Independent Study Final Paper:
Use of Sand Trays in the Retreat Experience for Oncology Patients

Kristy Brosz

ID# 229954

SOWK 699.25 (Sec 08)—Winter 2012

Dr. Steven Simpson

University of Calgary
# Table of Contents

Use of Sand Trays in the Retreat Experience for Oncology Patients

1: Introduction

1.1: Organization

2: Methodology and Summary of Sources

2.1: Methodology

2.2: Summary of Sources

3: Definition of Key Constructs

4: Healing Philosophy of Sand Tray Therapy

4.1: Comparisons of Sand Tray Approaches

4.2: Philosophy of Sand Tray Therapy: Use of the Unconscious

4.3: Unique Healing Potential of Group Sandtrays

5: Case Examples of Sandtray in Oncology and Chronic Illness.

5.1: Use with Chronic Illness

5.2: Use with Breast and Ovarian Cancer

5.3: Sandtray Execution in Retreat Experience for Oncology Patients

6: Connection of Sand Tray Experience to Retreat Program, General Psychosocial Oncology, and Clinical Social Work Practice

7: Concluding Remarks

References
Use of Sand Trays in the Retreat Experience for Oncology Patients

1: Introduction

Sandtrays as a therapeutic modality involves the creation of scenes in the sand using miniatures or icons. This modality allows “the client to create a world that provides concrete testimony to inner thoughts and feelings. This world can be viewed, touched, experienced, changed, discussed, and photographed” (Labovitz and Goodwin, 2000, p. 17).

Sandtray therapy has been utilized in a variety of therapeutic contexts for children, adults, and groups to address profound experiences that may otherwise be difficult to address through traditional verbalization in the therapeutic context. One such profound experience can be the cancer journey that has the potential to affect the client’s view of self and “involve intense feelings of fear, grief, rage, or despair in which the use of verbal methods alone may limit the extent to which representations of illness can be explored in therapy” (Lagurina, Sperlinger & Esterhuyzen, 2011, p. 1-2). Therefore, this paper will explore the use of sandtray in the retreat experience for oncology patients.

1.1: Organization

This paper will begin with Section 2 providing a summary of sources utilized for this review; Section 3 provides definitions of key constructs. Section 4 will then explore the healing philosophies behind the therapeutic modality of sandtray therapy. The middle of this paper (Section 5) will describe three case examples for the use of sandtray therapy that includes use in chronic illness, oncology, and the residential retreat experience for oncology patients. Section 6 provides a link between sandtrays and general themes within the retreat experience, psychosocial oncology, and clinical social work practice. Finally, Section 7 will provide concluding remarks.

2: Methodology and Summary of Sources
This section will provide a summary of the methodology utilized for this review (Section 2.1) and a summary of the sources reviewed (Section 2.2).

2.1: Methodology

In November and December 2011, searches for peer-reviewed journal articles and dissertations were conducted using the University of Calgary online databases in the areas of social work, psychology, medicine, and nursing. In addition to these databases, searches from the Google Scholar database with the same key word searches were conducted to obtain additional background information. Key word search included the following phrases, either singularly or in combination: sandtray, sandplay, therapeutic relationship, group sandtray, chronic illness, oncology, psychosocial oncology. A summary of these searches are documented in Table 2.1.

Table 2.1: Summary of literature searches conducted for review in November and December 2011.

<table>
<thead>
<tr>
<th>Data Bases Searched</th>
<th>Key Word Searches (Utilized Singularly or in Combination)</th>
<th>Number of Sources Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>SociINDEX with full abstracts</td>
<td>Sandtray; sandplay; therapeutic relationship; group sandtray; chronic illness; oncology; psychosocial oncology</td>
<td>0</td>
</tr>
<tr>
<td>Social Work Abstracts</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Social Services Abstracts</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Psychology and Behavioural Sciences Collection</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>CINAHL Plus with full text</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Academic Search Complete</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Academic ONE File</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PsycINFO</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Academic Search Complete (EBSCO)</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Expanded Academic ASAP</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Journal Citation Reports (JCR)</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Google Scholar</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>108</td>
</tr>
</tbody>
</table>

Initial inclusion criteria included articles written in English, current within the last ten years, and contained the key word searches within the abstract. Given the limited results obtained from this search, selection of sources were then expanded to include sources current within the last twenty years, key word searches anywhere in the article, and inclusion of meta-analyses from...
international sources. Finally, in order to provide a complete picture on both the historical context and emerging areas related to this topic, sources cited within articles previously selected were reviewed as well as select grey literatures sources covering the historical context for the use of sandtrays.

2.2: Summary of Sources

63 total sources were reviewed, with approximately 65% US sources, 20% Canadian sources and 15% international sources. Half were current within the last 5 years, approximately one quarter published within the last 10 years, and the rest of the source were current within the last 20 years. Sources included: 16 research-based articles; 20 theory or review based articles; 7 books; 5 websites; and 15 grey literature sources such as reports and prepared manuals.

In general, the literature on this area contained evidence for the use of sandtrays for a variety of clients including children, adults and groups in an assortment of settings. However, given the larger range of uses for sandtrays most of the evidence was focused in the form of books and manuals for the execution and interpretation of sandtrays. Nine research articles consisted of single case studies that then extrapolated large generalizations. Very little evidence (n=3) was focused on the effectiveness of sandtray therapy with illness, specifically in oncology. In addition, the majority of the evidence focused on the use of sandtrays as a part of therapy, not as a therapeutic modality within itself. No literature was available on the use of sandtrays within a retreat setting similar to Tapestry (see Section 5.3).

3: Definition of Key Constructs

Given the wide variety of working definitions within the literature, this section will provide definition for key constructs to frame the exploration of the use of sandtrays within a residential retreat experience for oncology patients. These include the following six constructs:

- **Client:** The sandplayer engaged in the creation of the sandtray scene (Sandtray Network, 2011; Canadian Association of Sandplay Therapists, 2011; Castellana & Krish, 2006).

