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"Your Exile is Showing": Integrating Sandtray with Internal Family Systems Therapy

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ABSTRACT

Internal family systems (IFS) therapy is an experiential model of therapy and views individuals as having numerous "parts" inside of them. These parts maintain a specific role in a client's life and fall under one of the three categories – managers, exiles, and firefighters. Due to the experiential aspect of IFS and the concept of blending, visualizing the parts inside of a client can become challenging at best and impossible, at worst. This article provides a framework for integrating sandtray therapy with IFS to help clients name, visualize, and see the progress of their parts.

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Internal family systems (IFS) therapy was developed by the combination of general systems theory and intrapsychic concepts (Schwartz, 1995, 2020). Although IFS is considered an experiential model of therapy, there is limited information on how interventions can be used in order to enhance a client's experience in the room. Sandtray therapy is often used to assist clients in physically demonstrating their lives and internal thoughts (Homeyer & Sweeney, 2017). Using sandtray therapy, while conducting IFS, allows clients to visually see each of their "parts" and how their parts interact together. This article demonstrates the use of IFS with sandtray and how this intervention can be used when working with individuals and couples.

Internal family systems

IFS has become an increasingly utilized approach to individual, couple and family treatments. In fact, there is mounting evidence that suggests that IFS is effective in treating a variety of presenting problems including minimizing chronic social stress (Engert et al., 2017), regulating shame (Sweezy, 2011), increasing self-acceptance (Schwartz, 2013), working with eating disorders (Grabowski, 2018), survivors of child abuse (Goulding &

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Schwartz, 1995), and integrating IFS and play therapy techniques when working with children and adults (Wark et al., 2001).

IFS has also recently been acknowledged by the National Registry of Evidence-based Programs and Practices (NREPP) as an evidence-based treatment for effectively improving phobia, panic and generalized anxiety disorder (Matheson, 2015, treatment among female college students (Haddock et al., 2017), treatment of combat Veterans with post-traumatic stress disorder (PTSD) (Lucero et al., 2018) as well as treatment for PTSD and co-morbid conditions (Hodgdon et al., under review). Regardless of the population, IFS has rapidly grown in its utility and ability to empower individuals and couples, through its experiential approach to helping individuals conceptualize their pain, and healing process.

What is unique about IFS is it treats each individual as his or her own IFS (Schwartz, 1995). Like a larger family system, IFS provides therapists a framework in recognizing that each individual is made up of internal parts that have good intentions and immense value (Schwartz & Sparks, 2015). However, these parts often take on destructive and protective roles, while harboring pain, guilt, and self-doubt that hold each individual self-hostage (Schwartz, 1995). In other words, IFS is based on the notion that individuals have inner lives (Schwartz, 1995). This inner life is based on multiplicity, which contends a person's mind is divided into subpersonalities called "parts" that interact as a system. Each part is complete and whole in and of itself, however, the part interacts with and is interconnected to other parts within the person (Schwartz, 1995). There are three categories of parts inside each person – exiles, managers, and firefighters.

Parts of a client

Exiles. Exiles maintain the painful emotions experienced by someone (Schwartz, 1995). They feel hurt or rejected and desire to be cared for by others. Exiles are characterized as the most sensitive members in the system and when hurt or upset, they are imprisoned by the managers for the exile's and the larger system's protection (Schwartz, 1995). Managers work to suppress these painful feelings and memories of the events and often abandon the exiles by locking them in prison or "exile." When triggered, exiles break free from their prison and attempt to tell others their stories – seeking to be comforted and soothed, often in destructive ways.

Managers. Managers are described as "highly protective, strategic, and interested in controlling the environment to keep things safe" (Schwartz, 1995, p. 46). Managers live in a constant state of fear that the exiles will escape; their jobs are to oversee the exiles and the situations in which exiles may attempt to express their pain or tell their stories. Managers are

forced into this role because their ultimate goal is to keep all of the parts safe from the destructive behaviors the exile may engage in (Schwartz, 1995). Different managers will adopt different strategies to achieve this goal. For example, most individuals have a manager who tries to keep the person in control of relationships and situations. Typically called The Controller, it may fear that not having control will allow the exiles to reeexperience previous pain and hurt if the person is abandoned.

