

• INTERNATIONAL FORUM

**Hakoniwa:  
Japanese Sandplay Therapy**

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*Hakoniwa (hä ko ne wä), or Sandplay therapy, is an action-oriented and artistic psychotherapy practiced in Japan and the West. In contrast to most Western psychotherapies, which emphasize verbal and direct expression, linear and cause-effect thinking, and a distinction between physical and mental well-being, Hakoniwa makes significant use of nonverbal communication, concrete activity, and a holistic perspective. To increase understanding of international perspectives on psychotherapy, this article describes Hakoniwa, discusses its relationship to Jungian and Eastern philosophy, clarifies how Japanese values and perspectives on the self and mental health are consistent with the practice of Hakoniwa, and proposes research questions.*

Hakoniwa (hä ko ne wä), known as Sandplay therapy in North America and Europe, is an important method of counseling children and adults in Japan. The literal English translation of the Japanese word Hakoniwa is “box garden” or “miniature garden.” Clients work with sand and a variety of figurines and objects within the dimensions of a large, shallow sandtray to construct gardens that reflect their personal worlds (see Figure 1).

Japanese gardens convey significant artistic and spiritual values and are often used to depict the beauty of the larger world within a symbolic microcosm. Building on this foundation, the Hakoniwa therapy sand box resembles some aspects of the Zen dry landscape garden, or *karesansui* (kä-Re-sän-süie). The dry landscape garden consists of raked sand and gravel patterns, rock formations, and occasional vegetation that depict images from nature (Berthier, 2000). Zen temple visitors view the enigmatic scenes from surrounding verandas and experience the essence of the garden and renewal by engaging in quiet meditation and contemplation. Beyond the temple experi-

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**Figure 1. A completed Hakoniwa construction.**

ence, the act of gardening is also an important Japanese leisure activity that fosters emotional health and allows one to navigate between “the threatening, fearful aspects of the ‘outside’ nature in the raw, and the safety and security of the ‘inside’ worlds of social and cultural life” (Hendry, 1997, p. 84; Itai & McRae, 1994). Gardening can also represent human efforts to form an enclosed and protected space in which individuals work through dilemmas as well as cultivate growth and build an orderly, productive world (Ammann, 1994).

Long before its adaptation as a form of psychotherapy, Hakoniwa involved the creation of miniature gardens within boxes or other small enclosures. Along with other artistic activities such as flower arranging, calligraphy, painting, and the tea ceremony, Hakoniwa can be conceptualized as a mirror of the mind (Mizushima, 1971-1972). In general, these Japanese art-ways promote health by encouraging participants to (a) communicate important feelings and concepts through nonverbal, symbolic means; (b) develop concentrated attention that facilitates “here and now” experiencing, and mind-body unity; and (c) experience a restoration of the self through self-discipline, relaxation, and mindfulness of the body and breathing. As can be seen by this brief discussion of the functions of many Japanese gardens and

the health-promoting role of many Japanese arts, Hakoniwa was inspired by and is compatible with a long tradition of rich indigenous practices.

Sue and Sue (1999) noted that most Western psychotherapies include an emphasis on the individual in isolation, verbal communication, the direct expression of emotion, a linear or direct cause-effect orientation to the world, and a distinction between physical and mental well-being. Hakoniwa facilitates the expression of the individual in context, supports nonverbal and verbal communication, and relies on a whole-body activity that allows for a wider range of emotional expression than abstract emotion words alone. Hakoniwa is also embedded in values that emphasize nonlinear holism and the belief that well-being is enhanced through the integration of physical and mental well-being. Through Hakoniwa, clients create three-dimensional, concrete sand pictures that allow them to express their imagination and depict symbols that hold significant personal meaning. By using this "hands on" method, body and psyche as well as matter and spirit can be integrated (Ammann, 1991; Shaia, 2001). When clients have difficulty expressing their dilemmas in words, communicating through images and symbols can provide an alternative language that supports awareness and expression of material about which clients may have limited understanding (Morena, 2001). Blocked feelings may be released, greater self-trust and self-insight may be facilitated, and spontaneous problem solving and behavior change can occur (Pearson & Wilson, 2001).