- **Therapist:** Individual who is trained in the history and therapeutic process to facilitate
sandtray therapy (Sandtray Network, 2011; Meyer, 2004; Turner, 1994).

- **Sandplay**: “A psychotherapeutic technique that enables clients to arrange minatures figures in a sandbox or sandtray to create a sandworld corresponding to various dimensions of his/her social reality” (Zhou, 1999, p.69).

- **Sand Tray Therapy**: An expressive and projective mode of therapy involving a healing process through the use of specific sand tray materials as a nonverbal medium of communication, led by the client(s) and facilitated by the therapist (Homeyer & Sweeney, 2011; Kwasniewki, 2005; Canadian Association of Sandplay Therapists, 2011; Sandtray Therapy Institute, 2011; Castellana & Krish, 2006).

- **Miniatures/Icons**: The physical objects selected and placed within the sand that are symbols and/or metaphors for the client’s nonverbal communication (Homeyer & Sweeney, 2011).

- **Residential Retreat Experience for Oncology Patients**: A unique experience where patients are given respite from day-to-day responsibilities to focus on the spiritual, existential, and holistic aspects of the cancer experience that are typically not explored in more traditional group therapies (Dr. J. Steven Simpson, Personal Communication, 2011).

4: Healing Philosophy of Sand Tray Therapy

To discuss the healing philosophy of sand tray therapy, this section will explore: the historical context of sandtrays and compare four approaches to this practice (Section 4.1); explore the use of unconscious within sandplay (Section 4.2); and the unique healing power of group sandtrays (Section 4.3).

4.1: Comparisons of Sand Tray Approaches

Sandplay therapy was first explored through from the creation of Lownefled’s World Apparatus founded on the notion that play brings about the potential for symbolism and insight into the unconscious. From this work, there have been many conceptualizations for the use of sandplay therapy. Table 4.1 provides an overview of four key representations of the use of sandtray therapy based on how the following areas are conceptualized: goals of therapy; purpose of the sandtray; use and interpretation of symbols; and interpretations of the sandtray.
### Table 4.1: Comparison of Four Conceptualizations and Uses of Sandtray Therapy.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal of Therapy</strong></td>
<td>Central task is making contact with the whole patient’s mind, through direct and conscious knowledge and understanding of the laws of the mind.</td>
<td>The central task is the realization and interpretation of psychoanalytic theories.</td>
<td>Healing and the expansion of the consciousness.</td>
<td>To increase one’s ability to live a more actively conscious life and be connected to the multiplicity of experiences in daily life.</td>
</tr>
<tr>
<td><strong>Purpose of the Sandtray</strong></td>
<td>The client will be able to demonstrate his/her own mental state at any particular moment in time.</td>
<td>To create a three-dimensional unconscious aspect of the client’s psyche.</td>
<td>To execute a symbolic and creative act/symbolic ritual.</td>
<td>To assist the client in making the unconscious more conscious.</td>
</tr>
<tr>
<td><strong>Use and Interpretation of Symbols</strong></td>
<td>The meaning of symbols focused on the meaning the client attributes to objects as the sandtray is created.</td>
<td>Symbols are to be interpreted by the therapist.</td>
<td>Symbols are evaluated by the therapist in light of Jungian interpretation of symbols.</td>
<td>The symbolic nature of items within the sandtray are determined by the client.</td>
</tr>
<tr>
<td><strong>Interpretations of sandtray</strong></td>
<td>It is essential that no interpretation be given by the therapist, rather that the client is able to describe their own interpretation. The value in the sandtray process is to allow the creator to experience it, rather than have the therapist confront the client about the world they have created.</td>
<td>The therapists interprets the sandtray and it is not necessary for the therapist’s insight to be communicated to the client.</td>
<td>The therapist evaluates based on Jungian symbols, but there is no interpretation during the session.</td>
<td>Interpretations by the therapist are not helpful to the client and hinder the creative and healing process of the sandtray.</td>
</tr>
</tbody>
</table>

As each of the conceptualizations within Table 4.1 have a range of evidence bases supporting their conceptualization, this paper will explore the use of sandtrays through utilizing elements from each of these conceptualizations.

#### 4.2: Philosophy of Sand Tray Therapy: Use of the Unconscious

Sandplay provides a connecting bridge from an individual’s intrapsychic reality to the reality of the outer world. Through sandplay, the unconscious/non-verbal aspects of the individual are
able to be made conscious/verbal (DeDomenico, 1995; Broadway & McCoonad, 1997; Rae, 1998). The effect of sandplay tends to harmonize “the vital relationship between the psyche, soma, and spirit...through tapping into the healing power of play, clients move from being victims of experiences to being creators of experiences.” (DeDomenico, 1995, p. v). Therefore, important elements within the philosophy of sandtray therapy involve the use of the unconscious and specific rituals within the process.

The foundational basis for being able to use the healing inherent within the unconscious involves the unique use of play. Homeyer & Sweeney propose that there are several unique attributes about play that are important to consider within the sandplay process:

- **Play is voluntary by nature and in a world full of rules and requirements, play is refreshing and contains potential for respite.**
- **Play is free from evaluation and judgment with the freedom to make mistakes.**
- **Play encourages fantasy and the use of the imagination, enabling control without competition.**
- **Play increases involvement and interest.**
- **Play encourages the development of self.**
  
  (Homeyer & Sweeney, 2011, p. 2)

Taken together, these elements of play form a solid foundation for the use of the unconscious within the sandtray process. This allows for an expanded focus beyond the cognitive issues that verbal therapies tend to focus on.

