client’s, supervisee’s, choose objects because they like them, or they portray something about themselves not necessarily because they recognise the archetypal significance.

In supervision, interpretation of the sandtray is a collaborative inquiry. The supervisor invites the supervisee to make sense of what they have created by exploring the meanings they have attributed to the selected symbols. This may appear both consciously and unconsciously in the tray. The difference with interpreting supervision trays as opposed to counselling trays is that the material is multi-layered, it will not only be about the client but will inevitably include aspects of the supervisee’s unconscious projections as well. There may even be aspects of material belonging to the supervisor too. These aspects will be explored in Chapters 5 and 6. The content of the sand tray is infinite; it provides the space for surprise, for movement, for mindfulness, for knowledge and for unconscious aspects to become conscious awareness, ‘… It is not necessary, nor is it possible, to understand everything that transpires in sand play. The nature of the symbolic process is that it always leads beyond itself and is not reductive’ (Turner 2005, p.3). In other words, the process has infinite possibilities and cannot be simplified.

THE JUNGIAN PERSPECTIVE AND THE ROLE OF THE UNCONSCIOUS

According to Jungian psychology, the human psyche is composed of 3 parts: the conscious (the ego), the personal unconscious and the collective unconscious. The personal unconscious stores our experience of the world around us. Jung believed the personal unconscious enables containment of
repressed thoughts or the need to keep something hidden: ‘We become conscious of something, but forget it, find it unacceptable or intolerable, and “tuck it away” back in the unconscious’ (Jung, 1953;1977 ; in Turner 2005, p.11). Arguably the same principle applies to the information absorbed by counsellors in the counselling room, by exploring the unconscious there is potential to provide richness to the quality of supervision.

Jung (1960;1981) proposed that the collective unconscious is made up of instincts and archetypes and links to all that is humanly known; ‘…the collective unconscious contains the whole spiritual heritage of mankind’s revolution, born anew in the brain structure of every individual’ (Jung 1960; 1981 ; in Turner 2005, p.11). Jungian interpretation of sandplay regards the wealth of information in the collective unconscious as hugely significant, it is seen as influencing sandplay formation for each client but also strongly influencing the therapist’s interpretation of the scene. By comparison in sandtray, a counsellor will mindfully sit with the client’s perspective. However, there is no denying that the role of the unconscious has significance both in the therapy room and supervision. Hawkins and Shohet (2012) recognise the significance of unconscious material in that ‘…the client and the organizational and systemic context of the work are carried into the session in both the conscious awareness and the unconscious sensing of the supervisee’ (Hawkins and Shohet, 2012, p.86).

The use of symbols in the sand enable a link, or a bridge, from the unconscious to conscious awareness inviting information to be accessed within therapy and arguably also in supervision; ‘The use of sand and symbols allows projections of multiple meanings from the conscious and unconscious, thereby
allowing issues to be clarified and released’ (Pearson and Wilson, 2001; Campbell 2004, p.3). It is the role of the therapist, and also the supervisor, to create the holding space to invite this information to surface and be explored appropriately in each setting. If processed accordingly, Jung believed the psyche has the internal quality to heal itself. The theoretical foundation of sandplay therapy ‘...is based on the Jungian concept that the psyche has an autonomous disposition to heal itself and to grow toward fullness’ (Jung 1960; 1981; Turner, 2005, p.2). A connection with person centred approaches to counselling theory, and specifically the ‘actualising tendency’ (Rogers, 1961).

REFLEXIVITY

The idea of the multiple dimensions of supervision being active at any one time clearly holds significance; particularly the relationship between supervisee and supervisor, as this is arguably the ‘professionally held space’ where the work of supervision unfolds. In using a sandtray approach it is clear that sandtray supervision has the potential to abut the divide between supervision and therapy, perhaps more so than any other approach to supervision. This is particularly highlighted when discussing the interpretation of supervision sandtrays; the content is multi-layered, it will not only be about the client but will inevitably include aspects of the supervisee’s unconscious projections. In exploring these projections, in identifying blocks or supervisee blind spots, there will be an inevitable therapeutic ‘edge’ which must be managed mindfully. These aspects will be discussed at further in Chapters 4 and 5.
Homeyer and Sweeney (2011) promote an understanding of sand as an expressive medium, which can be applied at all levels of therapeutic connection: for the client, the counsellor, the supervisee and the supervisor; ‘…sand is more than a therapeutic medium. It is a means of expressing the very core of who we are’ (Homeyer and Sweeney 2011, p.13). It is important to remember the core of who we are when doing this work, not only as a therapist but as a supervisor too. Spare (1981) wrote; ‘As with every aspect of clinical practice, meaningful use of sandtray therapy is a function of our own human hearts, and of the ever ongoing interplay between our own centers and the centers, hearts and needs of those we are privileged to see in psychotherapy’ (Spare 1981; in Homeyer and Sweeney 2011, p.12). In developing a sandtray supervision approach, it is this grounded connection with the core of our own being and how we bring ourselves in relationship with another which holds significance. Sand has the potential to be more than an incidental tool, it is a potent and infinitely expressive entity which may invite deep resonance. Indeed Dora Kalff felt that; ‘The act of playing in the sand allows the patient to come near his own totality’ (Kalff 1981; in Homeyer and Sweeney 2011, p.13).

CONCLUSION

This chapter began with an appreciation of Eyes 1 and 2 of the 7 Eyed Model (Hawkins and Shohet, 2012). There was a recognition of how the theory and process of working with sand in the counsellor/ client dyad can potentially bridge into a sandtray supervision approach. With this in mind the 2 stages of sandplay therapy identified by Campbell (2004) were explored. This model was cited as an example, further models of sandtray and sandplay process, along
with supervision models and the established use of sandplay in supervision will be explored in the following chapter. Woven into this chapter were aspects of both commonality and distinct difference surrounding Jungian psychology and the acknowledgement that sandtray may have significantly, and surprisingly, impacted the development of sandplay and the wider therapeutic use of sand. Areas of potential implication to developing mindful sandtray supervision practice were highlighted.
CHAPTER 3
THEORIES OF SUPERVISION ACROSS MODALITIES

CHAPTER INTRODUCTION

This chapter expands on the processes used in supervision across modalities, including Jungian theory and established sandplay supervision. This exploration identifies how a broad range of models provide the holding space to contain the supervision process, where there is potential commonality and noticing how sandplay supervision is currently conceptualised. These models arguably provide the foundation of what is known about supervision and also the potential for underpinning a theoretical synthesis to aide conceptualisation of a sandtray supervision model. Chapter 4 will further expand on the 7 Eyed Model framework by exploring Eyes 3 and 4 (Hawkins and Shohet, 2012) and the dynamics of the therapeutic relationship, including transference and countertransference as approached in supervision.

DISCUSSION OF SUPERVISION THEORY AND MODELS

According to Van Ooigen (2013) there are 4 main categories of supervision: models of reflection, psychotherapeutic approach models, developmental models and supervision specific models (Van Ooigen, 2013, p.12).

MODELS OF REFLECTION

Professional reflection within supervision is a central process and can therefore be applied to all levels of the 7 Eyed Model (Hawkins and Shohet,
Hawkins and Shohet (2012) state that; 'Supervision develops out of the rich soil of reflective practice' (Hawkins and Shohet 2012, p.16). Hawkins has developed a model of reflective practice which maps out the following levels of reflection: noticing the phenomena, recognizing the connecting patterns, making sense of the patterns, shifting the frame of perception and shifting one's underlying belief system (Hawkins and Shohet 2012, p.17). These levels of reflecting could reasonably be applied to sandtray supervision process, as reflecting on the image a supervisee has created may naturally invite this process of reflection.

Page and Wosket (2015) explore the significance of what they term the 'reflective alliance' (Page and Wosket, 2015, pp.91-92). This alliance is viewed as forming a significant part of the supervisory relationship, being the process of observing and considering; '…a place outside the stream of the supervision process but from where the process remains observable…the supervisor and supervisee need to move between experiencing and reflecting with the sense, at times, of merging these different aspects' (Page and Wosket 2015, p.92). Page and Wosket (2015) explore this process of observing, reflecting and experiencing as a central component of the 'Collaborative' aspect of the 'Space' section of their Cyclical Model (Page and Wosket, 2015). A similar sense of collaborative observation between supervisee and supervisor is also noticed in sandplay supervision practice within the collaborative supervision model (Griffith, 2008, pp.45-52), which is explored later in this chapter.
PSYCHOTHERAPEUTIC APPROACH MODELS

Van Ooijen (2013, pp.16-17) cites the fact that there are two aspects to counselling and psychotherapy supervision namely: 'same' theory supervision and 'different' theory supervision. 'Same' theory supervision meaning the choice of a supervisor trained from the same perspective. In relation to 'different' theory supervision, Ooijen suggests this can be useful for an experienced practitioner who '…may choose a supervisor with a different orientation, in order to gain a new way of looking at their work' (Ooijen 2013, p.17). The theoretical orientation of our chosen supervisors is a determining factor in who we choose and how successful the supervision provided will be. Van Ooijen suggests that ‘…it is important to realise that a theory is 'just a theory': it represents someone's thoughts rather than absolute 'truth'. It follows therefore that theories are constantly revised and updated in light of current scientific knowledge, as well as people's thinking and experience' (Ooijen 2013, p.16). However, what feels comfortable to each therapist, in supervision, is individually important although it can also be useful to expand one's experiential awareness.

Incorporating creative strategies into supervision has the potential to 'push the boundaries' of a supervisee's experience of supervision, and as such may not entirely feel a comfortable experience. Considering arts therapies for instance, Edwards (2010) confirms there is growing awareness ‘…for supervision in the arts therapies to draw upon different arts modalities for their techniques and rationale. Doing so may have a number advantages over purely verbal forms of supervision' (Edwards, 2010, p.249). An example of the
advantage of introducing more creative approaches can be found in Mullen et al. (2007) states:

When play therapy supervisees are intentionally given the opportunity to use toys and their mechanism for symbolic expression, the communication between supervisee and supervisor can be enhanced. Furthermore, use of such experiential activities has the added benefit of facilitating the supervisees' empathy for their clients.

(Mullen et al., 2007; Edwards, 2010, p.249)

Therefore, although theoretical aspects of supervision may seem testing or uncomfortable, there may be learning for each therapist in that sense of discomfort.

DEVELOPMENTAL MODELS

Page and Wosket (2015) explore the history of developmental supervision beginning with Hogan (1964) when he published his initial 4 stage model of the development of the psychotherapist; 'Exponents of the developmental approach argued that the supervisor could be trained (or at least alerted) to address the supervisee's particular developmental needs' (Page and Wosket, 2015, p.4). Debatably, the most well-known developmental approach was developed by Stoltenberg and Delworth (1987), revised by McNeill (1998) and further revised by Stoltenberg and McNeill (2010). It incorporates 4 levels of supervisee development ranging from the trainee counsellor with limited knowledge of theory and technique, to the fully functioning therapist who is
'regarded as expert by colleagues' (Page and Wosket 2015, p.6). Within this model, supervision is regarded as consulting with 'a more seasoned practitioner in the field in order to draw on their wisdom and expertise' (Gilbert and Evans, 2000; Van Ooijen, 2013, p.17). Van Ooijen (2013) confirms there can be difficulties with this approach when there is a 'mismatch' between supervisor and supervisee, for instance '…an experienced worker may become irritated if treated as a beginner; equally, novice workers… are not well served by being expected to function as if they have years of experience' (Van Ooijen, 2013, p.17).