Although Hakoniwa is a distinctive therapy embedded in Eastern traditions, many of the art, drama, play, and music therapies practiced within Western psychotherapy traditions have similar features. The Western therapies that correspond most closely to Hakoniwa are the play therapies, including Sandplay therapy. Although in Western traditions these therapies have been practiced primarily with children, they are now being used more frequently with adults (Boik & Goodwin, 2000; Pearson & Wilson, 2001). Throughout its history, Hakoniwa has been an important foundation for psychotherapy with adults and children in Japan, perhaps because of its connection to the arts and spiritual expression and the greater valuing of nonverbal and symbolic communication across life stages in Japan.

Our goal is to increase awareness and understanding of Hakoniwa or Sandplay therapy and to encourage counseling psychologists to understand its practice in Japan as well as consider its potential use in a range of cultural contexts. In the next sections of this article, we provide a brief description the international roots of Hakoniwa or Sandplay therapy and summarize the therapeutic practice of Hakoniwa and its historic connections to Jungian psychology and Asian philosophies. We also discuss the relevance of personality theory and research regarding the interdependent self to the practice of Hakoniwa and identify challenging psychotherapy issues for which

Hakoniwa appears to be especially well suited. A final section briefly addresses training and research directions. Although we rely on Japanese and English sources, we cite English sources whenever possible to ensure that readers are able to locate informative sources that are accessible within North America.

### **THE INTERNATIONAL ROOTS OF THERAPEUTIC HAKONIWA**

Although Hakoniwa and dry landscape gardens have historically been associated with art and religious expression in Japan, the use of sand as a therapeutic tool has been influenced by Jungian therapists who used sandplay to integrate Eastern and Western values. Some of the assumptions shared by Jungian and many Asian traditions include (a) a belief in a fundamental internal drive for wholeness and healing, and a human capacity to transcend current circumstances; (b) an appreciation of symbols, metaphors, and mythology as important forms of communication; (c) an emphasis on mind-body and person-environment connections; and (d) the importance of balancing apparently opposing psychic forces such as rationality and irrationality (Pearson & Wilson, 2001; Shaia, 2001; Walsh, 2000). Since the middle of the 20th century, Western and Eastern versions of Sandplay therapy, or Hakoniwa, have evolved along parallel, intersecting tracks, and there has been much cross-fertilization between Western and Japanese practitioners. Although our primary focus is on Japanese practice, the basic principles of Sandplay practice are similar across cultural contexts, and we cite English sources most frequently when describing history and basic procedures.

Swiss analyst Dora Kalff (1980), who is identified as the founder of therapeutic Jungian Sandplay, viewed the sandtray as a location for clients to express their intrapersonal worlds in symbolic form (Boik & Goodwin, 2000; Steinhardt, 2000). She believed that when given the opportunity to construct concrete images of themselves in a safe environment, clients would reconcile disconnected aspects of their inner and outer selves and achieve a new wholeness marked by balance, congruence, and integration of the conscious and unconscious. In her efforts to integrate Western and Eastern traditions, Kalff was inspired by Tibetan Buddhism, which included rituals involving the creation of sand mandalas that were seen as restoring harmony, peace, and balance to the self and the world (Shaia, 2001). She also collaborated with Japanese Zen Buddhist scholar Suzuki and concluded that the sandplayer resembles the Zen pupil who seeks wisdom and is not provided with direct answers to questions but is encouraged to draw on his or her inner resources and imagination to resolve issues (Mitchell & Friedman, 1994).

Hayao Kawai, a Japanese Jungian analyst with whom Kalff worked, was instrumental in introducing Hakoniwa to Japan as a formal therapeutic medium and integrating Sandplay therapy principles with Japanese cultural practices. Since the mid-1960s, Kawai has published prolifically about Hakoniwa (primarily in Japanese language journals and books); Buddhist perspectives on psychotherapy (e.g., Kawai, 1996, 1998); and Japanese personality, symbolism, and mythology (e.g., Kawai, 1985, 1992). In 1985, the International Society for Sandplay Therapy was established by practitioners from Japan, the United States, and Europe (Bradway & McCoard, 1997). The Japan Association of Sandplay Therapy was founded in 1987, publishes the *Archives of Sandplay Therapy*, and sponsors an annual professional conference to support the ongoing development of Hakoniwa (Misumi & Peterson, 1990).