Given this consideration to the heart, or unconsciousness, the sandtray process contains many interconnected strengths inherent within this process as outlined by Armstrong to include the following:

1. **Indirectness of the Sandtray experience:** Clients are able to express a wide range of their lived experiences involving multiple systems within their worlds rather than focusing on answering a specific question in therapy.

2. **Kinesthetic Quality of Sandtray:** The ability to work within the sand and place the miniatures as they like can be very therapeutic for clients. Those that feel as though
they have little or no control over circumstances in their lives feel a sense of empowerment through being able to place the miniatures in a way that fits best to represent themselves.

3. **Catharsis in Sandtray:** Allows for the expression and awareness of emotions that may not otherwise be expressed.

4. **Inclusiveness in Sandtray:** Creates a medium of interaction that a wide range of individuals, from children to adults can engage in.

5. **Metaphor in Sandtray:** As clients themselves will create the metaphor in the sand, it provides a therapeutic metaphor that clients understand and find meaningful within their own lives.

6. **Ability to Foster Deep Self-Disclosure:** The visual and kinesthetic properties of the sand tray allow for a unique sense of trust and safety that may allow for a deeper sense of self-disclosure. (Armstrong, 2008).

Each of these strengths identified by Armstrong align with the eleven benefits of sandplay that Labovitz and Goodwin propose which include:

1. **Facilitates of the individuation process.**
2. **Frees creativity, inner feelings, perceptions and memories, bringing them into outer reality and providing concrete testimony.**
3. **Utilizes most of the senses, providing an expanded experience.**
4. **Regresses the client to past experiences, allowing healing and integration.**
5. **Creates bridges from the unconscious to the conscious, the inner to the outer world, mental and spiritual to physical, nonverbal to verbal, thus revealing hidden material.**
6. **Invites spontaneous play; no right or wrong way.**
7. **Allows defenses to diminish because it is nonthreatening.**
8. **Functions as a natural language for children and a common language for use with diverse cultures and developmental stages.**
9. **Empowers the client by allowing movement from the position of victim to creator and by impacting his/her own course of therapy.**
10. **Serves as an adjunct to therapy, making sandplay available for use by therapists of various orientations.**
11. Provides therapists the opportunity to do personal work.

(Labovitz & Goodwin, 2000, p. 17).

These above strengths within the process align with eleven points that Carey identifies as capturing the rationale behind the sandtray intervention that include:

1. Allowing for expression of non-verbalized emotional issues. The client does not need to have any particular creative or artistic ability as the medium provides an experience free from evaluation.

2. Contains unique kinesthetic qualities. It provides a sensory experience that includes a kinesthetic and tactile experience of touching and manipulating the sand. This type of experience has the potential to be therapeutic in itself.

3. Creates a necessary therapeutic distance for clients. It can be easier to “speak” through the expression of the miniature rather than through direct verbalization. By allowing the client to direct the process, this helps to create the necessary distance.

4. It is an inclusive experience. It creates a level playing field for all clients involved, which can be particularly important in families and group settings.

5. Provides natural boundaries and limits that promote safety for clients. The inherent limits of the physical sand tray process assist in creating focus for the client.

6. Provides a unique setting for the emergence of metaphors. As these metaphors are created and directed by the client it allows for a deeper understanding of the metaphor.

7. Is effective in overcoming client resistance. Given its natural medium for play and the ability captivate a large diverse audience of clients, it assists in strengthening the therapeutic relationship and therefore allow for the reduction of client resistance.

8. Provides an alternative effective communication system for clients with poor verbal skills.

9. Sandtray therapy cuts through verbalization used as a defense. The nonverbal and expressive nature of sandtray therapy identifies this dynamic and provides a nonverbal means to address it.

10. Provides a place for the client to experience control. The loss of emotional, psychological, and physiological control is one of the most distressing by-products of crisis and conflict. The sandtray process provides control through creative expression.
11. The challenge of transference may be effectively addressed through sandtray therapy. It has been proposed that the presence of an expressive medium creates and alternative object of transference and therefore transference occurs between the client and the tray, rather than between client and therapist. (Carey, 1999).

4.3: Unique Healing Potential of Group Sandtrays

As an emerging technique, group sandtray therapy requires careful explanation of the sandtray process for each group such as that is able to utilize both parallel and joint play in a therapeutic environment that encourages safety, a sense of belonging, and exploration of self in relationship to others (Homeyer & Sweeney, 2011). Through this process, it has the potential to promotes learning, self-regulation of affect, expression of affection and relatedness, and gradual development of adaptive behavior to social and collective life, contribute to the synchronous or complementary imagery in a group, and create collective support and healing (Reece & Ford, 2006; Steinhardt, 2004).

Despite the fact that group sandtray therapy is widely used, research about its efficacy and underlying dynamic process is widely unavailable (Homeyer & Sweeney, 2011, p.85; Green & Connolly, 2009; Shen & Chi, 2009; Draper & Ritter, 2003; Ramos & Melo da Mata, 2008; Steinhardt, 2007; Taki-Reece & Ford, 2007; Morena). One exception is Hughes’ case study (2004) exploring the understanding of the group dynamics and process through use of sandtrays as one element in the therapeutic process. The study included a convenience sample of three men and eleven women, all of whom were professors or graduate students. The qualitative research included triangulated data from: verbalizations of the participants during the process; interviews with the participants following the process; and the researcher’s own personal reflections. Findings suggested that the group process adds an increased richness and healing element to the sandtray process through promoting a shared trust among the group. This assists in additional healing as shared meanings emerge to assist the group in detailing verbalizations of the unconscious during the interpretations process of the sandtray (Hughes, 2004).

5: Case Examples of Sandtray in Oncology and Chronic Illness.

To explore the use of sandtrays as a therapeutic modality this section will discuss three case
examples that include: use with chronic illness (Section 5.1); use with breast and ovarian cancer (Section 5.2); and use with the residential retreat experience for oncology patients (Section 5.3).