SUPERVISION SPECIFIC MODELS

Van Ooijen (2013) identified this group of supervision models as developing due to supervision being increasingly seen '…as an activity in its own right, resulting in the development of models specifically for supervision' (Van Ooijen 2013, p.19). By comparison, Page and Wosket (2015) explore the concept of 'contemporary models and approaches' (Page and Wosket, 2015, pp.8-10). Rapp (1996) suggested that '…as developmental models of supervision began to fall somewhat out of favour they were replaced by functional models that put more of an emphasis on the task and roles of supervision' (Rapp 1996; Page and Wosket, 2015, p.8). Models of supervision are consequently less bound by therapeutic approaches and as such are more integrative in nature. The same trend may also be applicable to sandplay, with a potential pull towards a more integrative approach to sandtray supervision.
CREATIVE SUPERVISION

There is a growing appreciation for the use of creative techniques in supervision along with a growing literature base to support this. Carson and Becker (2004) suggest that '… creativity is vital to the therapeutic process and therefore should be given attention in counsellor training. However, often it would seem that in the academic world science and creativity are not compatible' (Carson and Becker 2004; in Koltz 2008, p.416). Here, Carson and Becker (2004) acknowledge the importance of creative approaches whilst also raising awareness for existing discomfort between science and creativity. Hundley and Casado-Kehoe (2007) suggest that creative activities provide supervisees with a visual image which can be internalised and help them reflect on the process of becoming a counsellor (Hundley and Casado-Kehoe 2007; in Koltz 2008, p.418). Also, Carpendale (2011) suggests that '…creative methods can access what we know tacitly, but have not consciously realised' (Carpendale 2011; in Van Ooijen 2013, p.156), therefore the process of creative supervision provides the safe space in which this tacit knowledge is invited to become conscious and is thus internalised as new awareness by the supervisee and supervisor.

LEFT AND RIGHT HEMISPHERES OF THE BRAIN

Sandtray and other creative techniques have the potential to 'show' the supervisor and supervisee the 'whole' picture, arguably enabling exploration to take place on multiple levels including both the left and right hemispheres of the brain; '…Western culture sometimes places a higher priority on rational thought and left-brained thinking, downplaying the importance of intuition and right-
brained creativity' (Schuck and Wood 2011, p.16). The use of sandtray in supervision invites a balance of left and right brain; with the visual, creative, emotive and experiential right sided activity and the logical, processing and clinically analysing of the left side. Chesner and Zografou (2014), writing about creative supervision across modalities, suggest that '...the creative interventions used in creative supervision speak, to a significant extent, to the right hemisphere' (Chesner and Zografou 2014, p.32). Badenoch (2008) explored the use of sandtray therapy and the brain, she acknowledges that:

….the use of sandtray awakens and regulates the right brain limbic processes, promoting vertical integration in the right brain. New neural pathway "templates" are developed, effectively rewiring dysfunctional painful memories… touching the sand activates the brain. The sensations travel to the prefrontal cortex, which makes sense of tactile input. The counsellor and client stay attuned during the building of the tray…through right brain resonance…the client recalls painful experiences and is met with empathy and kindness, new synapses carry that information throughout the brain, and blood flow changes course to more soothing paths…verbally discussing the content results in left and right brain integration. Adding words to the story, which occurs in the left brain, the imagery and feelings of the right brain, actually strengthens and grows the corpus callosum (the connecting tissue between the left and right brain hemispheres) resulting in greater regulation of the emotional content of the sandtray experience.
Badenoch (2008) refers to the process of sandplay for a client and how this powerful and creative experience is processed by the brain. It is logical to suggest the same processes to be at work for supervisees who are open to working creatively.

THE CONCEPT OF PLAY

Stewart and Etcherling (2011) confirm that research offers ‘…powerful and convincing evidence that play has a pervasive and positive impact on neurological functioning’ (Schore 2000; Stewart and Etcherling 2011; in Drewes and Mullen 2011, p.284). In conclusion, the process of engaging the brain in the creative functions of the right hemisphere, is proven to be both expansive and therapeutic for client and supervisee. Chesner and Zografou (2014) confirm that: 'The conclusion is simple: in order to think more efficiently, we must play' (Chesner and Zografou, 2014, p.33).

However, not all supervisees feel comfortable about including aspects of 'play' in supervision. Edwards (2010) confirms that; 'supervisees should not, therefore be obliged or coerced into playing any more than clients should' (Edwards 2010 p.253). Therefore, working creatively within supervision, is a concept which requires careful thought as supervisee's may not want to engage and as Scaife (2010) points out: 'Many warn against using creative methods without caution because such techniques can very quickly easily bypass rational thinking and involve persons in the exploration of unconscious processes during which they may lose control' (Scaife 2010; Chesner and
Therefore, the use of play in supervision, however useful has to be applied mindfully. From a Jungian perspective '…play in general, and sandplay specifically provides opportunities for visual, kinesthetic, and metaphorical communication between clients and counsellors that are rich in meaning and expression' (Ryce-menuhin, 1992; Markos et al. 2008, p.4). So, from the perspective of play, Jung agreed in the therapeutic benefits, and the quality of connection that was possible.

DANCING MOVING AND WRITING IN CLINICAL SUPERVISION

Panhofer et al. (2011, pp.9-16) explore methods of embodiment in psychotherapy supervision; the application of their methodology surprised researchers and gave rise to a process of 'self supervision', an eventual outcome of this study. Panhofer et al. (2011) draw attention to the fact that, '….opening the door to the idea that knowing can happen in the body, in an unconscious, preconscious, and or non-languaged, way' (Panhofer et al 2011, p.10). Gallagher (2005) draws awareness to the way the body holds information in the unconscious; '… the body shapes the mind at a fundamental level, contributing to a prior kind of knowledge which is unavailable to introspective consciousness, a knowledge which remains "behind the scene" ' (Gallagher, 2005; Panhofer 2011, p.10). Panhofer et al. (2011) used 6 co-researchers, all established dance and movement psychotherapy practitioners, to reflect on a significant moment in their clinical work. First they wrote about their experience, then they employed a sequence of movement followed by further expressive writing and reflection on the narrative. These procedures were repeated twice. The outcomes confirmed '…enhanced connection to the
therapist's countertransference material, a finding that was confirmed by the focus group and the final follow-up questionnaire responses from the co-researchers' (Panhofer et al., 2011, p. 11). These methods had shown how it is possible to connect to the whole self through dance, movement and writing. Panhofer et al. (2011) confirms that: ‘Drawing solely on verbal techniques, it leaves out the bodily experience and the knowledge that inhabits "behind the scene" ’ (Panhofer et al., 2011, p. 10). An interesting study which takes creativity into the realm of promoting connectedness through involvement of the 'whole self' - mind, body and soul.

ESTABLISHED SUPERVISION USING SAND

This section introduces some of the established models and theory of supervision using sand. Some discussion relates to using a sandtray in supervision to supervise the clinical use of sand in therapy. Other examples involve the use of sandtray in supervision where sand was not used between counsellor and client. These contributions also echo models already included in this project, perhaps identifying how other models of supervision have previously already influenced the development of supervision using sand.

THE COLLABORATIVE MODEL (GRIFFITH, 2008)

Griffith (2008) explores a collaborative model of clinical supervision (Griffith 2008, pp. 45-52). Griffith adheres to the Jungian approach to sandplay therapy, she outlines her model of supervisor and supervisee working together in a mutual and equal working alliance: 'This supervisory-related working
alliance is based on mutual agreement on the goals and tasks of supervision and a strong bond of caring, trust and respect' (Bordin 1983; Griffith 2008, p.45).

Griffith (2008) outlines 5 principles to her collaborative approach: The connection with the supervisee in the free and connected space, valuing supervisee perspective, responsibility for learning, the view that relationships and process spontaneously emerge out of experience and to develop an ongoing, evaluative process during each session of supervision (Griffith 2008, p.46). Arguably, although developed specifically with collaborative supervision in mind and connected to sandplay Jungian discipline, these 5 principles reflect much of the best practice, theory and functions of supervision already discussed. The concept of collaboration, of supervisee and supervisor working together in the spirit of mutuality, is clearly central to attentive supervision practice. Writing from the Jungian discipline, Griffith (2008) emphasizes the connection with the supervisee in a 'free and protected space' (Kalff, 1980), and that '...in this space the supervisee feels completely free, accepted, and protected by the supervisor, who must recognize the challenges and resources of the supervisee' (Griffith, 2008, p.46). The supervisee is therefore acknowledged as '...a co-creator of the collaborative experience' (Griffith, 2008, p.46). The quality of the supervisory relationship invites a commitment to an expansive energy where the client's story can be explored in '... a non-judgemental environment that is supportive of all contributions' (Griffith, 2008, p.46). So through the safe experience of a collaborative supervisory relationship a sense of the client's story, how they presented and how they were experienced by the supervisee, can be established and explored in the sand.
The process of supervision outlined by Griffith (2008) has a developmental quality about it although using Jungian terminology, it is described as ‘…moving along a continuum that is similar to the archetypal journey. The supervisee begins the journey by seeking the supervisor or guide to assist in the supervisory process’ (Griffith 2008, p.50). The process involves three identifiable stages:

Stage 1: Establishing a relationship between supervisor and supervisee, the work involves expanding and developing supervisee knowledge and experience
Stage 2: Exhibiting decreasing dependence and increasing autonomy
Stage 3: Stabilising growth within the supervisee
(Griffith 2008, p.50)

At the end of the supervisory journey together, supervisees are encouraged to ‘…discuss the archetypal supervisory journey that they have experienced in an individual or group session, and they are asked to articulate their insights regarding the collaborative process of supervision’ (Griffith 2008, p.50). So, although using Jungian language, this model has a developmental feel about it reflective of Stoltenberg and Delworth (1987), whilst also drawing on aspects of Bordin's (1983) working alliance as applied to supervision.

BERNARD’S (1979) DISCRIMINATION MODEL

The Discrimination Model (Bernard, 1979) is referred to by Drewes and Mullen (2008) as ‘…a social role model that attends to the role the supervisor takes as well as to three different focus areas for supervision’ (Drewes and
Mullen 2008, p.29). The roles of the supervisor are seen as those of teacher, counsellor and consultant; and the focus areas are intervention skills, conceptualisation skills and personalisation skills. The model was devised as a model for supervisors to support practicum students, more recently it has been adapted for use in the field of creative supervision and more specifically sandtray supervision.