### THE PRACTICE OF HAKONIWA

The typical Hakoniwa counseling room includes comfortable chairs that allow for face-to-face verbal interaction, as well as a sandtray and shelves displaying miniature figurines and objects. This organization of physical space allows the therapist and client to move naturally between more verbal and nonverbal as well as abstract and concrete modes of expression. The sandtray, which most typically measures 19.5 in. × 28.5 in. × 3 in., is located at table or waist-high level in the center of the counseling room, allowing the sandplayer to work with sand and objects from the various sides of the box. The interior of the sandtray is usually painted blue; the client may work with the half-filled tray of sand to create scenes that depict water or sky, represented by the blue surface, and various qualities of the earth (e.g., hills, snow, movement) represented by sand. Shelves containing miniature objects line the walls of the room, and the client chooses from these objects to construct a living scene (Carey, 1999; Steinhardt, 2000). See Figure 1 to view an example of a completed sandplay construction. Numerous examples of completed sandtrays can also be found in Carey (1999), Morena (2001), Pearson and Wilson (2001), and Steinhardt (2000).

The miniature figures used in Hakoniwa are diverse. Many therapists build their personal collections by gathering potentially meaningful objects from the natural environment and purchasing small figures that represent people, animals, plants, machines, and utensils or structures used in daily living (Steinhardt, 2000). These tools may come from a variety of sources, including toy stores, souvenir shops, and nature expeditions. Therapists seek to build collections that will allow clients to express their worlds as completely and imaginatively as possible. Pearson and Wilson (2001) proposed

that “when the sandplay figurines become symbols they begin to express the language of our unconscious” (p. 1).

When initiating Hakoniwa or Sandplay therapy, the therapist introduces the client to the sand box, tools, and miniatures and provides open-ended instructions such as “You may build any world, make any picture or scene, or create any story in the sand that you wish. You don’t have to think about it or understand it. Just do whatever comes. . . . No matter what you do, there is not right or wrong way of doing sandplay” (Boik & Goodwin, 2000, p. 58; see also Pearson & Wilson, 2001). The therapist usually sits quietly and watches, sometimes drawing a sketch or taking notes to maintain records of the client’s creation (Weinrib, 1983). During the production of the three-dimensional picture, the therapist acts as a supportive participant who observes the energy level of the client, the manner in which he or she shapes the sand, how the person chooses miniatures, the order in which figurines and objects are added, and whether the person makes significant scene changes during the session (Boik & Goodwin, 2000). The therapist is attentive to (a) how the client creates the sand tray (e.g., where the client stands, variations in the client’s mood and body posture) and (b) the content of the tray (e.g., shapes created by the client, organization of the tray, spatial relationships, use of elements such as fire and wind, use of space and balance, and potential themes) (Mitchell & Friedman, 1994; Pearson & Wilson, 2001).

The silent building of the sand world may be therapeutic in and of itself. However, most therapists follow the nonverbal construction phase with verbal exploration, which allows the client to gain more conscious awareness of important nonconscious themes, emotions, or beliefs that are expressed in the sand. The therapist typically asks the client to describe the scene or tell the story of the sand picture, using open-ended clarifying questions to help the client describe the creation and elaborate on the meaning he or she attaches to specific images or clusters of items. During this initial discussion, the therapist generally avoids making interpretive remarks, adding commentary only when it supports the client’s unfolding self-exploration and understanding of his or her world, concerns, dreams, or approach to living (Boik & Goodwin, 2000; Dundas, 1990; Pearson & Wilson, 2001). Depending on time available, the awareness level and needs of the client, and the theoretical orientation of the therapist, the therapist may take on a more active role as a session evolves. For example, to facilitate the working through of a conflict, the therapist might ask the client to imagine and verbalize a dialogue between two figures or objects. The therapist might also encourage the client to consider how the scene reflects current personal issues or to imagine how his or her world might be different if objects, figures, or sand were placed differently or took on different proportions. At the conclusion of a Hakoniwa session, the thera-

pist usually takes a photographic picture to preserve the scene for future discussion.