5.1: Use with Chronic Illness

Many chronic illnesses have the potential for an element of trauma associated with the experience. This trauma can “impact people of any age at a basic level and sensory level, which does not lend itself to sophistication, categorization or reason….to require a person of any age to verbalize when in an emotional crisis may not be fair, and may in fact be-traumatizing” (Homeyer & Sweeney, p.1). Therefore, to have the opportunity to express this experience differently for those experiencing chronic illness provides a way of expressing the experience without having to verbalize it.

Given this potential trauma within illness, Lagutina and colleagues suggest that the internal representation those with life-threatening illnesses can often be difficult to express through traditional psychotherapy that involves verbalization. Therefore, they conducted a grounded theory study of how individuals with a wide range of life-threatening illnesses address the psychological aspects through sandplay. The study involved interviews with nine sandplay therapists who presented 23 cases and case vignettes from clients experiencing life-threatening illnesses. Their findings indicated that symbolic representation through sandplay may assists in facilitating access to feelings and experiences of illness that may be difficult to address through verbal therapy alone. The sandplay process can therefore assist in facilitating a process of integration of the experiencing leading to healing, a process they termed as recovery (Lagutina, Sperlinger, & Esterhuzyen, 2011). Recovery was conceptualized as the regaining of the ability to lead a meaningful life, regardless of if the restoration of health is possible. Lagutina and colleagues found that the sandtray experience was able to assist with this by helping patients to express their lived experiences in the following areas:

1. **Significant features of the patient’s histories**: Past traumatic events; impact of past traumatic events; physical problems and treatments; reaction to physical problems/suffering; initial attitudes towards medical treatments; co-morbid psychological concerns.

2. **Symbolic reflections of inner world experiences**: body/symptoms; illness-related
suffering; dissociation; relationship to illness; treatments and surgeries; past trauma; and portrayal of significant relationships.

3. **Working towards restoring wholeness & recovery:** Addressing sources of psychic pain; accessing and integrating resources; restoring flow and movement bringing together and connecting; working with anger, shame, fear; and healing the body and symptoms.

4. **Preparing for death:** Symbolism of sensing the end and letting go; renewing life; symbolism of crossing over to the other side; spiritual healing and purification.

5. **Inner changes manifesting in the external world:** positive impact of creating sandtrays; improving or resolution of physical symptoms; greater acceptance of illness; taking an active stance in relation to treatment; psychological gains and behavioral changes.

   (Lagutina, Sperlinger, & Esterhuyzen, 2011).

### 5.2: Use with Breast and Ovarian Cancer

Evidence within the sandtray literature for use with oncology patients is limited. One of the few existing research works into this Area has been Sparling’s dissertation that examined the use of Jungian approach to sandtray therapy for advanced breast and ovarian cancer patients. The study included ten planned, time-limited, one-hour therapy sessions followed by a two-hour review with five breast cancer patients and one ovarian cancer patient. The one hour sessions utilized Jungian dream work, guided imagery, and sandtray experiences. The study concluded that sandtray therapy is a useful intervention in a planned, time-limited format and can be considered a useful complementary therapy treatment for advanced breast and ovarian cancer patients. The study suggests that sandtray therapy is a useful therapeutic modality for oncology patients as it is able to:

1. Promote self-reliance by solidifying the patient’s commitment to their own healing process.
2. Assist in helping the patient confront their guilt and possible depression related to their illness.
3. Promote acceptance of illness through conscious integration of unconscious material.
4. Facilitate the healing process by being able to integrate spiritual dimensions through
the unconscious process in the sandtray experience.

5. Providing an opportunity for healing into death, or healing into life, as appropriate based on the oncology patient's prognosis. (Sparling, 2002).

The study suggests that the success of the sandtray therapy may be based on the fact that diagnosis of a life threatening illness such as cancer provides an added compulsion/incentive to work through unconscious feelings. Therefore, those searching for meaning with in a life-threatening diagnosis may be more open to techniques such as the sandtray experience. Given the findings from Sparling’s study, further research in this area may be useful (Sparling, 2002).

5.3: Sandtray Execution in Retreat Experience for Oncology Patients

This will include a discussion on: sandtray within the context of the retreat experience (Section 5.3.1); setting up the sandtray (Section 5.3.2); introducing the sandtray (Section 5.3.3); witnessing the creation of scenes in the sand and client interpretation of the sandtray (Section 5.3.4); discussion/sharing of the sandtrays (Section 5.3.5); and photographing and recording the sandtray process (Section 5.3.6).

5.3.1: Sand Tray in the Context of Retreat Experience

The Tapestry residential retreat is a five day retreat program for patients living with any type of cancer. The retreat takes place at a retreat center in a picturesque, isolated, rural setting and includes a maximum of 10 participants. As described by Dr. J. Steven Simpson, the retreat program

“...aims at dealing with psychosocial issues in cancer patients, with a focus on existential and spiritual domains. The program operates on the philosophy that people are more than just biological entities. They live in a context, and are bio-psycho-social-spiritual beings. The program objective is to provide whole-person care. The program incorporates aspect from physical, mental, and emotional realms, and provides a journey to help people heal in a holistic sense....it is a unique experience where people are given a period of respite from their day-to-day responsibilities, and taken care of in terms of the basic requirements of activities of daily living (shelter, food preparation, sustenance and clean up). This affords them the opportunity to reflect and focus on
their own healing. The program’s numerous components and activities all act as potential vehicles for people to do that reflection and integrate the cancer experience into their life story.” (Dr. J. Steven Simpson, Personal Communication, 2011).

As Angen and colleagues describe, the retreat experience consists of five major components:

1. The creation of a safe ambiance conducive to reflection, relaxation, and respite.
2. Daily narrative group facilitated by professional staff.
3. Use of an arts-in-medicine therapy modality of the story’d basket.
4. Morning and evening sessions of yoga and meditation.
5. Pyscho-educational elements to address complementary therapies, pain control, death, and dying.
   (Angen et al, 2002).