Firefighters. Despite the managers' best efforts at controlling the exiles, there are times they will break out of prison. The third group of parts, firefighters, react strongly and automatically when the exiles escape from prison and are emotionally overwhelming the system. The firefighters attempt to decrease those feelings by pushing the exiles back into prison (Schwartz, 1995). Although firefighters and managers have the same goal – put the exiles in prison – their strategies are different; managers prevent exiles from escaping while firefighters react *after* the exiles have escaped (Schwartz, 1995). Firefighters are typically reactive and impulsive. For example, some firefighters will attempt to numb the system with alcohol or substances, to escape the pain with suicidal thoughts or attempts, or cover the pain with exhilaration of stealing or committing crimes (Schwartz, 1995).

Polarization of parts

Any part can be positive or become too extreme, also known as polarized, if it does not receive attention from the Self or is unable to express its emotions. Examples of non-expression include other parts repressing or denying the experience or trauma one endured or not accepting acknowledgment of a part (Schwartz, 1995). Polarization of parts can block an individual's adaptive functioning. When polarized, a part will fear that the other will try to take over if it backs down. For example, it is not uncommon for some people to have a Striver part, who is busy building a career or excelling in school, often at the cost of relationships. This Striver part often pushes away intimate relationships like a partner or parents. On the same note, this individual may have a Pessimist part that constantly worries the client will fail and fall short and attempt to pull intimate partners closer in case she fails. These contradictory messages can create tremendous conflict and inner turmoil. Polarized parts can heal if a therapist creates a safe environment for the client and the parts to express themselves in a healthy way.

The self

In addition to these three types of parts, every person has a "Self" at their core, which is the consciousness (Schwartz, 1995, 2020). The Self has the clarity of perspective and other qualities, allowing it to lead the

parts effectively. The parts are designed to protect the Self at all costs. For example, when trauma or intense emotions occur, the parts will separate the Self from the sensations of the body, causing one to dissociate (Schwartz, 1995). Unfortunately, when the parts feel forced to protect the Self, the parts begin to lose trust in the Self's ability to lead, causing the parts to take over – which leads to blending.

Blending

If given the chance, parts have the ability to erase boundaries separating them from the other parts or the Self (Schwartz, 1995). Blending of the Self and exiles is the main aspect managers and firefighters fear because the Self may become overwhelmed with the exile's pain, fear, and lack of hope (Schwartz, 2020). This can cause the Self to stop leading all of the parts, causing the managers and firefighters to take over. Blending is not a destructive concept, per se, because some exiled parts will need to have their feelings experienced by the Self at some point. It is the *timing* of the blending that needs to be approached with caution. A Self that is unable to comfort or care for hurt feelings will not be able to support or reassure the exiled part (Schwartz, 1995).

Once parts are blended, unblending, which is similar to the concept of differentiation (Bowen, 1978), needs to occur. Unblending is used to help clients separate the Self from the parts, which leads to the parts trusting the Self. This increase in trust will allow the Self to regain leadership in the client's life. Unblending of parts is one of the most important goals in IFS. Once the parts are unblended, or differentiated, the parts can then work to achieve balance and harmonize within the internal family (Schwartz, 1995). When the Self has the ability to lead, the parts will be able to provide input but will respect the ultimate decision made by the Self (Schwartz, 1995). One activity that can help clients and therapists visualize the unblending and blending of parts and the Self is sandtray therapy.

Sandtray therapy

Sandtray therapy is a widely used therapeutic technique to assist in treating a wide range of issues individuals, couples, and families face (Homeyer & Sweeney, 2017). In fact, it is one of the internationally most widely applied therapy methods (Roesler, 2019). It is also an approach that has considerable evidence for its efficacy and effectiveness among numerous child and adult mental health problems. Recent systemic, review research found 16 randomized control trials and 17 effectiveness studies, which found significant and moderate effect sizes in treating a variety of child and adult mental health problems (Roesler, 2019).

Sandtray therapy is effective because it provides clients with a safe, indirect, nonverbal, and symbolic way to express emotions and issues that they may struggle to voice in traditional talk therapy (Armstrong et al., 2016).