Hakoniwa may be used as a form of phenomenological assessment, as a single-session activity to enhance self-awareness of one's world or a specific issue (Vaz, 2000), or as a major therapeutic intervention during a series of sessions. The process described above focuses primarily on the use of spontaneous sandtrays in counseling. However, some therapists also use directed sandplay for purposes such as giving concrete expression to a traumatic event, negotiating a specific internal or interpersonal conflict, expressing grief, or creating an ideal world (Pearson & Wilson, 2001). When Hakoniwa is used as the primary therapeutic intervention during successive sessions, the therapist and client are able to observe the evolution of changes across sessions with regard to the client's use of themes, creativity, and energy levels (Itoh, 1991). Clients also have opportunities to discuss and integrate images that emerge over time (Ammann, 1991; Pearson & Wilson, 2001; Weinrib, 1983). It is important to note that although the preceding descriptions are indicative of typical Hakoniwa practices, therapists' conceptual frameworks and therapeutic styles may vary, leading to some diversity of practice.

### THE PSYCHOTHERAPY RELATIONSHIP

The primary roles of the Hakoniwa therapist are to provide a "free and protected space" (Kalff, 1980), develop a "wordless rapport" with the client (Pearson & Wilson, 2001, p. 34), and bear witness to the sandplayer's act of creation. When the therapist is present without being intrusive and fully appreciates the self-discovery process of the client, the client experiences trust, is open to becoming acquainted with his or her own feelings and life patterns, and learns to access inner capacities that facilitate healing (Dundas, 1990; Pearson & Wilson, 2001).

The sandplay process often facilitates the therapeutic alliance and, compared to many verbal therapies, may decrease the time needed to unlock nonconscious or blocked themes and issues (Boik & Goodwin, 2000; Carey, 1999). Hayao Kawai (1985) conceptualized the alliance and curative factors as direct, continuous forms of nonverbal communication between the center, or *hara* (*hä Rä*), of one person and the center of another person. Building on Buddhist thought, Hakoniwa therapist Kawai (1998) described the therapeutic relationship as one in which the therapist waits for the client's "inner possibilities to show themselves" (p. 14). He added, "I wait for something to happen, without knowing exactly what it will be. . . . Patients are cured by their creative activities, which are fostered by the relationship between them and me" (p. 14). Hakoniwa and Sandplay share many assumptions about healing

with humanistic therapies and therapies that are associated with projective techniques; however, nonverbal aspects of connection and healing receive greater emphasis in Hakoniwa.

The therapist's role is also consistent with the concept of Mui-shizen, an important concept in Taoist philosophy. This attitude, which is attributed to the sage Lao-Tse, refers to a sharpened intuition that eschews artificiality and supports the spontaneous growth of others. Lao-Tse is quoted as saying, "I take no action and the people of themselves are transformed" and "The way to do is to be" (cited in Hayashi et al., 1998, pp. 104, 107). In keeping with this attitude, the counselor who uses Hakoniwa respects the autonomy and spontaneity of the client by creating an atmosphere in which the client is open to his or her own experiences. The Japanese philosophical ideal that "all things are supposed to evolve and develop by nature without needing rectification" (p. 110) is consistent with the therapist's role.

Yet another relevant construct is *amae* (ä mä e), a central indigenous personality construct for understanding therapeutic and other close relationships in Japan. Japanese psychiatrist Takeo Doi (1973, 1989), who has written for more than 40 years about the centrality of *amae* to Japanese personality and emotional experience, indicated that *amae* represents the capacity to depend on another person's love and benevolence that is first experienced through the oneness and intimacy of parent-child relationships but that also extends to close friendships and intimate relationships in adulthood. Related to the Zen principle that seeks to erase boundaries between subject and object or self and other, *amae* emphasizes being a recipient rather than an actor and being able to "bask in another's indulgence" (Doi, 1989, p. 349) and experience unconditional acceptance (Bradshaw, 1990). Although similar to concepts such as empathy and unconditional positive regard, actions associated with *amae* emphasize sensitivity to nonverbal rather than verbal cues of acceptance and emotional closeness and are connected to goals of interdependence rather than independence (Scheidlinger, 1999). For the client, the therapist's nonverbal communication of caring and benevolence, provision of a "protected space" (Kalf, 1980) and secure holding environment, and emphasis on mutuality and growth-in-relation often represent important therapeutic extensions of *amae*. Issues that emerge when the positive values of *amae* become distorted will be discussed later in this article.