Bernard and Goodyear (2009) identified some limitations which will be further addressed in Chapter 5 of this dissertation: that '…supervisees may experience strong emotional reactions that may require a supervisor to function in more of a counselor role' (Bernard and Goodyear 2009; in Anekstein et al. 2014, p.131). It is not unusual for the boundaries between supervision and therapy to become blurred, Bernard and Goodyear (2009) suggest that supervisor's '…must be aware of the potential risk of utilizing this approach' (Goodyear 2009; in Anekstein et al. 2014, p.131). Despite this potential risk their findings suggested ‘…that the use of Sandtray Supervision can enhance the supervisory process, help the supervisee learn new creative approaches, and in turn help client growth' (Anekstein, Astramovich, Garner, Hoskins, and Terry, 2010; Anekstein and Garner, 2011; Anekstein, Malstrom, and Terry, 2010; Hoskins and Anekstein, 2010; Anekstein et al. 2014, p.131). Therefore, despite the concerns surrounding the boundary between therapy and supervision, there is evidence that sandtray supervision from the perspective of Bernard's (1979) Discrimination Model, if managed safely and mindfully, can be a useful and informative approach.
SOLUTION FOCUSED SANDTRAY SUPERVISION

Stark et al (2011) explore the use of solution focused supervision (SFS) using a sandtray, with attention to the process of building upon successes in order to provide insight and goal setting, they believe that '…the modality of sandtray in supervision allows for supervisees to freely express and explore personal and professional growth as counsellors' (Stark et al., 2011, p.277). They also suggest that the use of sandtray can enhance the quality of supervision, in particular they explore 3 attributes of sandtray work which enable supervisees to '… (1) conceptualize their clients, (2) set therapeutic and supervisory goals, and (3) enhance both the counselling and supervisory relationships in a way that is both visual and tangible.' (Stark et al., 2011, p.279). Garza and Watts (2009) believe, as in Stark et al. (2011, p.278), that trainee counsellors begin from a place of reliance on their supervisor (being reminiscent of developmental models of supervision), and that the sandtray process aids the supervisee ‘… in shifting to a place of self-reference, looking inside themselves to discover what they think, feel, and need. The use of sandtray encourages supervisees to embrace thoughts and feelings of the innermost self, taking ownership of personal strengths and resources' (Garza and Watts, 2009; Stark et al., 2011, p.278). Thus becoming more self-reliant and affirmed in their professional role.

FURTHER RESEARCH ON THE USE OF SAND IN SUPERVISION

Other research papers which focus on the use of sand in supervision include Green and Gibbs (2006), Sanding in Supervision, a process which they based on the World Technique (Lowenfeld, 1979). Stark, Garza and Ane (2015)
explore student perceptions of sand tray in supervision, from a solution focused perspective. Markos, Coker and Jones (2008) investigated Play in Supervision, in particular the use of sandtray with beginning practicum students. McCurdy and Owen (2008) explore the use of sandtray in Adlerian-based clinical supervision. Koltz (2008) also explored Bernard's (1979) Discrimination Model in regards to integrating creativity into supervision. Morrison and Homeyer (2008) also explore supervision in the sand. Dean (2001) is an example of where the researcher has recognised the use of sandtray as applied to a specialist area, in this case couple's therapy, and realised that there was no literature on supervision of this work. She used a 'consultation method' based on De Domenico's (1991) Sandtray-Worldplay Method in supervision of masters level trainees. Dean (2001) concludes that 'There is a multitude of possibilities available to supervisors from a wide variety of disciplines provided they are willing to access their creativity and venture into new, and relatively unexplored, territory' (Dean 2001, p.180). The literature surrounding the use of sandtray in supervision remains limited although it is improving.

REFLEXIVITY

This Chapter has been an exploration of aspects of theory and models of supervision across modalities; from counselling supervision, to creative supervision, to supervision using sandplay or sandtray process. I notice there is far less of a Jungian narrative in this chapter, where it does surface it seems to sit harmoniously with the ongoing themes of this chapter. The aspect which really stood out for me surrounded the work of Edwards (2010), and the discussion about pushing boundaries when our professional experiences may
not feel entirely comfortable. As a therapist who uses creative strategies regularly in my practice, it challenged me to connect with the idea that other counsellor's may not necessarily want to work creatively in supervision. The perspective that 'play' and creativity may indeed feel uncomfortable. I realise, just as it is important to establish an approach which is mindful and sensitive to the experience of the supervisee, within the holding environment of the supervisor/supervisee relationship; it is as mindful to recognise that, as therapists and supervisors, we are as infinitely unique as our clients and as such, we are entitled to choice. Carson and Becker (2004) stated that '…creativity is vital to the therapeutic process’ (Carson and Becker 2004 ; in Koltz 2008, p.416). To me creativity is 'vital', it connects with the very core of who I am, however I recognise for others creativity and play are not regarded with the same enthusiasm. Research will never achieve the same step forward and meet the same needs for everyone.

CONCLUSION

Through the growing discussion of a wide variety of supervision theory across modalities, areas which may potentially unite to form an integrative approach to supervision using sand are beginning to emerge. The chapter began with an exploration of supervision theories from a counselling perspective, the focus then shifted into considering models of creative supervision and finally established models of sandplay and sandtray supervision. The focus of this dissertation now shifts towards Eye's 4 and 5 of the 7 Eyed Model (Hawkins and Shohet's 2012), and a consideration of qualities of the therapeutic relationship including transference and countertransference.
How these aspects might inform an integrative use of a sandtray supervision approach will also be considered.
CHAPTER 4

THE DYNAMICS OF RELATIONSHIP
TRANSFERENCE AND COUNTERTRANSFERENCE

CHAPTER INTRODUCTION

Chapter 3 explored the intricacies of supervision theory across modalities; counselling and psychotherapy supervision, creative supervision and established approaches to using sand in supervision. This chapter turns attention towards the professional relational dynamics between the supervisee and the client, with particular attention to transference and countertransference. These will be explored whilst holding an awareness of Eyes 3 and 4 of Hawkins and Shohet's (2012) 7 Eyed Model. Thus focusing on relating and how this might be facilitated and explored in supervision through the use of sandtray. The relationship between supervisee and supervisor (Eye 5, Hawkins and Shohet, 2012) will be explored in depth in Chapter 5 although aspects of this chapter will have resonance in this relational dyad also.

THE CLIENT - SUPERVISEE THERAPEUTIC RELATIONSHIP
(EYE 3: Hawkins and Shohet, 2012)

‘Here the supervisor pays particular attention to what happened consciously and unconsciously in the relationship between the supervisee and their client…to help the supervisee step outside their own perspective and develop a greater insight and understanding of the dynamic of the working relationship with a particular client’
The focus is on the relational processes of sandtray, more specifically within the therapeutic relationship. Turner (2005) suggests that sandplay incorporates a mutual connection of therapist and client ‘…simultaneously engaged in symbolic process…This unique therapeutic arrangement of active, concurrent participation in the client symbolic process gives rise to some highly interesting dynamics and accounts for the profound therapeutic potential of sandplay” (Turner 2005, p.45). The significance of the relationship in ‘holding’ the overall process is central, understanding the importance of Eye 3 (Hawkins and Shohet, 2012) requires an understanding of the intricacies of the relational dynamics that evolve between therapist and client. Dunn-Fierstein (2008) recognises that exploring the therapeutic relationship in sandplay is challenging but it is also where the work of supervision can get really interesting. The supervisor: ‘…This phase demands that the supervisor achieve a deep level of internal attunement to the metaphors, images, intuitions, and feelings, that come from within as the case is being presented’ (Dunn-Fierstein 2008, pp.41-42).

Homeyer and Sweeney (2011), whilst nurturing a sandtray approach, recognise the significance of the emotional therapeutic connection: ‘People experience emotional healing when they encounter someone and when they encounter self. It is an inner process, a relational process, and a heart process’ (Homeyer and Sweeney, 2011, p.12). This quote suggests that Homeyer and Sweeney (2011) align with a Jungian attitude to sandtray work which incorporates a spiritual ‘heart process’, that sandtray is not just a tool but a
potent approach which can potentially facilitate a deep relational therapeutic
connection. Maintaining a sense of safety within a holding relationship is of
central importance. Homeyer and Sweeney (2011) urge that ‘Sandtray therapy
should involve a dynamic interpersonal relationship. Regardless of the specific
therapeutic and theoretical approach one takes to the sandtray process’
(Homeyer and Sweeney 2011, p.3). So, whether talking about sandtray or
sandplay, the safety of a holding relationship is central.

TRANSFERENCE, COUNTERTRANSFERENCE OR COTRANSFERENCE

Eye 3 (Hawkins and Shohet, 2012), encompasses the concept of
‘transference’ which Page and Wosket (2015) define as ‘…a description of the
process whereby person A acts towards person B as if person B were person
C…traditionally used to describe an unconscious process between a client and
regard Eyes 3 and 4 of the 7 Eyed Model as being separate relational foci, with
transference relating to Eye 3 and counter-transference aligning more closely
with Eye 4. Countertransference being the response or reaction of the therapist
to their experience of the client’s transference. However, in reviewing this model
in relation to sandplay, Dunn-Fierstein confirms she does not:

‘…believe that these can be entirely separate in the field of sandplay
supervision because we view ourselves as working in a field of
mutuality in which the client and therapist are both impacted by the
relationship. In addition it is through the therapist’s internal process
that much is learned about the therapeutic relationship and what is
needed for healing.’
(Dunn-Fierstein 2008, p.41)

Therefore, the Jungian approach to sandplay does not necessarily
recognise transference as an isolated concept but more as a mutual process.
Indeed, Friedman and Mitchell (2008) often refer to the term ‘cotransference’
which they identify as first being developed by Kay Bradway (1997);
‘…cotransference refers to the relationship between therapist and client that
embraces a feeling with (“co”), rather than a feeling against (“counter”)…These
inter-feelings seem to take place almost simultaneously, rather than
sequentially as the composite term transference-countertransference suggests’
(Bradway and McCoard 1997, p.34; in Friedman and Mitchell 2008, p.8).
Indeed, Kay Bradway (1997) views co-transference as ‘…always there…[and] an essential part of the therapy’ (Bradway and McCoard 1997, p.8). The term
cotransference refers to a simultaneous mutuality of therapeutic experience in
the sandplay relationship, where transference and countertransference occur
responsively, in the moment. In agreement with this approach Orange, Attwood
and Stolorow (1997) also refer to co-transference by confirming that ‘therapist
and client are involved in the mutual creation and interplay of the transference-
countertransference, sometimes referred to as co-transference’ (Orange 1995;
Orange et al 1997; ; in Cunningham 2013, p.44). So, traditional sandplay
approaches lean towards an integration of transference and
countertransference into co-transference, emphasising a mutuality of
experience with reactions and responses unfolding in the moment, and inseparably.

From the sandtray perspective, by comparison, Lowenfeld (1979) proposed a different perspective on transference ‘…in the creation of worlds in the sand, transference occurred between the client and the tray rather than between client and therapist’ (Lowenfeld 1979; in Homeyer and Sweeney 2011, p.11). Homeyer and Sweeney (2011) also draw attention to Weinrib (1983) who noted that ‘…the sandtray often becomes an independent object, so that the client may take away images of the tray rather than the therapist’ (Weinrib 1983; in Homeyer and Sweeney 2011, p.11). Therefore the sand tray may become the object of the transference or the means by which ‘…transference issues are safely addressed’ (Homeyer and Sweeney 2011, p.11). This is a really interesting perspective, almost suggesting that the sand tray becomes a ‘transitional space’, where relational projections are held safely, within the ‘object’ of the tray and not projected inappropriately or uncomfortably in the therapeutic relational space. As transference and countertransference are inextricably linked, there will be further exploration of these elements later in this chapter.

THE RELATIONAL EXPERIENCE OF THE SUPERVISEE
(EYE 4: Hawkins and Shohet, 2012)

‘Here the supervisor concentrates on how the supervisee was consciously and unconsciously affected by the work with their clients… to increase the capacity of the supervisee in engaging with
their clients and more effectively using their responses to the clients’
(Hawkins and Shohet 2012, p.88).

Here the focus is on the experience of the supervisee and how they experience being in relationship with their client. The process of counter-transference is often identified as being significant within this aspect of supervision. Hawkins and Shohet (2012) confirm that all forms of countertransference involve ‘…some form of predominantly unaware reaction to the client by the supervisee’ (Hawkins and Shohet 2012, p.96). As previously explored, the Jungian approach to sandplay references countertransference, transference and co-transference, far more widely than the sandtray literature which has a limited although interesting approach. Therefore, in order to build a fuller awareness of this aspect into sandtray supervision this study is impelled to draw heavily on sandplay resources.