A summary of the activities within the five days of the program can be found in Figure 1. The sandtray exercise takes place on the morning of the 4th day of the retreat through replacing the morning daily narrative group.
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00</td>
<td></td>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30</td>
<td>Arrival (after breakfast)</td>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td></td>
<td></td>
<td>Sand Tray</td>
<td></td>
<td>Group</td>
</tr>
<tr>
<td>10:30</td>
<td></td>
<td>Free Time</td>
<td>Free Time</td>
<td>Free Time</td>
<td>Free Time</td>
</tr>
<tr>
<td>11:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Orientation</td>
<td>Art</td>
<td>Art</td>
<td>Art</td>
<td>Closing Meeting</td>
</tr>
<tr>
<td>12:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30</td>
<td>Narrative Group</td>
<td>Massage and Relaxation</td>
<td>Free Time</td>
<td>Free Time</td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td></td>
<td>Free Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td>Supper</td>
<td>Supper</td>
<td>Supper</td>
<td>Supper</td>
<td></td>
</tr>
<tr>
<td>5:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30</td>
<td>Video</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td></td>
<td>Video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30</td>
<td>Yoga / Meditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 1: Tapestry retreat schedule with placement of sandtray exercise on the morning of the fourth day of the retreat. (J. Steven Simpson, Personal Communication, 2011).*

5.3.2: Setting up the Sandtray room

Within the residential retreat experience the sandtray materials require a dedicated room within the retreat center. The room consists of large sandtrays broken into pie shaped sections for each retreat participant to have their own individual space within the sand as demonstrated in Figure 2. As the literature highlights, it is important to consider the size of the sandtray during
setup. Considerations should include enough space to ensure engagement in the creative process, but too large of a sandtray has the potential for the client to lose focus on their tray by becoming overwhelmed with possibilities (Armstrong, 2008; DeDomenico, 1995; Mandelbaum, 2008). In addition, the height and spacing the sand tray should be considered. Chairs/stools should be available at the appropriate height for the sand table and the therapist should join at the same level as the client. A final consideration for the preparation of the sand tables is the distance between the clients and therapists. This distance should be considered such that the client does not feel invaded or abandoned during their creative process (Armstrong, 2008; DeDomenico, 1995; Labovitz & Goodwin, 2000; Manxoni, 2011; Remen, 1995).

**Figure 2: Sample preparation of sandtray tables within the retreat experience.**

Of equal importance to the setup of the sand table is the set up for the icons. Within the retreat setting approximately 850 icons are displayed around the edges of the room and are arranged by categories as outlined in Figures 3 and 4. As the literature highlights, it is important that they are displayed in a logical and organized fashion as they may have the potential to be too distracting if arranged in a disorganized manner. (Armstrong, 2008; DeDomenico, 1995; Mandelbaum, 2008).
The literature also suggests that it is important to provide a relatively large variety of icons as a limited collection of miniatures can lead to constricting the client’s vocabulary. On the other hand, too large of a collection can lead to disorganization and may be emotionally flooding for clients. Providing choices of miniatures within the process is important, particularly for oncology patients that may experience limited choices within the biomedical portion of their cancer journey. As described by Lerner,

“Cancer patients often experience themselves as losing all control of their lives. They become passive objectives of all kinds of decisions and treatments by their medical
teams. They feel they must do what their physicians tell them. They may feel they can
do nothing to help themselves. Often no one has offered them the opportunity to
consider the distinction between healing and curing.” (Lerner, 1996, p. 14).

Therefore, the choices of activities with the retreat experience, as well as an appropriate variety
of choices within the sandtray experience is important for the success of this therapeutic
modality. Choices assist in providing participants with the permission and freedom to explore,
play, create, and imagine (Remen, 1995). The literature suggests that miniatures should be
representative of the client’s world and should include categories such as:

1. **People**: Family group, brides and grooms, occupational, hobbies, sports, recreation,
   stage-of-life figures, historical figures (past and present), fighting and warriors, and
diverse cultures.
2. **Animals**: prehistoric, zoo/wild, farm/domestic, birds, insects, and sea life.
3. **Buildings**: houses, business/civil, religious, and historical items.
4. **Transportation**: cars, trucks, flight vehicles, nautical, and additional transportation
   items.
5. **Vegetation**: trees, bushes, hedges, flowers, and other vegetation items.
6. **Fences/Gates/Signs**: fences, gates, barricades, and signs.
7. **Natural items**: sea shells, vegetation, rocks, and minerals
8. **Fantasy**: magical, magical animals, mythical characters, monsters, folklore, cartoon
   and comic book figures, and movie characters.
9. **Spiritual/Mystical**: western and eastern religions, minority religious groups, and
   mystical.
10. **Landscape**: sky, celestial, topographical, and monuments.
11. **Household items**: furniture, tools, kitchen items, and other common household
    items.
12. **Medical items**: crutches, band-aids, syringes, and additional medical items.
13. **Miscellaneous items**: drug/alcohol, reflective surfaces, illuminating objects, aromatic
    objects, and spatula/brushes for those that do not want to touch the sand with their
    hands.

(Homeyer & Sweeney, 2011; Labovitz and Goodwin, 2000).
5.3.3: Introducing Sandtray

Within the residential retreat experience participants are gathered for the sandtray experience in a room completely separate from the set up. The process for introducing the experience includes a series of instructions vital to assisting in creating the sacred space for the rituals surrounding the sandtray process. These include:

1. Tibetan bells are rung to calm participants and center their awareness to the present.
2. Reading of the “The Invitation” written by Oriah Mountain Dreamer (see Appendix A)
3. The initial process of the sandtray experience is then explained to participants. One emphasis is that to this point retreat activities have focused on the past, but this activity will provide a focus into the future. Participants are asked to walk to the sandtray room in silence and choose items that appeal to them. When finished, participants are instructed to take a seat at the sand table and wait for further instructions.
4. “The Summer Day” written by Mary Oliver (see Appendix A) is then read with the focus on the last two lines of the poem that ask the participants “Tell me, what is it you will do with your one wild and precious life?”
5. Tibetan bells are rung again and participants move to the sandtray room in silence and choose a place at the sand table when finished.
6. When all participants are seated they are asked to explore the sand in front of them and
let it take any form they wish. They are encouraged to view the empty sand tray as full of possibilities and opportunities, a blank canvas on which to explore.