### **THEORETICAL FOUNDATIONS: THE INTEGRATION OF JUNGIAN CONCEPTS AND ASIAN VALUES**

As noted earlier in this article, the therapeutic practice of Hakoniwa in Japan has been influenced primarily by Jungian psychology and Asian val-

ues. As a result, this section addresses Jungian concepts of the collective unconscious, the Self, and transcendence and notes the parallels and compatibility between Jungian concepts, Asian philosophies, and indigenous Japanese values. The awareness and change that a client acquires during Hakoniwa therapy are often conceptualized in terms of these Jungian and Asian concepts.

According to Jungian analytical psychology, the collective unconscious represents a transpersonal “ancestral heritage of possibilities” that supports the most creative and powerful urges of the individual (Jung, 1936-1937/1959). Archetypes, the contents of the collective unconscious, are elaborated in mythic tales and symbols that mirror personal dilemmas and provide glimpses of truth that may inspire personal creativity (Jung, 1961). Symbolism and archetypal themes are also of great importance within Japanese culture (Kawai, 1985) and are reflected in images associated with Japanese mythology, art, and religious imagery, as well as through Japan’s written language, which consists of *kanji* (kän je) or pictorial characters. From a Jungian perspective, Hakoniwa facilitates nonverbal, symbolic communication and the expression of archetypal themes. Through Sandplay, the client is able to bring unconscious and archetypal themes to a conscious level. This new conscious awareness facilitates client growth and spurs client creativity and wholeness.

Jungian and Buddhist concepts of the Self and transcendence are also relevant to Hakoniwa practice. The sand structures individuals build often take the form of a circle, which Jung viewed as a symbol for the Self and self-realization. The circular formation, present in many Eastern cultures and often revealed through clients’ sand creations, depicts the concept of balance, the union of the conscious and unconscious, and the balancing of competing elements of the psyche (Ammann, 1991; Morena, 2001; Shaia, 2001; Vaz, 2000). Through transcendence, the guiding force that facilitates the realization of one’s full potential, persons are able to integrate unconscious and conscious experiences as well as aspects of self that have been disowned or have acted in opposition to each other (Jung, 1916/1960).

One of the interesting parallels between Buddhist and Jungian concepts is the Buddhist distinction between the lesser self and the greater, boundless self. The lesser or interactional self, which is similar to Jung’s descriptions of the persona and conscious ego, is the face-sensitive self that is concerned with one’s self-presentation to others. This self is variable and allows one to adapt to various interpersonal demands and situations (Lebra, 1992). In contrast to the lesser self, the greater self resembles the Jungian construct of the Self, which allows one to integrate conscious and unconscious material and allows one to develop a sense of unity with nature and other beings (Jung, 1916/1960).

The boundless or greater self, which is rooted in a Buddhist version of transcendentalism, is able to free itself of the boundaries of the lesser self and transcend dichotomies such as the inner and outer, good and bad, life and death, and subject and object. The boundless self achieves a fundamental self-reorientation by becoming part of the natural world and absorbing the natural world into itself (Lebra, 1992). From a Jungian perspective, the sandplayer literally becomes part of the natural world by engaging in free expression and play, becomes aware of new possibilities for himself or herself, and becomes a more unified person by transcending the limits of the persona or face-sensitive self.