> Sandtray therapy is a fluid and evocative nonverbal therapy process that can both enlighten and confront the sandtray creator. Thus, it has amazing potential to override resistance and provoke the unconscious to become available for externalizing and then processing even the most difficult or challenging experiences. (Homeyer & Sweeney, 2017, p. xi)

Sandtray therapy can help clients recognize new insights into their problems and how they function in their relationships. It is an opportunity to communicate internal frustration with common external symbols (Isom et al., 2015) and is a highly therapeutic, multi-dimensional form of therapy. While in the beginning this was used exclusively with children, it has been expanded to treat adults, families, couples, and groups experiencing a wide range of problems with great success.

What makes sandtray therapy effective when working with adults, is its flexible, three-dimensional form of expressiveness that allows a client to get in touch with his or her emotions in a safe therapeutic environment (Homeyer & Sweeney, 2017). This approach can vary based on the client's readiness to explore their inner world and is as complex or as simple as the client feels is necessary to depict their inner story. As the sandtray world gets created, the client is required to get out of his or her seat, often sitting on the floor where they actively engage in selecting miniatures in creating scenes that allow for therapeutic distance through symbolic representations (Homeyer & Sweeney, 2017), which reduces the need for verbal interactions.

The materials needed for sandtray therapy can be fairly simple. Most clinicians will use an open box, typically 20×24 inches, full of sand. Figures, also called miniatures or images, are selected, rather than collected by therapists over time (Landreth, 2002). Miniatures should represent a variety of emotional themes, aggressive and conflictual elements, mobile and stable images, and natural elements. People representing various ethnicities, careers, religions, magical, and active roles are also recommended. Finally, animals, nature, bugs, furniture, fences, buildings, and vehicles are also recommended figures to have in a collection.

To begin a sandtray activity with a client, therapists often provide a vague set of instructions. For example, "I would like you to create your world in the sandtray. Start by looking at the figurines and grab anything you want to put into your world. Remember, your world cannot be based on a movie or video game." Clients are able to select figures they are drawn to and encouraged to place them in the sandtray to depict the relationships among the miniatures and how they are experiencing their inner world.

Sandtray therapy has many benefits for both children and adults (Roesler, 2019). Previous researchers found sandtray therapy is a valuable tool for assessing and treating a number of presenting problems (Roesler, 2019). For example, sandtray has been applied to treat aggressive behavior problems (Han et al., 2017), emotional and attachment problems (Yang, 2014), addictive behaviors, (Kim & Kim, 2015), low self-esteem (Sim & Jang, 2013), depression (Osumi et al., 2010), and generalized anxiety disorder (Foo et al., 2017). Studies investigating the effects of sandtray therapy found significant improvements in the treatment groups, with effect sizes ranging from moderate to large (Roesler, 2019).

Sandtray therapy is also able to help adults and children project internal frustrations with external objects. For many clients, this approach is less threatening because the focus of therapy can be shifted from solely verbal communication or cognitive insights. This reality makes sandtray more attractive for clients who do not respond to talk therapies, especially for children, adolescents, and adults who have experienced trauma (Roesler, 2019). For trauma victims in particular it offers an indirect and non-confrontational way to address psychological issues, cognitive distortions, and attachment-related issues in ways that do not trigger the client or create feelings of insecurity and fear.

Other researchers (Boik & Goodwin, 2000) have noted that for many clients the concept of sandtray therapy is familiar and easy for them to adopt especially when working with a family system. Sandtray therapy has many advantages when working with families, as it can be utilized to resolve communication, boundary, and dysfunctional family patterns (Boik & Goodwin, 2000). When patterns of communication, boundaries, rules, and roles are impacted, the family's ability to problem solve and interact in healthy ways is disrupted (Minuchin, 1974). Sandtray therapy is a non-threatening way to engage all members of the family to externalize the problem by eliminating communication barriers for both children and adults. In this way, even young children, who understand the underlying communication patterns, but may lack the verbal ability to describe it, can demonstrate it through sandtray. This will allow for both children and adults to begin having constructive patterns of communication around the problem and how each family member is experiencing it.

IFS and sandtray integration

Both IFS and sandtray therapy have very similar experiential approaches in helping clients gain greater awareness of their internal worlds (Krause, 2013; Miller et al., 2007; Schwartz, 2013). This fundamental approach creates great compatibility in integrating IFS and sandtray as a unique and powerful approach to assist clients in articulating their symbolic

meanings associated with their internal world, while externalizing it through a visual representation of sandtray (Wark et al., 2001).