7. Participants are then instructed to place their chosen icons in the sand to tell their story. Soft music is provided in the background and facilitators witness the process in silence.

5.3.4: Witnessing the Creation of the Sandtrays and Client Interpretation of the Sandtray

Once all of the participants within the retreat process have placed their icons, each participant is invited to tell their story depicted in the scene they have just created to the level to which they feel comfortable. Participants are invited to tell “why they chose their icons, what it means to them and what it represents in their life” (Dr. J. Steven Simpson, Personal communication, 2011). This discussion process of the sandtray allows for patients to explore the impact their illness has on their values, beliefs and worldviews. This discussion is important as it provides a profound opportunity for all those present to witness each other’s story. Further honouring of other’s stories involves the final stage of the process in which the dividers from the middle of the table are removed so that participants are able to see how their scene blends in with the stories of the other participants. Participants are then invited to walk around the tables in silence. They are invited to stop at each scene and offer a silent blessing, prayer, or thought for the creator of each scene. This process tends to leave most participants “astounded to find that deep in them there is an intelligence or a wisdom which is unconscious and which can be invoked and evoked and can speak. To see this happen not only for [themselves], but for all other [participants] as well as to come to trust the human process even more deeply” (Remen, 1995, p.48).

The effectiveness of this stage of the sandtray experience relies on the client’s experience with relationships on many levels that may include: relationship between sandplay therapist and client, relationship with oneself, and relationship with sandplay objects (Costello, 2008). Nearly three-quarters of the literature surveyed that suggested it is vitally important to the process to allow clients to describe their own interpretation of their sandtray. This literature suggests that the sandtray therapist should act as a facilitator, rather than direct, the therapeutic experience for clients (Ammann, 1994; Homeyer & Sweeney, 2011; Carey, 1999; Bedford-Strohm, 2008; De Domenic, 2005; Bradway, 1985; Zhou, 1999). As Sparling suggests:
“Only the maker of the images truly experiences the full meaning of her revelation, and this comes through in the process of physically making the scene, and appreciating it afterward, and not from interpretation of the images.” (Sparling, 2002, p. 16).

This is particularly important for clients experiencing life threatening illness as they often enter into the process already disempowered and out of control. As the sandtray therapist facilitates, rather than choreographs the process, clients will experience healing through a growing sense of self-control, empowerment, and safety…this facilitation creates the opportunity for the client to fully express and explore the self (Homeyer & Sweeney, 2011). This work then allows for the therapist to tailor the healing journey to fit the client, rather than a particular model of psychotherapy or his/her own agenda. As described by DeDomenico:

“No observer can judge the right or wrong way of expressing their images as they belong to the imaginable realm of the player who experiences them according to their nature and according to his/her own sense of correctness. The images simply are what they are to the person who owns them.” (DeDomenico, 1995, p. V.4).

Just as a large majority of the evidence supports the client interpretation of their sandtray, it also supports the importance of rituals surround the creation of the sandtray and the importance of the therapist bearing witness to the process. As best described by DeDomenico:

“Witnessing and observing the entire sand tray play process is absolutely essential. Only then can anyone appreciate the richness of each and every world created by the player. ...no words, no interpretation and analyses may substitute for nor precede an in-depth, primarily non-verbal, observational experience…the observer-witness teaches the client to tolerate and actively experience the expression, manifestation, and experiencing of psychophysiological experiences…. [this relationship] teaches the builder that the activity of the moment has intrinsic meaning, it more sacred than mundane and more meaningful than meaningless. Thus, the therapist-observer helps bond the builder to his/her creation” (DeDomenico, 1995, V.42-43).
The therapist act of bearing witness at this level is multifaceted during the entire process from entering the room, choosing and discarding miniatures, and in the creation and placement of the sand tray. This can bring about many emotions in the client such as suspicion, fear, self-consciousness, freedom, surprise, delight, and many more (Amatruda, 1997; Carey, 1999; Cameron, 2003; Chiaia, 2006; Hiaia, 2001; DeDomenico, 1995; Labovitz and Goodwin, 2000; Paolo, 1978; Signell, 1996; Macnoffsky, 1996; Weinrib, 1983). Bradway suggests that as the sandtray experience is meant for healing, it is important that the role of the therapist is not to educate, direct, or even to guide. Rather it is to provide freedom, space, protection and empathy. It allows for validation without words through focusing attention to convey that what the client is doing as significance, importance, meaning and value (Remen, 1995). It is important that the therapist provides a free and protected space where the client feels accepted and their boundaries are accepted. It is not the consciousness of the therapist that leads the process, but the unconscious of the patient. Therefore, it is important to note that it is not the intellectual understanding of the therapist that is key in the sandtray process, but rather their empathy, ability to validate the patient’s experience during the process, and to witness the emergence of insights that may be previously alien to the patient’s conscious mind (Bradway, 1994; Labovitz & Goodwin, 2000). Given this important role for the client to be able to interpret their own sandtray it is important that the client is able to have the cognitive capacity to articulate their own interpretation of their sandtray (Labovitz & Goodwin, 2000).