CONTEMPORARY VIEW: SANDPLAY AND THE CLINICAL RELATIONSHIP

Linda Cunningham (2013) writes extensively about sandplay and the clinical relationship, from a contemporary perspective, recognising that since the initial foundations of sandplay there have been significant developments in psychology:

… neither relational nor trauma theories had been fully developed in Jungian theory nor in psychoanalysis, leaving her [Dora Kalff] without the frame of reference that has immensely deepened how contemporary therapists see their role. Drawing from current theory and research, we may glean many details of how to work even more
effectively in sandplay therapy by expanding and deepening the free
and protected space.

(Cunningham 2013, p.1)

Cunningham (2013) confirms that advances in our knowledge of the brain
suggest that ‘relationship not only builds but also actually changes the brain’
(Cunningham 2013, p.1), she also refers to the concept of the therapist
somatically receiving the experience of the client, through non-verbal
communication, and the healing effect of this. Cunningham (2013) states that
‘Neuroscience is beginning to confirm what depth psychotherapist have
intuitively known for many years: that the intersubjective connection of mind,
body, and soul is real, and that it is transformative of traumatic relational
patterns’ (Siegal, 2004 ; in Cunningham 2013, pp.1-2). This book drives our
knowledge of the therapeutic relationship forward, but also how we relationally
connect through the process of sandplay.

Cunningham (2013) explores the process of countertransference as
perceived by Freud and Jung separately and suggests that Freud attempted to
avoid thinking about countertransference however, ‘Jung (1946/1966) makes it
clear that countertransference is an unavoidable phenomenon. He used the
term ‘Psychic infection” … where the analyst and patient have similar or
complementary, interlocking wounds, and the analyst is caught in an
unconscious identification with the patient’ (Cunningham 2013, pp.26-27). Jung
has often been described as using the phrase ‘wounded healer’, Cunningham
describes this as ‘… literally taking over the patient’s sufferings, leading to
mutual analyst-patient transformation’ (Cunningham 2013, p.27). This appears
to be the essence of sandplay theory, that transformation is a mutually experienced process, through the relational connection ‘Research shows that many therapists do suffer with their clients, even with the use of sandplay, and there is increasing evidence from neuro-science and attachment theory that Jung was correct in stating that this is the essence of healing’ (Cunningham 2013, p.150). So throughout the sandplay experience there are aspects of mutuality; simultaneous experience of countertransference and transference or co-transference, and the mutuality of the healing process and the journey of the wounded healer.

PROJECTIVE IDENTIFICATION

Cunningham (2013) also explores contemporary psychoanalytic countertransference theory which includes the concepts of projective identification and empathy (Cunningham 2013, p.37). ‘The concept of projective identification highlights the therapist’s experience of the client within the therapist; with empathy our focus is on the fluctuating affective state of the other – the client’ (Cunningham 2013, p.37). This is different to countertransference which is the therapist’s own response to something about the client, in projective identification, the therapist feels the feeling ‘for the client’. It is very often a somatic experience such as; a pain, feeling nauseous, feeling hot or cold, or embodied responses to feelings of anger or anxiety for instance. When the client is unable, for whatever reason, to feel it for themselves. ‘Projective identification has the feel of being taken over by the experience, whereas empathy is a “tool we apply at our volition” ’ (Cunningham 2013, p.37). Aron (1996) confirmed that originally projective identification was viewed as a more
mystical concept, he now considers it to be ‘…a necessary bridging concept between the intrapsychic and the interpersonal realms. He describes both enactments and projective identification as continual processes rather than discrete events’ (Aron 1996; in Cunningham 2013, pp.39-40). So, rather than being occasional events, rather like the sandplay concept of co-transference, projective identification is always there.

TRANSFERENCE AND THE NEED FOR SUPERVISION

Relational theory views the therapist’s subjective experience as central to the therapeutic process. ‘Transference and countertransference are, in this view, co-created in a mutual, reciprocal process, revealing important, repeated themes in the dance toward wholeness’ (Cunningham, 2013, p.83). These themes bring awareness to the therapist and through appropriate supervision enable improvement to the experience of the client. In support of the need for consultative supervision, countertransference experiences arise within this mutual intersubjectivity and, as Cunningham (2013) suggests, ‘…we may need help in digesting them. For example, if a sandplay scene makes us feel anxious, there is meaning in the anxiety. It is something to be investigated and understood through consultation, therapy, and our own soul searching’ (Cunningham, 2013, p.83). Therapeutic experiences can be complex, it can be hard to decipher what feelings and emotions belong to who and supervision can help with picking apart the strong dynamics which can play out in the sand. As stated by Jung (1946;1966) ‘… our feelings will get in the way in our entanglement with the client’s feelings
and this “chemical combination” will lead to a transformation of both’ (Jung 1946;1966; Cunningham 2013, p.83). Although that mutual transformation can be a positive and growthful experience, the effects of retaining a client's negative transference can be damaging to the therapist. So supervision becomes about self care, as much as it is about client care. ‘…we need to put ourselves right – sometimes through therapy or consultation …this coming to understanding within the therapist is actually healing for the client, whether or not it is spoken aloud’ (Schore, 2003; Cunningham 2013, p.84).

COUNTERTRANSFERENCE PLAY AND WORKING WITH CHILDREN

Gil and Rubin (2005) explore the differences in countertransference experienced by therapists working with children and adolescents and how it is only just becoming recognised that there is very little attention paid to resolving countertransference experiences arising out of play therapy with children they promote an approach in supervision which they refer to as ‘countertransference play ’(Gil and Rubin 2005, p.87). However their reference to using sandplay and art to address countertransference in supervision is by their own recognition, a limited reflection of the potential benefits of using a broad range of creative approaches. They theoretically draw from the field of art therapy to create ‘…a logically derived means of understanding and working through countertransferential responses’ (Gil and Rubin 2005, p.87). Gil and Rubin (2005) note the differences in working therapeutically with children by comparison to adults by citing Landreth (2002) who suggested that; ‘In therapy with children and adolescents, the therapist's blind spots, biases, and
unrecognized emotional needs may result in inappropriate emotional and 
behavioral responses, intolerance, need to be liked by the client, and attempts 
to change the client’ (Landreth, 2002 ; in Gil and Rubin 2005, p.88). Following 
on from this Brandell (1992) suggests that countertransference difficulties may 
include ‘…helplessness, futility, frustration with parents, desire to protect, 
confusion, rescue fantasies, boredom, and the need to relive their own 
childhood and/or adolescent experiences’ (Brandell 1992, ; in Gil and Rubin 
2005, p.91). Gil and Rubin (2005) felt that the traditional talking style of 
addressing adult countertransference was not the best way to resolve these 
experiences ‘…because play therapy is not exclusively dependent on the verbal 
elements of traditional therapy, that is, discussion, inquiry, and interpretation’ 
(Gil and Rubin 2005, p.88). Therefore, Gil and Rubin (2005) suggest what they 
regard as a ‘logical step’, that if therapists are using play as a medium in therapy 
with children then the same approaches could bring a deeper level of self-
awareness (Gil and Rubin 2005, p.93). They note how creative strategies have 
been used extensively to address countertransference in supervision and are 
yet ‘…seemingly absent from the child counselling and play therapy literature’ 
(Gil and Rubin 2005, p.93). At yet, when considering the strong 
countertransferential experiences which are specific to working with children, 
this imbalance seems inappropriate.

There has been a more recent interest and subsequent development of 
counselling children and young people (CYP), particularly following the Welsh 
Government development of the school-based counselling services in Wales: 
a national strategy (WAG, 2008) and the subsequent evaluation of the Welsh 
school-based counselling strategy (WG, 2011). With a natural growth in
counsellors now actively striving to work with CYP, and using creative strategies to do so, it follows that there is professional pressure on supervisors to become conversant with and actively engage in using creative methods in supervision. Although Gil and Ruben (2005) agree that their exploration of art and the use of sandplay in supervision could be expanded on, the concept of ‘countertransference play’, or using play to work through countertransference of CYP in supervision, is extremely useful. It is difficult to argue against the efficacy of their claims or their conclusion that; ‘This article has taken a step toward remedying this deficiency by suggesting how the modality of play, the same modality used in therapy with children and teenagers, can be applied to countertransference awareness and resolution in self work and supervision’ (Gil and Rubin 2005, p.98).

REFLEXIVITY

By comparison to the last chapter which focused more specifically on the models and theory surrounding supervision, this chapter moved into the frame of considering the complexities of the relationship between therapist and client. The last chapter gave an understanding of the overall models of supervision and even approaches which were identified as useful for using with sand. However, for me there was a ‘disconnect’ in terms of the powerful part that the actual use of sand plays. The models feel empty without a consideration of relationship, and at times in Chapter 3, the use of sand felt almost incidental and could have been replaced with another creative intervention, or even removed altogether. I particularly notice the importance of the relationship that each player has with the sand, an aspect which to some extent has been
overlooked. This was acknowledged in some way by Lowenfeld’s (1979) original position that: ‘…in the creation of worlds in the sand, transference occurred between the client and the tray rather than between client and therapist’ (Lowenfeld 1979; in Homeyer and Sweeney 2011, p.11). Also Weinrib (1983) who noted that ‘…the sandtray often becomes an independent object, so that the client may take away images of the tray rather than the therapist’ (Weinrib 1983; Homeyer and Sweeney, 2011, p.11). Therefore the tray potentially becomes a relational space where transference and countertransference can be held safely within the confines of the sand tray. But much more than this, a relationship appears to develop with the sand tray, as an object, a connection from therapist to tray and from tray to client. Lowenfeld (1979) considered the transference didn’t happen between client and therapist, however the sandplay approach clearly references the sense of ‘co-transference’ (Kay Bradway 1997) being a relationship that includes the qualities of ‘transference and countertransference, in this view, co-created in a mutual, reciprocal process, revealing important, repeated themes in the dance toward wholeness’ (Cunningham 2013, p.83).

Therefore, in reflecting on these aspects of relationship as proposed by sandplay and sandtray theory, I posit that a transferential experience, or energy, flows around ‘the triad’ (client: therapist: sand tray), with the client and therapist both experiencing a sense of deep connectedness with the sand. What is new here, is placing the original theory from sandtray and integrating it with sandplay to create a different perspective: a ‘Transferential Triad’. Clearly, the sand tray is an object and therefore the transferential material might be regarded as ‘passing through’ the tray, and not originating from it. Therefore,
the dynamics experienced will be originating from the other players in the triad, mainly the client, although aspects of the sandplay scene (within the sand tray) may deeply resonate with aspects within the therapist. As Cunningham (2013) confirms, a therapist’s subjective experience may ‘…include[s] countertransference to particular figures or constellations of figures, to particular trays or series of trays, to particular clients, and to the unique quality of the relational field that holds the work in the sand’ (Cunningham 2013, p.74). So it is possible to experience deeply felt countertransference responses to the contents of the tray, however all that is placed in the tray was placed by the supervisee, and it may reflect aspects of client, supervisee and even supervisor felt experience.

Therefore, in exploring the idea of a ‘Transferential Triad’ (therapist: client: sandtray), it stands to reason that this relational experience may also be central to sandtray work in supervision, a supervisory triad or ‘Supervisory Transferential Triad’ (supervisor: supervisee: sandtray). These ideas clearly warrant further development which will be attended to in the next chapter.