IFS and sandtray therapy highly complement one another. Both approaches value the exploration of the complex inner worlds of the clients, and utilizes interventions that externalize the inner world while making sense of it through experiential means. What makes this integration so natural, is IFS is inherently integrative in its treatment approach, and sandtray is a natural tool for many in articulating through symbolic meaning-making, their internal world through a visual representation (Wark et al., 2001). These approaches also draw on both modern and post-modern theories, that lends itself to experiential ways of externalizing one's inner world (Lucero et al., 2018). Within this paradigm the client is free to determine what parts and symptoms are problematic, and highlight the interactions of parts through a sandtray representation.

In other words, IFS allows clients to internally visualize, feel, and think about the role and story of each part. Sandtray allows a client to take the internal visual of the parts and show how the parts interact with one another, their current roles in the client's life, and the client's goals for how they would like their parts to interact with one another. Sandtray visualizations, in turn, can create a safe space to help clients show how the Self is being represented in the client's internal system and potential parts that have blended with it. Both models assist clients in identifying their parts in a way that spatially and visually show their parts interacting together and the process of blending. Sandtray therapy allows a client to select a sandtray miniature, or image, that represents the client's self-identified parts and the Self. The visual representation of a part allows a client to show the therapist how the part "feels" in their body and the role it has in the internal world. Using sandtray with IFS can also allow the client and therapist to visually see how the parts relate to each other and the Self at the beginning of therapy. This visual representation allows each manager, firefighter, exile, and the Self to be attended to equally, instead of potentially having a dominant part take-over the therapy session. The therapist can select an individual image and allow its voice, role, and emotions to be heard in the presence of the other parts and the Self.

The last aspect of how IFS and sandtray combine well together is the aspect of progression in the therapy room. Each week, clients are able to select the sandtray images and redesign how the parts have changed or altered since the previous session. Documenting this change and visually seeing the progression of unblending and parts taking on more productive roles can encourage clients during each session. Therapists are also able to ask clients how they would like to see their parts alter before the next session, which gives the client a visual representation of how things need to alter in their internal family.

Implementing IFS and sandtray

Implementing sandtray and IFS is a 9-step process. The first five steps are considered vital and mandatory before moving to steps 6 through 9. Steps 6–9 can be revisited numerous times until therapy is completed. It is important to note, many clients may wish to include a partner or loved one in therapy with them to witness the experience and to provide support and encouragement. This has the potential to be beneficial, but the therapist must be certain that the family member witnessing the events has the capacity to validate their loved ones' experience and be supportive throughout the process. Exile parts have the tendency to withdraw easily if they feel judged, unwelcome, or unsafe so it is vital that the family member witnessing must be a safe, trustworthy individual for the client. Family members who are safe can be included in all steps of the process and may even actively participate when appropriate.

Step 1. Conversation on IFS and parts

In this step, the therapist provides an overview of IFS to the clients, including the three types of parts, the Self, and each part's unique roles. The therapist should describe how each part is typically "created" inside of a person due to unique situations or trauma the client has endured. It is important to normalize the creation and role of each part in order for client's parts to feel accepted by the therapist.

Step 2. Identification of the client's parts

After the therapist and client discuss IFS and parts, the client begins identifying their own parts and articulating the role each part plays in their life. The therapist and client should discuss managers, firefighters, and exiles and allow the client to give each part a name, gender, and age.

Step 3. Selecting a sandtray image/miniature

Step 3 begins the process of externalizing the client's parts. The client is directed to select a figurine or miniature that portrays the part or the role it is currently holds in the client's life. Therapists should have a wide variety of figures to choose from, as parts can greatly differ from one another. It is imperative therapists keep diligent notes of each part and the image a client selects. Many clients may forget which image was selected in the previous session. Taking photos of the images can also be useful.

Step 4. Arranging the images in the tray

Once the client has selected figures for each part, they will then place the images in the tray, depicting of how each part is interacting with the

others. The therapist can prompt the client with, "If this sandtray represents what is going on inside of you, I would like you to place each 'part' in the tray, paying attention to how it is interacting with other parts and the role is currently plays inside of you."