Given the multifaceted and essential role of the therapist to create a ritual around witnessing the sandtray process, DeDomenico suggests that this process of this group sandtray requires the observer to bear witness through nine different levels of perception that include:

1. **Visual Mode**: through what is visual witnessed during the process such as choosing miniatures and placing them
2. **Multisensory Mode**: Utilizes all senses to become in tune with what is happening during the process for the client.
3. **Physiological-Metabolic Mode**: Physiological body sensations that are triggered during the observational process. Changes in metabolism, breathing, and the nature of these transient or persistent sensations.
4. **Emotional Mode**: Feelings which emerge that assist in creating a psychologically,
physiologically, and spiritually unified field of energy in the workspace.

5. **Imagining Mode**: Internally held images that arise through the witnessing process that assist in creating a sense of harmony, synthesis, and completion.

6. **Secondary (Psychosocial) Thinking Mode**: Awareness of thoughts and secondary process constructs where prejudices, judgments, and values may surface and be reflected in interactions with the client.

7. **Numinous-Spiritual Mode**: Rise of deeply numinous or spiritual states evoked during the observation process that may bring about awareness within a higher self that provides connection between the client-therapist.

8. **Reflective-Integrative Mode**: Awareness of own personal associations and memory patterns that may have linkages and connections to prior experiences.

9. **Factual Mode**: A journalistic observation and recording of appearances, behaviors and reactions to the process

(DeDeomenico, 1995).

Labovitz and Goodwin propose that regardless of these nine levels of observation, that the role of the sandplay therapist includes the following six items:

1. **Psychological Container**: Holding for the client what is happening in the sand tray and in the room.

2. **Model**: Modeling attentive listening, non-judgmental behaviour, and being totally present.

3. **Bond/Link**: Linking the unconscious content with the conscious.

4. **Helper/Supporter**: Supporting the emotions that are evoked and helping the client to experience those feelings.

5. **Co-Explorer**: Exploring with the client the meaning of the creation to the client.

6. **Witness/Mirror**: Witnessing and reflecting back the client’s process, validating and strengthening the experience.

(Labovitz & Goodwin, 2000, p. 18).

5.3.6: **Photographing and Recording the Sand Tray Experience**

The final step within the sandtray process involves providing the participants with the option to photograph their own scene within the tray. Over half of the evidence surveyed spoke to the
power within photographing the sand tray process for the client to capture the scenes that they have created. As DeDeomenico describes, the sand tray process involves:

“...kinesthetic multi-dimensionality in time and space and is inevitably augmented by verbal and bodily communications, sand tray play opens a whole new dimension to the therapeutic process...the world built in the sand tray stands as an actual physical creation which can be touched, viewed, pondered, discussed, emotionally experienced, and photographed....it often becomes a joint expression of the intellect, the soul, the heart, and the body of a human being. It often offers a complete statement of the total beingness of the [client].” (DeDomenico, 1995, p. 4).

Therefore, photographing the sand tray allows for an additional process of witnessing the sand tray and honouring the unconsciousness. It allows the client to capture that moment in time to express their growth and keep track of their journey (Amatruda, 1997; Homeyer & Sweeney, 2011; Labovitz & Goodwin, 2000; Markos, Coker & Jones, 2008; Ammann, 2010; Von Gantard, 2010; Marcella, 2009). These photographs may be useful for those that engage in the sand tray process more than once to compare their healing journey over time (Carmichael, Echols, & Warren, 1997; Synder, 1997; Costello, 2008; Zappacosta, 2009).

6: Connection of Sand Tray Experience to Retreat Program, General Psychosocial Oncology, and Clinical Social Work Practice

The elements for the use of sandtrays contains many parallel elements. Table 6.1 highlights these parallels, along with those related to general psychosocial oncology and clinical social work practice.
Table 6.1: Parallels between characteristic elements of sandtray therapy, residential retreat programs, general psychosocial oncology, and clinical social work practice.

<table>
<thead>
<tr>
<th>Program Element/Characteristic</th>
<th>Characteristic of Sandtray Therapy</th>
<th>Connection to Retreat Program</th>
<th>Connection to General Psychosocial Oncology</th>
<th>Connection to Clinical Social Work Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>Creating scared space for sandtray: Ensuring that the sandtray activity is created in a safe and protected space</td>
<td>Residential Retreat Setting: allows for respite from day-to-day activities to focus on the spiritual, existential, and holistic experiences of the cancer journey.</td>
<td>Variety of Unique Settings: Has potential to meeting client while they are inpatient, in traditional counselling offices, in cancer clinics, in home, or in hospice care depending on the needs of the client.</td>
<td>Creating comfortable setting for client: Commitment to meeting with the client in a space that is safe, comfortable, and reduces barriers for the client.</td>
</tr>
<tr>
<td>Choice/Alternatives</td>
<td>Selection of Icons: Provide an appropriate number and selection of icons such that the client is able to have enough choice to symbolize their experience, but is not overwhelmed with choice.</td>
<td>Multimodal Program: A wide variety of activities that stimulate physical, emotional, and creative aspects are made available for patients to choose what fits best for them.</td>
<td>Choice of Counselling Interventions Available: Clients can choose individual, couple, or family therapy depending on many factors related to diagnosis. They may also choose from individual or group interventions.</td>
<td>Ensuring Client Right to Self-Determination: Commitment to empowerment in the therapeutic process through honour the client’s choices.</td>
</tr>
<tr>
<td>Group Elements</td>
<td>Group Sandtray: Provides an added element to the safety and security of the sandtray experience that allows additional witnessing to their narrative as they explain the scene they created in the sand.</td>
<td>Creation of Community: Community is created through day-to-day activities such as eating meals around a table together, as well as through a balance between group and individual activities.</td>
<td>Creation of Community within groups: Group interventions may be based on type of tumour or stage of disease and patients are encouraged to interact with each other outside of group to form a sense of community for additional supports.</td>
<td>Creation of Community: Common groups may be formed to provide additional support through collation building or for consciousness raising to assist in seeking social justice relating to the lived experiences for individuals.</td>
</tr>
<tr>
<td>Narrative/Storytelling</td>
<td>Client Interpretation of Sandtray: Allows for additional healing for the witnessing of the scene and narrative/explanation of the experience of their sandtray.</td>
<td>Storytelling: Daily narrative group allows the opportunity for patients to tell their stories while having others receive them with kindness.</td>
<td>Therapeutic Content and Process: Provides a space for clients to integrate their cancer journey story into the therapeutic process to assist in the search for meaning.</td>
<td>Acknowledging Inherent Worth of Individuals in the Therapeutic Content and Process: Providing the space for honouring each individuals unique story within the therapeutic process and assisting them in meaning making process.</td>
</tr>
<tr>
<td>Rituals</td>
<td>Ritual of Sandtray Process: Creates additional level of safe and protected space through ritual of the poems to introduce the activity, silence while choosing the icons and creating the scene, and allowing others to bear witness while explaining the scene.</td>
<td>Rituals of Retreat Program: Rituals are introduced throughout the retreat to create a sense of community and integrate the various activities and create a sense of community.</td>
<td>Rituals with Cancer Care: The biomedical model may not spend as much attention to the psychosocial side of an oncology diagnosis, so counselling provides a ritual place to address additional sources of distress related to the diagnosis.</td>
<td>Rituals within the Therapeutic Process: Provides an opportunity within the therapeutic process to develop and maintain rituals specific to the individual and specific aspects of their journey such as losses, transitions, and additional milestones.</td>
</tr>
</tbody>
</table>
7: Concluding Remarks