The other aspect which really resonated for me was Dunn-Fierstein (2008), who explored Hawkins and Shohet’s (2012) 7 Eyed Model from the perspective of sandplay. She noticed that sandplay supervisors can often over focus on the sandplay scene without paying appropriate attention to the other aspects of supervision (Dunn-Fierstein 2008, pp.33-44). Aspects which she felt were acknowledged within the 7 Eyed Model (Hawkins and Shohet, 2012). I reflected on this as insight from ‘the other side’, as my awareness is coming from a supervisor who has understood and explored many models of supervision and is now attempting to theoretically underpin the use of sandtray
within an integrative or atheoretical approach to sandtray in supervision. Dunn-Fierstein’s perspective, by comparison, appears to be of a sandplay therapist, thoroughly conversant in the theories of sandplay who is attempting to integrate awareness of the wider functions, process and theory of supervision. This awareness enabled me to realise that ethical best practice in using sand in supervision is as much under development from the sandplay perspective as it is from the counselling and psychotherapy perspective, and that this dissertation has the potential for a wider audience as it attempts to bridge a gap which exists on ‘both sides’.

CONCLUSION

This chapter began with an exploration of Eye 3 (Hawkins and Shohet, 2012) and the therapeutic relationship between therapist and client, including: transference, countertransference and co-transference. This was followed by Eye 4 (Hawkins and Shohet, 2012) which included: closely exploring the relational experience of the supervisee, countertransference, contemporary developments in sandplay and the therapeutic relationship and projective identification. The chapter then shifted into focusing on the potential effects of transferential experiences on the therapist and the need for appropriate supervision. This section also considered the differences in managing counter transference and working with children and young people. Chapter 5 shifts the focus of this dissertation towards Eye 5 (Hawkins and Shohet, 2012) to consider the supervisory relationship, followed by Eye’s 6 and 7 (Hawkins and Shohet, 2012) focusing on the supervisor’s own process and a consideration of the wider context in which the therapeutic work takes place.
CHAPTER 5

THE SUPERVISORY RELATIONSHIP, SUPERVISOR’S OWN PROCESS
AND THE WIDER CONTEXT

CHAPTER INTRODUCTION

Chapter 4 explored Eye 3 and 4 of Hawkins and Shohet’s (2012) 7 Eyed Model in relation to sandtray and sandplay theory, including a detailed focus on the dynamics and components of the therapeutic relationship and understanding the supervisee’s experience of being in relationship with the client. The chapter also looked at how countertransference can expose the therapist to some difficult and uncomfortable experiences which require appropriate supervision in order to understand and work with them, this exploration also included the difference in the countertransference which is experienced by therapists working with children and young people. The reflexivity section also raised some interesting questions surrounding a theoretical concept named as the ‘Supervisory Transferential Triad’ (STT), along with the importance of the relational aspects of sandplay and sandtray. In considering how the theory and models of supervision might integrate to underpin the use of sandtray in counselling supervision, it seems imperative that any theoretical synthesis include a focus on the qualities of the therapeutic relationship in the context of working with sand.
Although this dissertation has already identified the importance of the supervisory relationship, this chapter attends to an in depth focus of this relationship and aspects such as power balance, parallel process and the boundary between supervision and therapy. These aspects are considered in relation to Eye 5 (Hawkins and Shohet, 2012). The chapter then progresses on to Eye 6 (Hawkins and Shohet, 2012), this being a consideration of the Supervisor’s own process; their experience within the supervision session, what they are experiencing, also including inner experiences which may relate to the client session. Eye 7 (Hawkins and Shohet, 2012) then considers the wider context in which the therapeutic work takes place. Following on from here, some examples of supervision in the sand are discussed and the synthesis of theoretical ideas to underpin the use of sandtray in supervision continues.

THE SUPERVISORY RELATIONSHIP

(EYE 5: Hawkins and Shohet, 2012)

Here the supervisor focuses on the supervisory relationship between themselves and the supervisee(s). This is essential in two ways: first, to ensure that there is regular attention to the quality of the working alliance between the two parties; second, in order to explore how the relationship might be unconsciously playing out or paralleling the hidden dynamics of the work with clients (Searles 1955; Mattinson 1975; Hawkins and Shohet 2012, p.88)
Hawkins and Shohet (2012) see Eye’s 5 and 6 as the supervisor beginning to notice themselves in the process of therapy; how the dynamics between the supervisee and the client can infiltrate into the relationship between the supervisee and supervisor. Page and Wosket (2015) suggest that: ‘The affective relationship or supervisory bond that forms the interpersonal foundation upon which the tasks and processes of supervision can take place and the goals achieved needs to be warm and supportive’ (Bordin 1983; Sloan 2005; Page and Wosket, 2015, p.62). The sandplay supervisory relationship provides the holding environment and models qualities of relationship to the supervisee. Gard and Lewis (2008) concluded that ‘…it is imperative for the supervisor-supervisee alliance to be strong because it serves as a model for the supervisee-client alliance; they particularly stressed a compassionate supervisory bond that is one of care, respect, and trust’ (Gard and Lewis 2008; in Stark et al 2011, p.279). Trust is undeniably important, as reflected by Stark et al (2011), who particularly recognise the growthful nature of the relationship which may invite the trainee ‘…to move beyond their comfort levels regarding self-awareness and confront both intrapersonal as well as interpersonal issues via supervision’ (Stark et al 2011, p.279). These elements would not be possible without trust.

RELATIONAL DYNAMICS, SUPERVISION OR THERAPY

Unpicking transference and countertransference dynamics can reveal powerful blind spots for the therapist, or bring into awareness surprising material. Page and Wosket (2015) specifically explore transference in relation to the supervisory relationship as historical relational material which is
‘…transferred onto the relationship with the supervisor’ (Page and Wosket 2015, p.93). This material, as with all transferential experience, can be both positive and negative in nature: the therapist may anticipate the supervisor as being ‘hostile, critical, abandoning, negligent, stupid, or exploitative…[or] loving, all providing, omnipotent, admiring, erotic’ (Harowitz 1989, pp.57-58). This highlights the power of the dynamics which can be present in supervision, these aspects may be in relation to therapeutic work, transference within the supervisory relationship or even personal issues invading the supervisory space. With such strong relational dynamics potentially circulating, the boundary between therapy and supervision naturally comes under scrutiny, also awareness of whether this boundary is potentially more vulnerable when using sand in supervision.

From a counselling and psychotherapy perspective Van Ooijen (2013) suggests ‘…it is important not to stray into counselling, as this may not only cause the supervisee to feel unsafe, it may also be in breach of the working agreement. However, what is happening in the practitioner’s personal life may sometimes be relevant. (Ooijen 2013, p.88). A recognition that at times it may be appropriate to employ the supportive function in supervision, however Van Ooijen (2013, p.37) confirms this is not the same as counselling. Page and Wosket (2015) suggest, in exploring the differences between the supervisory and the therapeutic relationship, that: ‘Even when the supervisee’s distress is present in supervision and needs to be held by the supervisor, it should be understood that it remains primarily the responsibility of the supervisee to manage their own distress’ (Page and Wosket 2015, p.21). This aspect is well understood, however the quality of the boundary between supervision and
therapy is subtly different in working with sand, arguably due in part to the potency of this approach.

From the perspective of sandplay, Ramos (2008) confirms that the boundaries are not always clear and objective; ‘…a supervisor can inadvertently touch on sensitive points or shadow areas that may be causing blind spots in therapy’ (Ramos 2008, pp.87-88). Ramos (2008) suggests that early sessions are more likely to surround the supervisee’s process than later ones but the main focus should always be on ‘…conscious and unconscious processes of the supervisee in relation to the client’ (Ramos 2008, p.88), and that some supervisees are more susceptible to interventions of a personal nature than others (Ramos 2008, p.88). Anekstein et al. (2014) review the boundary between supervision and therapy as a limitation to a sandtray supervision approach, they draw attention to Bernard and Goodyear (2009) who confirm that ‘…supervisees may experience strong emotional reactions that may require a supervisor to function in more of a counselor role … Although there are times when the counselor role is appropriate within the supervision setting, the supervisor must be aware of the potentially increased risk of utilizing this approach’ (Bernard and Goodyear, 2009; in Anekstein et al. 2014, p.131).

Therefore the boundary between supervision and therapy is far more likely to be under pressure using a sandtray supervision approach.

THE FIELD OF RELATIONSHIPS AND PARALLEL PROCESS

Hawkins and Shohet (2012) describe parallel process as ‘…the processes at work currently in the relationship between client and supervisee [which] are uncovered through how they are reflected in the relationship
between supervisee and supervisor’ (Hawkins and Shohet 2012, p.99). Hawkins and Shohet (2012) explore this process as having 2 functions: ‘One is that it is a form of discharge – I will do to you what has been done to me and you see how you like it; and the second is that it is an attempt to solve the problem through re-enacting it within the here and now relationship’ (Hawkins and Shohet 2012, p.99). The process is seen as completely unconscious, however explorations enable unconscious material to be brought into the conscious within supervision, it reveals itself through ‘…behaviour, attitude, body language, and the use of words and phraseology’ (Schuck and Wood 2011, p.33). Hansen and Dagirmanjian (2008), writing from a play therapy perspective suggest that when a clinician is able to understand internal felt dynamics and identify ‘…the parallel process, she is more likely to formulate a clear, case conceptualisation. Play therapy interventions [such as sandtray] can support greater awareness of how the parallel process evolves within the supervisory and therapy relationships’ (Hansen and Dagirmanjian 2008, p.116). Understanding the parallels that occur in the therapeutic and supervisory context are clearly central to a successful experience of supervision.

Chiaia (2008) explores parallel process within the concept of the ‘field of relationships’ from a sandplay perspective (Chiaia 2008 pp.95-103). ‘Many factors, conscious and unconscious, verbal and non-verbal, influence the complex dynamics that occur between the therapist and client over the course of therapy. These complicated relational dynamics are also known as the field of relationships’ (Chiaia 2008, p.95). In sandplay therapy, the field of relationships is significant; the supervisor must remain aware and mindful of all
the many dynamics and levels including the field created within the supervision itself:

Underneath all relationships is a large, multifaceted base of interconnected relationships within a sea that holds aspects of personal, cultural and collective psyches of the therapist, client and supervisor and all of the interacting fields of meaning.

(Chiaia 2008, p.95)

THE SUPERVISOR’S OWN PROCESS

(EYE 6: Hawkins and Shohet, 2012)

The supervisor primarily pays attention to their own here-and-now experience in the supervision; what feelings, thoughts and images are emerging for them both in working with this supervisee and in response to the material that is shared about the work.

(Hawkins and Shohet 2012, p.88)

This focus invites the supervisor to authentically examine their own internal responses in the way they have encouraged the supervisee to do at Eyes 2, 3 and 4 (Hawkins and Shohet, 2012). In order to attend to this level of attunement with self (supervisor), supervisee and client; the supervisor must pay attention to every level of their experiencing in the moment: somatic experience, affect experience, visual indications from the supervisee and even intuitive senses or psychic interruptions. Hawkins and Shohet (2012, p.102)
describe this as being aware of ‘sudden changes’, it could arguably be described as a complete mind, body and spiritual, reflexive, in the moment experience. Instigated by the supervision material originating from either the therapeutic relationship or the supervisory encounter. ‘We might suddenly feel very tired, but become very alert again when the supervisee moves on to discuss another client. Images, rationally unrelated to the material, may spontaneously erupt in our consciousness. We may find ourselves sexually excited by our image of the client or shuddering incomprehensibly with fear’ (Hawkins and Shohet 2012, p.102). This mode is about being congruent with those experiences, with ourselves and also the supervisee, so that this material may be added to the case being explored. Clearly some of this material may be related to the supervisor’s personal domain, for private reflection or therapy.