Step 5. Getting to know each part

Step 5 consists of taking time to learn more about each part of the system. The client will select one image at a time and explain its story to the therapist. The therapist and client will identify what part should stop over-functioning and discuss fears that keep the part engaged in harmful behaviors. This step can take several sessions because each part should be given ample opportunity to discuss its perspectives on the internal family, its emotions, and how the part would like other parts to interact with it, including the Self.

Step 6. Identifying the blended parts

Step 6 is to identify which parts have become blended with the Self and how that blending occurred. Using the sandtray, a client should place two (or more) figurines in close proximity to each other. The therapist can also have the client discuss times when the Self becomes blended with each exiled part.

Step 7. Identifying homework

When approaching the end of each session, the therapist should summarize the information that has been shared and ask the client to identify one thing a particular part can do or work on changing before the next session. The part that is selected to "work" on changing, should be asked if it believes it can do that for the sake of the other part. Some parts may become resistant and defensive if asked to alter their roles too quickly. The therapist will help the client focus on small, realistic changes the part can attempt. It is important to remember that each part may have been in its role for quite some time and change may come slowly. The therapist should encourage the client to be patient with each part and start from a place of curiosity on why it does what it does.

Step 8. Assessing change

During step 8, the therapist will have the client place the figures in the sandtray, in the same positions as the last session. The therapist and client will discuss if and how any parts have changed or remained the same

since the previous session. The client is encouraged to move the part to its new placement in the tray. This new placement should reflect how the client's inner life is currently feelings. The therapist and client should discuss what aided the parts in making changes and obstacles or barriers which prevented desired change from occurring.

Step 9. Have the images altered

After discussing alterations, the parts have made within the system and the client has rearranged the sandtray to reflect the parts current roles, the therapist should ask the client if the figures representing the parts have changed. For example, I (Authors' Initials) recently had a client whose "Jokester" (a firefighter) was originally represented by an image of a clown changed into a "Soft and Loveable" image of Snuffleupagus (the Sesame Street character).

Case vignette

In an attempt to demonstrate how the integration of IFS and sandtray looks within a real therapeutic context, the authors will present a case vignette. In an attempt to protect the confidentiality of the clients, subtle changes in the content and context of the couple treatment have been made. Enough of the details of the case vignette have been changed, so no identifying information is apparent.

Background

Rachel and Chris sought out therapy to address the increasing level of conflict they are experiencing in their relationship. Rachel reported an increase in anger toward Chris because he is spending more time at work. She stated he started coming home late several months ago and fearful he may be having an affair. Rachel reported feeling desperate and alone. When pressed, Chris admitted to working more hours due to several projects he is leading and his recent promotion. Chris is frustrated because he believes he is finally providing for his family at the level he had always dreamed of, and now he feels like his efforts are being dismissed. Chris is adamant he is not having an affair, but Rachel does not believe him.

Rachel, a stay-at-home mom reports dealing with her sadness by focusing on her children and home life. She is very active in their education and extracurricular activities, and their home has become hyper-organized and clean. Rachel reports finding solitude in cleaning and making her home a "sanctuary." Chris believes Rachel is dealing with her lack of trust by withdrawing, keeping busy, controlling the children, and avoiding

intimacy with him. He reports in the last 5 months they rarely have sex and she will fall asleep with their 7-year-old son. When he does find her alone, she is often crying in their room and will ask him, "Why am I not enough for you?" or "Please don't leave me."

Chris reports feeling angry Rachel is pushing him away, and he believes she is engaging in unhealthy ways of dealing with her mistrust of him. He wondered if her recent episodes had anything to do with the fact that Rachel's father cheated on her mother around the same age that they are. Chris reported trying to address this with Rachel, but when he attempts to bring it up, she gets hysterical and begins yelling and crying. Rachel admits feeling terrified Chris will leave her, and that there is a part of her that thinks he should. Rachel reported not really knowing how she feels, and had a hard time talking about her parents' separation and making connections to what is going on in her marriage.

Before starting IFS, the therapist and Rachel discussed her level of comfort and desire to have her husband attend session with her. Rachel agreed and stated she would like her husband to only listen, rather than providing his own perspective, at the beginning.