A review of the literature suggests that while sandtray therapy has been widely in a variety of settings and regardless of associated philosophical theory guiding the process it has proven to be beneficial as the sand “links mind and spirit with body to influence each other consciously and unconsciously. While creating the world, the builder continuously converts mind into matter” (Labovitz and Goodwin, 2000, p. 18).

While it is clear that there is many areas for further research for the use of sandtrays within the residential retreat experience for oncology patients, this type of therapeutic modality has been proven to contain a unique collective human wisdom. As described by Remen:

“I think the group tray is a lot more powerful than an individual tray....patterns emerge in the sandtray which help people recognize that their pain, their suffering may not be random, chaotic, and meaningless. Meaning emerges...the thing that always intrigued me is that some people who appear quite fragile, perhaps they’re very advanced in their disease or what have you, will do a tray of great power and strength. It’s very interesting for other people to see that.” (Remen, 1995, p.49).

The literature also clearly identifies that the sandtray as a therapeutic modality is an equally moving and unique experience for those able to witness the process. As best summarized by Amatruda:

“Witnessing the sandplay process is a deeply moving, sacred experience. It is a privilege and a gift to walk through the recesses of the psyche’s garden with our clients. Sandplay synthesizes the spontaneity of play therapy, the permissiveness and acceptance of inner child work, the creativity of art therapy, and the enactment of drama therapy. It brings unconscious material to consciousness, and honors healing of Self and soul...the heart of sandplay cannot be learned, it can only be felt.” (Amatruda, 1997, p. 4).

Therefore, given this profound potential for healing that allows for the examining the unconscioiusness of the human experience, the process of sandtray therapy is a promising
therapeutic modality within the residential retreat experience for oncology patients with the potential for much future research in this area.
References


Appendix A

The Invitation

It doesn’t interest me what you do for a living.
I want to know what you ache for
and if you dare to dream of meeting your heart’s longing.

It doesn’t interest me how old you are.
I want to know if you will risk looking like a fool
for love
for your dream
for the adventure of being alive.

It doesn’t interest me what planets are squaring your moon…
I want to know if you have touched the centre of your own sorrow
if you have been opened by life’s betrayals or have become shriveled and closed
from fear of further pain.

I want to know if you can sit with pain
mine or your own
without moving to hide it
or fade it
or fix it.

I want to know if you can be with joy
mine or your own
if you can dance with wildness
and let the ecstasy fill you to the tips of your fingers and toes
without cautioning us to be careful
be realistic
remember the limitations of being human.

It doesn’t interest me if the story you are telling me
is true.
I want to know if you can disappoint another
to be true to yourself.
If you can bear the accusation of betrayal
and not betray your own soul.
If you can be faithless
and therefore trustworthy.

I want to know if you can see Beauty
even when it is not pretty
every day.
And if you can source your own life
from its presence

I want to know if you can live with failure yours and mine
and still stand at the edge of the lake
and shout to the silver of the full moon, “Yes.”

I want to know where you live or how much money you have.
I want to know if you can get up after the night of grief and despair
weary and bruised to the bone
and do what needs to be done
to feed the children

I want to know who you know or how you came to be here
I want to know if you will stand in the centre of the fire
with me
and not shrink back.

I want to know where or what or with whom you have studied
I want to know what sustains you from the inside
when all else falls away.

I want to know if you can be alone with yourself
and if you truly like the company you keep in the empty moments.

Oriah Mounta
Dreamer
The Summer Day

Who made the world?
Who made the swan, and the black bear?
Who made the grasshopper?
This grasshopper, I mean –
the one who has flung herself out of the grass,
the one who is eating sugar out of my hand,
who is moving her jaws back and forth instead of up and down –
who is gazing around with her enormous and complicated eyes.
Now she lifts her pale forearms and thoroughly washes her face.
Now she snaps her wings open, and floats away.
I don’t know exactly what a prayer is.
I do know how to pay attention, how to fall down
into the grass, how to kneel down in the grass,
how to be idle and blessed, how to stroll through the fields,
which is what I have been doing all day.
Tell me, what else should I have done?
Doesn’t everything die at last, and too soon?
Tell me, what is it you plan to do
with your one wild and precious life?

Mary Oliver
New and Selected Poems
Beacon Press