‘The task of the supervisor is to bring all of his or her cognitive knowledge, experience, feeling and intuitive capacities, and communication and relational skills, along with a generosity of spirit, to the supervision sessions’ (Friedman and Mitchell 2008, p.3). Therefore Eye 6 (Hawkins and Shohet, 2012), in relation to the use of sandtray, incorporates the supervisors experience of self in the supervisory session, powerfully initiated by the symbolic representations in the sand and mindfully brought into conscious awareness within the session. The relational aspects of transference, countertransference and parallel process all have relevance here, as does the notion of transferential experience resonating from or through the sand tray itself.
THE WIDER CONTEXT
(EYE 7: Hawkins and Shohet, 2012)

…the supervisory and client relationships also exist within a wider context, which impinges upon and colours the processes within it. There are professional codes of ethics, organizational requirements and constrictions, relationships with other involved agencies as well as social, cultural, political and economic contexts.

(Hawkins and Shohet 2012, p.88)

Hawkins and Shohet (2012) perceive this aspect as attending to the client’s context: client’s background, work, culture, resources and family for instance. Also the supervisee’s organisational context and the context of the supervisee-client relationship. The wider aspects of this focus include the wider world of the supervisee, the context of the supervisory relationship and the context of the supervisor (Hawkins and Shohet 2012, pp.103-106). Clearly, all of these aspects are relevant for exploring the intricacies of the contexts surrounding clients, or for supervisees and supervisors exploring their work in supervision. However, in considering Eye 7 in relation to the use of sand in supervision, the concept of ‘acceptance’ of creative methods, therefore sandtray in the wider context, in counselling and psychotherapy came into mind. Not just how these approaches might be accepted and integrated into the therapeutic work but also how creativity may have been accepted in the wider therapeutic community, appears relevant.
Plucker et al. (2004) recognised a deficit in the study of creative strategies within the realms of educational psychology despite the recognition that ‘creativity appears to be an important component of problem-solving and other cognitive abilities, healthy social and emotional wellbeing, and scholastic and adult success’ (Plucker et al. 2004, p.83). Plucker et al. (2004) continue on to say that the study of creativity is not as thorough as it could be due to the ‘…preponderance of myths and stereotypes about creativity that collectively strangle most research efforts in this area’ (Plucker et al. 2004, p.83). Since 2004 there have been significant improvements in the research of the place of creativity in psychology, psychotherapy and counselling although the methodology arguably still remains challenging. Pearson and Wilson (2007) also explored creative counselling tools to improve emotional literacy, emotional wellbeing and resilience, concluding that ‘the use of projective techniques allows clients to explore and express both known and unknown contents of the psyche’ (Pearson and Wilson 2007, p.15). Pearson and Wilson (2007) also evidenced benefits of expressive techniques which included ‘...regaining sense of calmness and inner balance, behavioural, relational and academic improvements, aliveness and meaning and the added benefit of professional satisfaction for therapists’ (Pearson and Wilson 2007, p.15). These two papers are not representative of the wealth of information available surrounding this wider context in which working with sand in supervision sits. However, interest and knowledge surrounding the impact of creative methods is growing, not least through the Welsh School Based Counselling Strategy (WAG, 2007) and subsequent development. Research methodologies are also developing which might capture the impact of these approaches in the therapeutic and
supervisory arena. Therefore the wider context in which creative counselling and psychotherapy is positioned, including the use of sandtray in therapy and in supervision, is shifting and developing in recognition, respect and value.

REFLEXIVITY

The reflexivity section in Chapter 4 gave rise to some interesting considerations, particularly surrounding the movement of transference and countertransference around the therapeutic triad of therapist, client and sandtray. These ideas developed out of the very early considerations of Margaret Lowenfeld (1979), when she considered that transference ‘occurred between the client and the tray rather than between client and therapist’ (Lowenfeld 1979; in Homeyer and Sweeney 2011, p.11). However transference and countertransference are evidenced and clearly do occur between client and therapist too, indeed the sandplay approach explores many levels of transference operating through the existence of what is referred to as the ‘field of relationships’ (Cunningham, 2013). Lowenfeld (1979) was reluctant to place importance on transference and she tried hard to stay away from interpretation of her young client’s trays: ‘In direct opposition to the child psychoanalysts of the day, she did not believe that the use of transference interpretations by the therapist was necessary for the child’ (Hutton 2004, p.607). Despite Lowenfeld’s reluctance to work with transference and interpretation, Ideas surrounding the STT will be expanded on in the next chapter as the transferential, relational energy surrounding the use of sandtray is undeniably relevant and arguably central to working with a sandtray approach in supervision.

CONCLUSION
This chapter began with an exploration of Eye 5 (Hawkins and Shohet, 2012) which considered the dynamics of the supervisory relationship, specifically how aspects of the therapeutic relationship can infiltrate the relational experience between supervisor and supervisee. The quality of the supervisory relationship and the experience, mindfulness and holding required to support a supervisee in working with sand in supervision, was acknowledged. Throughout this chapter, relational dynamics have been central to discussion and the significance of parallel processes which are experienced in the supervisor and supervisee relationship which may have originated in the therapeutic relationship. There was an acknowledgement that the parallel processes can also travel the other way, originating in the supervisory relationship and manifesting in the therapeutic space. The significance of the ‘Field of Relationships’ in sandplay theory (Cunningham, 2013) was also visited.

The chapter then shifted focus towards Eye 6 (Hawkins and Shohet, 2012) and considered the supervisor’s own process, the moment to moment experience within a supervisory session. This level of attunement enables further depth of experience and authenticity to evolve in the supervisory relationship. Eye 7 (Hawkins and Shohet, 2012) brought an awareness of the wider context surrounding the therapeutic and supervisory relationships. The wider context of creative methods in counselling, psychotherapy and psychology was briefly visited as a contextual extension of this section, along with an awareness of the growing interest in creative techniques as a result of the Welsh School Based Counselling Strategy (2007). Chapter 6, the final chapter, brings together aspects of theoretical discussion throughout this
dissertation in order to identify how existing supervision models and theory integrate to underpin the use of sandtray in counselling supervision along with a recognition of the benefits of its use.
CHAPTER INTRODUCTION

The aims of this dissertation were to thoroughly explore counselling supervision models and theory and to discover how these might integrate to create a contemporary approach to using sandtray in supervision. Throughout the chapters the 7 Eyed Model (Hawkins and Shohet, 2012) was used as a framework on which to ‘pin’ aspects of discussion, and also to provide overall direction and focus to the dissertation.

Chapter 1 provided an overall context for the use of sand in therapy, introducing research in this area with the recognition that developments in therapy mean there is a requirement for the appropriate use of sandtray in supervision. Supervisor accountability was also explored and the anticipated changes in the BACP ethical framework for best practice in counselling and psychotherapy, which will require supervisors to have adequate accountable experience and knowledge in the work they supervise. Also explored in this chapter were: definitions of supervision, defining sandtray in therapy and supervision; distinguishing sandtray and sandplay approaches; the history of sandplay supervision and an introduction to the Jungian analytical approach. The chapter rounded off with establishing a pattern for researcher reflexivity, an opportunity to reflect on areas of interest as the dissertation progressed.
Chapter 2 focused on the foundations of supervision including sandplay process and Jungian Psychology. Chapter 3 supplied an overview of supervision models and theory across modalities including sandtray and sandplay approaches. Chapter 4 centred around the therapeutic relationship first focusing on the perspective of the client and then shifting onto the supervisee’s experience of the relational dynamics. Chapter 5 changed focus into a consideration of the supervisory relationship and then the internal experience of the supervisor. The wider context was considered by a brief connection with the broader interest in creative strategies and the changes which have occurred in how these approaches are accepted. This chapter now moves into considering an integrative use of sandtray in supervision underpinned by the theory and models of counselling explored in this dissertation. The closing sections explore the potential benefits of using sand in supervision and implications for future research.

FORMING A SANDTRAY SUPERVISION APPROACH

By drawing from aspects of each chapter, the aim has been to underpin the use of sandtray in supervision, an approach which could be applied to a wide range of counselling theory whilst remaining robust and ethical. There are 3 Phases in this approach with a series of tasks to either be aware of or attend to under each phase. Figure 6.1 identifies the 3 Phases and the related tasks.
PHASE 1: PREPARATION PHASE

These aspects surround preparing for ethical and safe sandtray work in supervision. Arguably, they are elements to attend to prior to beginning to use sandtray in supervision but they also have relevance in the other two aspects of this approach as well.

Appropriate Training

This approach is designed with qualified supervisors in mind who have completed a recognised supervision training, which preferably also included using creative strategies in supervision. Sandtray is an emotive, thought provoking and powerful tool which helps clients and supervisees access unconscious material, bringing it into conscious awareness. This dissertation has evidenced how it can be surprising and potent for both supervisor and supervisee. It would be useful for a supervisor to undertake sandtray training and have some experience in using sandtray before attempting this approach.
Much of the research in the use of sand in supervision advocates for appropriate training: ‘The supervisor must also make sure to complete the proper education, training, and supervision on this new approach to ensure clinical competence’ (American Counseling Association, 2005; Armstrong 2008; Homeyer and Sweeney, 2011; Anekstein et al. 2014, p.131).

**Practical Elements**

The traditional size of a sand tray as identified by Kalff (Bradway and McCoard, 1997, p.xiii) was 19.5 x 28.5 x 2.75 inches. There are many different styles and shapes of contemporary trays, generally they have a blue base and blue sides, being filled with clean play sand. Some approaches advocate for 2 trays, one wet and one dry, but this is not entirely necessary. An array of miniatures will be required, covering all aspects of life, for further information on this see Chapter 1 section: 1.4. The miniatures will need to be easily reached and laid out in order so they can be revisited in subsequent sessions if required.

**Supervisor’s Theoretical Model**

The Supervisor will have a good grasp of the theories which underpin their own therapeutic work. I believe this model of working would suit many theoretical perspectives, although there needs to be an acceptance of transference and countertransference aspects and an understanding of the powerful dynamics which potentially play out in the unconscious of supervisor, supervisee and client. Counselling styles which don’t identify such phenomena would not lend themselves so easily to this approach. It may still be possible to use aspects of the model to good effect however, but in order to provide the holding capacity for working safely and mindfully in a collaborative and mutual relationship, integrative approaches which involve a blend of humanistic,
psychodynamic and transpersonal thinking may be most useful. However sand is also used to good effect with behavioural and solution focused approaches too. Whatever the blend of theory, an openness to the dynamics of relationship and transferential material is arguably imperative.

Supervision Model

Anekstein (2014) suggest it is possible to apply sandtray to a variety of different supervisory settings by ‘…layering sandtray therapy with the structure of a supervisory model. By utilizing sandtray therapy as a way to explore the framework of an integrative supervision model, the supervisor’s effectiveness may be heightened and the supervisee’s learning process could be enhanced’ (Anekstein et al. 2014, p.125). I argue this is not entirely correct as using sand demands a skilful understanding of sandtray and relational process, an intricate awareness of unconscious dynamics and a respect for the power of working with sand. Sand is not an incidental addition to a model of supervision, it demands respect and care in order to blend this approach seamlessly with a recognised supervision model which will provide structure and focus for the many layers of supervision (Hawkins and Shohet, 2012) which require attention.