Step 1. Conversation on IFS and parts

The therapist decided to introduce IFS and the sandtray technique to help Rachel process her inner life and provide her another way she can express the different parts of herself. In setting up this activity, the therapist introduced the concept of parts language.

> Rachel, as we prepare to initiate this visual activity, I want to talk to you about a concept that will help you in representing how you are feeling and behaving. I think of us as having unique parts within ourselves that are constantly interacting or in conflict with one another. Oftentimes these parts represent a certain time in their life or are working to protect you from pain. It is important to remember that all of the parts have a positive intent for you, no matter how problematic the behavior or actions may be. Now Rachel, I want you to look within yourself and identify parts that you feel are expressing themselves possibly through the behaviors you are engaging in, or the ways you are feeling.

Step 2. Identification of the client's parts

After taking time to think about herself, Rachel was able to acknowledge seeing a young part of herself around the age of 8. She called this part The Child (an exile) and described it as "alone and afraid." The Child would often go into the corner of the room when upset in hopes of someone noticing her. However, when no one would, Rachel would isolate

herself and avoid intimacy with Chris in hopes he would reassure her that he loves her. This part, The Isolator (a firefighter), is a 10-year-old male who pouts and seeks validation.

The second part Rachel identified in herself was The Organizer (a manager), a 30-year-old woman who enjoys cleaning and controlling the environment, so things are predictable. The Organizer often pushes herself to wake up early and stay up late focusing on her home and children. This manager protects the Self and attempts to ensure the Child doesn't escape from exile.

Step 3. Selecting a sandtray image/miniature

The therapist directed Rachel to select figures from the shelves of miniatures that would portray what her parts and how they feel inside her. Rachel spent considerable time looking through the toys and selected a baby troll to represent The Child, a small puppy to represent The Isolator, and a small beat-up nurse figurine holding a briefcase to represent The Organizer. Rachel also selected an image to represent "The Self" – a large size white flower with numerous petals.

When looking at each figurine, the therapist asked Rachel to describe why she chose the parts she did and how each figurine represents that part of herself. This allowed Rachel to describe the characteristics and role of each part, their specific strengths, and unique weaknesses. For example, Rachel noted the nurse was purposefully chosen as small and old, because "while it has skills to take care of the environment, it is tired and weak and needs to grow bigger and stronger."

Step 4. Arranging the images in the tray

Rachel was then instructed to arrange the images in the sandtray in relation to how each part was interacting with the other parts. At this point, the therapist provided Rachel with other miniatures that included mountains, trees, walls, and other topographic toys that she could use to build her inner world. Rachel selected a world in which The Organizer was in the center of the sandtray. The sand was perfectly smoothed around her – representing a lack of chaos. Rachel then picked out a metal cage and placed The Child inside of it and locked it. The Organizer was facing away from the cage and "ignoring The Child's emotions." The Isolator was then placed in a corner of the tray close to The Child. Finally, The Self was buried underneath the sand and was completed hidden from sight.

Step 5. Getting to know each part

Next, Rachel was asked to select each part, one at a time, and begin telling their stories and how they fit in relation to the client's inner world. Rachel

first discussed how The Organizer, her most dominate part, is currently the orchestrator of how The Self behaves. The Organizer's role is to help The Self feel "good enough" and "wanted by others." Rachel discussed each part in detail and was able to reveal new parts inside of her. This is common to occur during this stage and it important to make note of this new part and add it to the tray.

Step 6. Identifying the blended parts

In the next step, the therapist asked Rachel about blended parts and if there were times The Child would completely overwhelm The Self. Rachel discussed an event from a few days ago, when her husband came home late and did not return her calls. Rachel removed The Child from the cage and wrapped the image of The Self with the baby troll. Rachel explained that only isolating herself for days at a time would help put The Child back into exile.

Step 7. Identifying homework

The therapist then asked Rachel how things would be different in her life if The Self was able to be in the center of her world and truly take care of the child troll when she became upset. Rachel noted that it would be better, but very fearful The Organizer would not allow it. Rachel believed that the first part to "shift" would be The Organizer, which would need to alter roles. Rachel explained that she would like The Organizer to become "The Comforter" who comforts and soothes The Child. The therapist has Rachel identify small ways The Organizer can begin comforting small emotions The Child feels. At the end of the session, the therapist took a picture of the sandtray that would be used to track changes in the client's world.