A model which naturally lends itself to the use of sand in supervision is the Cyclical Model (Page and Wosket, 2015), particularly the ‘Space’ aspect. This builds on the collaborative supervisory relationship and moves through investigation, challenge, containment and affirmation. ‘Containment’ connects with that sense of safety, of the tray being the container for exploration and discovery and the containment within a ‘free and protected space’ (Kalff 1980), held within the supervisory relationship. Clearly the 7 Eyed Model (Hawkins and
Shohet, 2012) is a useful framework as it attends to those many levels for which a supervisor requires awareness. Dun-Fierstein’s (2008) discussion of the 7 Eyed Model from the perspective of sandplay therapy (Dun-Fierstein 2008, pp.33-44), served to raise awareness for the requirement to involve a model that considers more than the sand pictures and processes. I argue the supervision model alone is not enough and a blend of knowledge and respect for sand processes is imperative in this approach. However the model will attend to the wider context, aspects of safeguarding or protection of children and vulnerable adults and how to approach ethical dilemmas for instance, it will also provide a framework within which the work is contained, having intentionality and focus.

**Supervisory Relationship**

Throughout this dissertation the importance of the supervisory relationship has been highlighted. It was particularly visited in Chapter 5 as being integral to the sandplay process. ‘Just as clients are held safely in the alchemical vessel, supervisees must be contained in their supervision and supervisors must create a safe *temenos* for their growth as a container for others’ (Dun Fierstein 2008, p.33). The emotional ‘holding’ of the supervisory relationship was also discussed and the immense capacity and skill required of a sandtray supervisor to contain all the processes at work in the tray. The Collaborative Model of sandplay supervision (Griffith, 2008) was explored. Griffith (2008) stresses the importance of developing a collaborative relationship, based on mutuality and valuing of each other’s contribution to the supervisory space. Griffith (2008) confirms that: ‘By promoting a non-judgmental environment that is supportive of all contributions, each person feels freer to reveal his or her unique personal
experiences in life and perspective on the symbols and case presented' (Griffith 2008, p.46). The supervisory relationship is therefore seen as being of central significance.

**Supervisory Transferential Triad (STT)**

In Chapter 4, an awareness of the importance of the transferential processes at work in the supervisory relationship grew. The differences between sandplay and sandtray transference processes were explored. Lowenfeld’s original perspective that ‘…transference occurred between the client and the tray rather than between client and therapist’ (Lowenfeld 1979; in Homeyer and Sweeney 2011, p.11) was joined with the sandplay perspective first developed by Kay Bradway (1997), the concepts of cotransference, being ‘…the relationship between therapist and client that embraces a feeling *with* (“co”), rather than a feeling *against* (“counter”)…These inter-feelings seem to take place almost simultaneously, rather than sequentially as the composite term transference-countertransference suggests’ (Bradway and McCoard 1997, p.34; in Friedman and Mitchell 2008, p.8). In other words a simultaneous mutuality of therapeutic experience in the sandplay relationship, where transference and countertransference occur responsively, with the capacity to be multi-directional and in the moment. This theoretical marriage of ideas was named the Supervisory Transferential Triad (STT), being the relational movement of dynamics, including transference and countertransference, within the supervisory space between supervisor, supervisee and sandtray. Although the relational material, including that of parallel process may originate from outside, the supervisory relationship has the capacity to hold the STT and all the dynamics which unfold within it.
Supervisee Safety

Of the utmost importance is the safety of the supervisee and their experience of sandtray. It is important to make them aware of the potency of working with sand and to set the scene with some history and a brief understanding of the process first. At any point they wish to stop the process they can and a careful supervisor will be consistently monitoring their experience throughout the intervention, remaining attuned to their needs. Homeyer and Sweeney (2011) confirm that ‘…sandtray therapy can help deep-rooted emotional issues to surface relatively quickly’ (Homeyer and Sweeney, 2011; in Anekstein et al. 2014, p.131). The supervisor may be required to function more from the restorative function (Proctor 1988b) in order to contain and emotionally ‘hold’ the supervisees experience if they are surprised, activate a blind spot or connect with some uncomfortable material.

PHASE 2: CLIENT STORY

These aspects aid the supervisee in presenting their client’s story

Protecting the space

The sand tray is ‘…more than just a container for the sand. It is a container of the psyche as well’ (Homeyer and Sweeney 2011, p.14). Therefore, the supervisee must understand that this is their space and that the supervisor will not invade it by putting their own hands in the sand, touch or move any of the symbols. Particularly when moving into the Exploration Phase, the supervisor may hover their hand well above the tray to indicate a symbol being spoken about but must never touch the symbol itself. The supervisee must trust that this space is secure. At the end of the session the supervisee
may dismantle the tray themselves or leave it for the supervisor to do. If left for
the supervisor then this must be completed after the supervisee has left the
room.

Planned Intervention

Allow time and space, sandtray process cannot be hurried as it takes
time to lay out the tray and then to explore it. The process can easily fill an hour,
if not longer. This section includes ideas about questioning styles, the
supervisor needs to understand how they are going to present sandtray and
have a list of questions in their own mind which fit with their own theoretical
approach and style of working. The intervention may surround sitting gently
with ‘what is’ and inviting the supervisee to gently tease out the dynamics of the
therapeutic relationship. It may take on a more Gestalt approach, inviting
symbols from the tray to ‘speak’ to other symbols, for example: What might the
princess say to the gate? And, how might the gate answer? Solution focused
approaches work well too: You have shown me how you feel this relationship
‘is’, is there anything that could be changed or added? What does that change
feel like? What difference does that make? What needs to be attended to in
your practice to enable this change? Therefore it is useful for the supervisor to
have an idea about the approach they might use, the style of questioning they
feel comfortable with and to plan ahead.

Intentionality

Intentionality links closely with the previous section but goes one step
further. This aspect encourages the supervisor to maintain a sense of focus
through the use of the intervention. They might give the supervisee brief, slightly
prescriptive instructions such as: Show me a representation of how it feels to
be in the therapy room with your client; perhaps use the sand tray to show me your qualities as a professional counsellor; Show me how your client ‘sees’ you; Show me the therapeutic relationship as you experience it and the how might you like it to be. These ideas give focus, set boundaries and lay down intentionality to the process. Talking with the supervisee prior to introducing sandtray and finding out where their own focus is or what their supervision question is (Step 1, 3 Step Model: Van Ooijen 2013), enables the supervisee to establish focus and intentionality for this approach. Having focus will invite the exercise to stay within a professional frame of reference, boundaried and safe, and less likely to meander into a therapeutic space.

Moving the sand

The process of putting hands in the sand and beginning to move it around can be a moving experience. Turner (2005) writes extensively about the differences between those who move the sand and those who are only able to touch the sand lightly (Turner 2005, pp.211-216). ‘Touching and moving the sand validates our existence. It is a fundamental form of mirroring our Self and its myriad manifestations in us. Touching and moving the sand in the safe presence of the therapist [or supervisor] establishes relationship of Self to other’ (Turner 2005, p.211). The supervisor invites the supervisee to begin moving the sand around, and creating a scene ‘as they need it to be’. Some sand pictures may not involve miniatures at all, the movement of the sand is enough to provide material for exploration. The supervisor must witness, value and accept whatever the supervisee creates.
Holding the Silence

As the supervisee creates their sand picture, the supervisor holds silence, actively watching and observing with an interested stance. In that silence, the supervisee will begin to silently work things out, to have a different perspective or be surprised how it feels to ‘see it’ in front of them. The supervisor will have explained the time boundary around the intervention and that the supervisee only needs to indicate when they have finished. The sense of a ‘holding relationship’ continues, even in the silence.

Choosing the Symbols

The supervisor will have explained the groups of symbols at the onset of the exercise, so it is possible for the supervisee to find what they are looking for. The supervisor can suggest the supervisee choose symbols which ‘sing’ to them or ‘draw’ them in. They might not necessarily like what they choose but it felt right to choose it. Supervisees can fear being judged and often judge themselves, not wanting to pick up certain toys in case they are misunderstood or misrepresented. They may fear their lack of creativity or ‘getting it wrong’. If the relationship is established enough and the supervisee feels safe, then both supervisor and supervisee will be mutually authentic in the session.

Garza and Watts (2009) describe a method of attending to aspects of the supervisory relationship using miniatures. This is an example of how sandtray and miniatures can be used in a directive way to address supervisory dynamics with solution focused intentionality: ‘...on occasion when the supervisor senses a distance or barrier in the supervisor - supervisee relationship—“ I’ll pick one symbol representing our current relationship, and you pick one. In addition, pick a symbol that shows how you wish the
relationship would be” ’ (Garza and Watts 2009 ; in Stark et al 2011, p.281).
From there, appropriate questioning can help shift the dynamics and enable unconscious experience to become conscious in the session.

The Sandtray Picture

Once the sand is as ‘it needs to be’ and the symbols have been chosen, the supervisee lays out the symbols in the tray. The tray becomes a reflection of their inner thoughts and feelings surrounding the therapeutic work they have done. It can also be viewed as a 3 dimensional metaphor, with every aspect of the tray representative of Self. Stark et al. (2011) suggest that sandtray can be used in supervision ‘ to facilitate particular metaphors that help supervisees achieve greater insight with regard to conceptualizing clients and addressing potential struggles that might negatively influence therapeutic work’ (Lahad, 2000; Markos and Hyatt, 1999 ; in Stark et al. 2011, p.279). There will be elements of transferential material and parallel process evident in the sand picture, these can originate from supervisor, client or supervisee or be relevant on all levels of relational connection.

PHASE 3: EXPLORATION

Now the sandtray picture has been formed, this final phase enables awareness of the client story to be shared and for the dynamics of the relationship to surface from the supervisee’s conscious and unconscious experiencing.

Client safety

Aside from working with the sand, the supervisor is required to retain an awareness of not only the supervisee’s safety within the exercise but to be
mindful of their client’s safety. The sharing of the story may raise safeguarding, child protection and protection of vulnerable adult awareness. The supervisor will need to pay attention to this aspect of their work in the normal way and to be guided by their supervision model, the law and professional ethical guidelines in resolving these issues, if required. This aspect is highlighted for supervisor awareness for client safety, and the safety of those around them, which remains a priority for all supervisors whether working creatively or not.

**Ethical Dilemma**

This aspect is here, as with client safety, as a reminder to supervisors to listen out and to be prepared for ethical dilemmas to come into awareness as the supervisee unravels their client’s story. This is where a good supervision model and framework, helps to guide the supervisor in ways of approaching ethical concerns or dilemma’s. The use of sand and a clear Supervision Model can work seamlessly and mindfully together.

**Questions**

The following are some useful questioning styles from existing sandtray supervision models. They are examples and can be used as an idea of how to develop this approach into a supervisors own style of working or to fit with their own theoretical approach. Questions should be gently offered up and the responses opened out and explored:

Stark et al. (2011) writing from a solution focused perspective:

1. Tell me about the items you selected.
2. As you look at the scene you have created, what stands out to you?
3. If you could give this scene a title, what would it be?
4. Is there anyone or anything missing that should be added?
5. What does this scene say about your relationship with your client?

6. What is this person thinking?

7. What might be changed or moved to facilitate change?

(Stark et al. 2011, p.282)

Dunn-Fierstein (2008), writing from an established sandplay supervision perspective:

Feeling tone questions:
What emotions come up in you when you look at this scene – or a part of a scene?
What do you think the client was feeling when it was created?