Step 8. Assessing change

In the next session, the therapist directed Rachel to re-create her inner world again with each of the sandtray images, reflecting the last session. Rachel was then asked to move the images to reflect their current state of interaction. This provided an opportunity for Rachel and the therapist to note any changes in the sandtray and to have discussions about what obstacles or barriers still exist that need to be overcome by each part. During this session, Rachel opened the cage but left The Child inside indicating that The Organizer was "somewhat tolerating The Child's emotions."

Step 9. Have the images altered

Similar to step 8, the therapist and Rachel discussed if the images altered. Rachel reported that The Organizer felt a little bit "smaller" and less eager to control the environment. Rachel then replaced the image with a slightly shorter woman figure with no briefcase. The other images remained the same during this session.

Couples work with IFS and sandtray

What is most helpful in using IFS and sandtray in a couple's context, is it allows a spouse to witness the parts of their partner that are in conflict and gain greater understanding and compassion in how these parts are expressing themselves in their marriage. Prior to the IFS sandtray work, Chris viewed Rachel as attempting to undermine the relationship through her controlling behaviors. However, by observing the sandtray intervention, it provided Chris a tangible and creative way of bringing Rachel's "parts" to life. Chris was able to see the vulnerable and hurt parts in Rachel and how they interacted with one another. More importantly, he was able to see how these parts held Rachel hostage by not giving her a voice to express her fears in a healthy way. Rather, he could see how Rachel's other parts encouraged her to engage in behaviors that might, at face value, appear to protect her, but really hurt the relationship.

As the therapist engaged Chris in describing what he learned from observing the sandtray, they were able to engage Rachel in an open conversation about what Chris can do to soothe Rachel during times of distress. Chris was able to see how the ways he responded to her controlling behavior, not only confirmed to Rachel's parts that she was not "good enough," but further encouraged the negative behavior.

Couples therapy was then able to focus on skills and tools Chris could use to validate Rachel's parts and support Rachel's Self in taking a stronger leadership role. It is important for the therapist to continue documenting the changes in Rachel's inner world so the couple can see how parts are changing in relation to one another. The documentation can also provide additional direction for what the couples need to address in session to ensure that Rachel can feel more secure in the relationship. By doing so she would be able to voice her needs and wants more effectively. Couples therapy can provide an opportunity for important conversations regarding how Chris can begin to provide more support effectively in their marriage, the relationship can be strengthened. It is not uncommon for a spouse to see the benefits of IFS work and start this work with a therapist after seeing their partner's progress.

Clinical implications and limitations

Sandtray therapy has been shown to be effective when working with children, adolescents particularly, because it is nondirective and allows for them to express their internal world through nonverbal ways (Homeyer & Sweeney, 2017). For adults, it is important to take into consideration that sandtray therapy may be viewed as being juvenile or childish (Homeyer & Sweeney, 2017). Typically, this issue can be more easily overcome with adults when working individually. In order to overcome this potential obstacle, the therapist needs to normalize and highlight the benefits of sandtray therapy to increase client buy-in (Homeyer & Sweeney, 2017).

In the process of treatment, therapists may wonder when it is a good time to introduce sandtray therapy. Homeyer and Sweeney (2017) suggest that as an introduction to counseling, therapy may be used as a way to ease clients into treatment. The unexpected and unique nature of sandtray therapy can also provide a change of pace, provide new insights, and help motivate clients when talk therapy seems to be at a standstill. It is also an opportunity to have the client demonstrate through sandtray the growth they have experienced since coming to therapy (Homeyer & Sweeney, 2017). For example, a client can do a sandtray of their presenting problem prior to coming to therapy, vs. where they are now.

Conclusion

Although IFS is a commonly used systemic model of therapy, there are limited amount of interventions that can be used to complement this model. Implementing sandtray therapy with IFS can be very useful for visualizing a client's "parts" and seeing how each part interacts with each other. Slowly tracking the change and progress of the exiles, managers, and firefighters can allow the client to show their therapist how things feel differently in their inner lives. This nine-step intervention provides an outline for therapists to begin helping clients think about their parts and visually represent them.

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