Bodily response questions:
How does your body respond to this scene?
What sensations do you experience viscerally?

Questions about senses:
Let yourself take in the big picture as a sensory experience.
Imagine physically feeling the sand.
Imagine being in the tray. What is this like?
Do your senses become aware of anything that seems significant, such as texture, temperature, moisture or lack of it, colour, shapes, use of space, repetitions?

Questions about intuition:
Allow the unconscious to speak to you. What intuitive flashes come forth?
Be open to the fact that these flashes may come in the form of memories, images, physical experiences, thoughts, or feelings.
Dunn-Fierstein (2008) writes from a Jungian sandplay approach and as such the questioning style invites the use of unconscious material, these questions enable comparison of the approaches although this style may not be useful to everyone. However Dunn-Fierstein (2008) suggests exploring the scenes from 4 separate functions or positions: sensation, feeling, intuition and thinking. She advocates to initially explore from the functions of sensation, feeling and intuition. It is more useful to follow this with the thinking function last. ‘...the thinking function can be brought in with great assurance that it will not run roughshod over the process in a manner that could diminish its vitality. It is, in fact, a common mistake that students learning about sandplay will first approach the images with their thinking function’ (Dunn-Fierstein 2008, p.35).

**Interpretation**

Dunn-Fierstein (2008) felt that: ‘The more skilled the supervisor is at assessing the pictures, the easier it is to fall into the traps of intellectualization and premature interpretation’ (Dunn-Fierstein 2008, p.34). From the sandplay perspective the archetypal use of symbol aids in the interpretation of a supervisee’s sand picture. However, from an integrative perspective the client’s interpretation is most important, how they experience their creation and how the meaning connects for them. Therefore, through the process of asking careful, gently placed and mindful questions, which come from a place of genuine curiosity, the supervisee can begin to understand the dynamics of their therapeutic work, how they function as a professional, and how they meet others (their clients) in relationship. The interpretation naturally unfolds within the container that is the supervisory relationship.
Supervision or Therapy

In Chapter 5 the question about the boundary between supervision and therapy was explored. Ramos (2008) suggests that ‘…a supervisor can inadvertently touch on sensitive points or shadow areas that may be causing blind spots in therapy’ (Ramos 2008, pp.87-88). This can happen without warning in any supervision, however in sandtray supervision we noticed how the risk of this kind of emotional connection was greatly increased; ‘…the supervisor must be aware of the potentially increased risk of utilizing this approach [sandtray]’ (Bernard and Goodyear, 2009; in Anekstein et al. 2014, p.131). Therefore there are times when the supervisor is required to step into a counsellor role, if only briefly, in order to hold and help the supervisee consolidate their learning. This may require sitting skilfully on the fence between counselling and supervision, long enough for the supervisee to understand what belongs in therapy and what belongs in supervision.

POTENTIAL BENEFITS

The use of sandtray in supervision has been clearly evidenced as an area of knowledge which requires further development. Research indicates that sandtray therapy is widely used by professionals, not only within the school based counselling arena but in other therapeutic arenas too: couples counselling (Albert, 2015); working with veteran teachers (Mayes et al., 2004); substance misuse (Monakes et al., 2011) and brain injury (Freedle, 2006) for example. With the use of sandtray on the increase, the demand for appropriate, ethical and accountable supervision of the use of sandtray is on the increase to. There is also a growing interest and enthusiasm for using creative methods
in supervision, sandtray being one of those, thus enabling exploration of therapeutic work which hasn’t necessarily used creativity. Therefore one of the major benefits of theoretically underpinning the use of sandtray in supervision, is to help furnish supervisors with the skills to meet these growing professional requirements. In addition to this wider professional context, there are other benefits too.

By using sandtray, supervisees learn about themselves, learn to be professionally reflective and can visualise cases more clearly. Through this process they arguably develop a stronger sense of themselves as professionals, strengthening their inner supervisor, becoming more able ‘...to cope with difficulties by strengthening introspection and the visualization of concepts and problems’ (Lahad, 2000, ; in Stark et al. 2011, p.279). Having the sandtray picture laid out in front of both supervisor and supervisee enables a greater sense of clarity to emerge as the supervisor can clearly see what the supervisee is showing them.

Using sandtray introduces another dimension into supervision, that of play and playfulness, which can bring a revived energy to the sessions. It brings something new and may serve to model new ways of working with clients. However it would not be useful to begin sandtray work with clients without appropriate training. When being playful in supervision it is important to remain respectful towards the client work. ‘The work can continue to be serious but the enjoyment of it may be enhanced’ (Skaife, 2001, pp. 173–174 ; in Edwards 2010, p.253). Playfulness is not an aspect which is enjoyed by everyone in supervision, for some it brings a heightened sense of awareness and enjoyment, but for others ‘...the nature of sandtray might be anxiety provoking
because it is unfamiliar to supervisees’ (Anekstein et al 2014, p.280). Edwards (2010) confirms that; ‘supervisees should not, therefore be obliged or coerced into playing any more than clients should’ (Edwards 2010 p.253). Therefore, working creatively within supervision, is a concept which requires careful thought as supervisee’s may not want to engage and as Scaife (2010) confirms that in using creative methods there is a risk that ‘... such techniques can very quickly easily bypass rational thinking and involve persons in the exploration of unconscious processes during which they may lose control’ (Scaife 2010 ; in Chesner and Zografo 2014 pp.33-34). This again highlights the issue of where the boundary between supervision and therapy sits, as there appears to be more likelihood of material from sandtray exploration sitting closer to that boundary than when using other methods of exploration.

Markos et al (1999) explore the benefits of using sandplay supervision with beginning practicum students in supervision, they also outline the process of parallel learning ‘Another interesting phenomena, parallel learning, can occur when using sandplay in supervision. Student counsellors learn through modelling how to use sandplay therapy with their own clients’ (Markos et al, 1999, no page number available). It is always useful to experience an intervention before you implement a similar process, although sandtray does require a different level of respect and therefore additional training is arguably required for trainee counsellors before using sandtray therapeutically. Markos et al. (2008) confirm that sandtray supervision encourages students to ‘...kinesthetically and visually represent their client’s concerns and contexts, and establish a vision for change’ (Markos et al. 2008, p.12). Being able to see
‘what change looks like’ is so useful, it enables both supervisee and client to then focus on how they might achieve that sense of change in reality.

Using metaphor through sandtray in supervision arguably provides a sense of safety, it enables supervisees to project their feelings into a safe, contained and ‘held’ space where it is not always necessary to speak. Supervisees are able to use miniatures and metaphors ‘…to express strong beliefs and emotions; thus, it is not necessary to rely solely on the spoken word for interpersonal communication (Morrison and Homeyer, 2008 ; in Anekstein et al 2014,p.280). Sandtray also promotes the use of the right hemisphere of the brain, by engaging the brain in the creative functions of the right hemisphere, is proven to be both expansive and therapeutic for client and supervisee. Chesner and Zografou (2014) confirm that ‘The conclusion is simple: in order to think more efficiently, we must play’ (Chesner and Zografou 2014, p.33). However, within the wider context of society we don’t always regard creative activities as being so relevant and useful ‘…Western culture sometimes places a higher priority on rational thought and left-brained thinking, downplaying the importance of intuition and right-brained creativity’ (Schuck and Wood 2011, p.16).

DISCUSSION

This study has incorporated an exploration of sandtray and sandplay processes along with a discussion of supervision theory and models across modalities in order to underpin the use of sandtray in counselling supervision. Overall, the objective was achieved with the final chapter detailing a 3 Phase approach to sandtray which contains the use of sandtray supervision within safe and ethical boundaries. It is not a model in itself, however it incorporates and
signposts to established models which blend well with the process of using sand in supervision. It is emphasised that sand is a potent therapeutic medium and therefore demands careful, mindful use. Anekstein et al. (2014) suggested ‘... layering sandtray therapy with the structure of a supervisory model’ (Anekstein et al. 2014, p.125), arguably it is not as simple as this. Although this dissertation advocates for using the supervision model of choice, it is important to equally understand the complexities of the sandtray approach to supervision and particularly the complex relational dynamics. The two approaches, sand and supervision model of choice, along with the supervisors own blend of theoretical approach and style, are required to combine in a seamless, informed, aware, mindful, skilful and experienced way. Sand is not merely an incidental tool, it is much more than this.

This dissertation advocates for appropriate training in sandtray before attempting to use this method in supervision. It may also inspire supervisees to want to use it with their clients, however appropriate training is required on every level in order to understand, respect and value the depth of possibility this approach invites. Training develops a fuller understanding of the many levels of application whilst inviting safe and ethical practice.

It was expected that the Jungian analytical ‘voice’ would play a larger part in discussion than actually transpired, indeed aspects of this approach naturally appear to assimilate with sandtray practice. There are differences of opinion surrounding elements of archetypal thinking and the collective unconscious, and the terminology is often outdated. However, it was interesting to note the influence that Margaret Lowenfeld had on the development of sandplay, even Dora Kalff acknowledged her achievements, whereas sandplay
is often thought of as instigating the development of sandtray. Therefore, although Jungian Psychology stands in opposition to an integrative style of sandtray process, mainly due to its analytical framework, there are elements of Jung’s approach which do align well with sandtray. Aspects such as: the emphasis on the supervisory relationship; the holding and protected containment of the work; the transpersonal synchronicity which develops out of the deep connection with the sand; sand inspires and transcends language; sand enables the psyche to reconnect with new possibilities for healing and change. This dissertation has highlighted more areas of commonality than difference, perhaps Jung’s theories can be integrated into a wider approach rather than stand in opposition.

Understanding the relational dynamics in sandtray therapy and how that might be applied to the supervision arena is complex. There appear to be multidirectional energies which transpire throughout the relational levels (supervisor, supervisee and client), through processes such as transference, countertransference, parallel process, projective identification and resonance. What became interesting was the development of a concept named as the Supervisory Transferential Triad (STT), involving an acknowledgement of how relational dynamics evolve and move around the triad of supervisor, supervisee and sand tray. These dynamics might originate from the therapeutic relationship or the supervisory space or within the wider relational field, however they surface into conscious awareness within the STT. Unfortunately there is no scope to develop these ideas further within this project, however this aspect certainly has implications for future research.
IMPICATIONS FOR FUTURE RESEARCH

It is clear that interest in working with sand in supervision is growing, due in part to an overall recognition of the benefits of including creative methods. Interest is also driven by the number of counsellors, psychotherapists, and wider professionals using sand therapeutically and therefore requiring appropriate supervision for this work. Therefore more needs to be understood about this powerful medium in order to furnish supervisors with the skills to meet these growing professional requirements. This falls in line with the imminent expected BACP changes in regard to supervisor accountability and the ethical requirement to be appropriately trained. The research methodology surrounding sandplay and sandtray practice is limiting therefore development of appropriate research methodology is required which can capture the experience and process of working with sand in supervision, in order to support the multitude of practice with robust evidence.

Most of the papers written about sandtray supervision emanate from America, their supervision structure surrounds ‘practicum students’ and there is currently no requirement to have supervision once qualified. However in the UK we have a therapeutic support structure which extends to supervision of supervision. It would be interesting to explore the dynamics of this relationship and the differences which might be evidenced in working with sand in supervision of supervision. However, there is more to be learnt about the process of working with sand in the primary supervision relationship and therefore developing ideas surrounding the STT further may prove useful.
REFERENCES