An indigenous Japanese view of transcendence is also reflected in the concept of *arugamama* (ä Rû gä mä mä), which can be defined as a type of acceptance of fate or reality that allows one to achieve harmony with one's circumstances (Bankart, 1997). Members of many Western cultures gain a sense of control and efficacy by "standing out" and attempting to directly influence the people and realities around them. Consistent with the value of *arugamama*, some members of Asian cultures gain a sense of personal control and transcendence by "standing in," which involves making internal adjustments to reality by modifying personal goals, expectations, and attributions so that they facilitate acceptance of one's circumstances (Weisz, Rothbaum, & Blackburn, 1984). *Hakoniwa*, which facilitates the expression of self in context, may also support *arugamama*, self-acceptance, and positive coping.

*Hakoniwa* therapist Kawai (1985) proposed that Western ideology often posits a clear distinction between good and evil, and the battle between the two is often intense. In contrast, the distinction between good and evil is not a central characteristic of Japanese mythologies and ideologies, and many Japanese myths explore the "mutual existence of reciprocal elements that maintain a delicate balance among themselves" (Kawai, 1985, p. 74). This ideology reveals interesting parallels to a Jungian approach to personal growth, which proposes that coming to terms with the shadow, or the disowned, negative aspects of the person, is not accomplished through suppressing or disavowing the shadow but rather through recognizing the reality of the shadow within oneself. When one faces and accepts the shadow, one is able to achieve balance and wholeness (Morena, 2001; Vaz, 2000). The *Hakoniwa* client develops self-awareness about internal polarities and learns to integrate these facets of the self through the nonverbal and nonconscious expression of important themes in the sand.

From a Jungian conceptual framework, *Hakoniwa* allows clients to use a vocabulary of symbols to express their imagination, emotion, and thinking. Through the act of shaping sand and placing miniatures in a scene, individuals communicate through personally relevant myths and feelings. This whole

body, kinesthetic therapy allows clients to act out internal reality, experience transcendence through experimentation, and prepare themselves for productive action that emerges out of acceptance.

Although Jungian psychology is the primary psychological theory held by Japanese Hakoniwa practitioners, Sandplay practice has also been integrated with a wide range of other theoretical perspectives. From a person-centered perspective, Hakoniwa may be viewed as a method for increasing the range and depth of the client's emotional experience and present awareness. From an Adlerian perspective, creations of sand and miniature objects can be viewed as manifestations of a client's lifestyle, and clients can also use sand expression to reconstruct and reorient their lifestyle statements. From a Gestalt perspective, Hakoniwa can be viewed as a method for increasing the depth and range of self-awareness and for helping clients become aware of and integrate polarities or splits within themselves. Exercises that simulate Gestalt two-chair dialogues between miniature objects can facilitate the resolution of polarities between parts of the self that are depicted in sandtrays (for examples, see Pearson & Wilson, 2001). Family therapists have also used sand and figurines to encourage families to create family sculptures or pictures of family activity (for examples, see Carey, 1999; Pearson & Wilson, 2001; Rio, 2001). Sandplay may also be integrated with other expressive therapies, such as drama, music, and art therapy (Boik & Goodwin, 2000; Steinhardt, 2000).

### **PERSONALITY, CULTURE, AND HAKONIWA**

According to personality theory and research about interdependent and independent self-construals (e.g., Kitayama & Markus, 1991), the independent self, which is motivated by personal preferences and wants, is most characteristic of persons living in individualistic cultures of the West. In contrast, the interdependent self is a more contextual self, motivated by norms and duties, and may be more characteristic of persons in more collectivist cultures in Asia. Although the degree to which individuals endorse interdependent or independent self-construals varies substantially within and between cultures (Matsumoto, 1999), these constructs are helpful for identifying general priorities in self-structure and may lend insight about the types of psychotherapies, such as Hakoniwa, that may be preferred by persons with more interdependent self-construals.

A comparison of the self-definitions of Japanese and American college students found that Japanese college students were more comfortable completing "I am" statements when they were describing themselves in some con-

text, such as playing tennis or being with their families (Cousins, 1989). In contrast, American students were more comfortable making self-descriptive "I am" statements in the absence of contextual information. Another study (Campbell et al., 1996) found that Canadian research participants endorsed more stable and consistent self-construals across situations than did Japanese participants. A recent study on cognitive strategies also revealed that East Asian participants were more attentive than North American participants to relationships among objects in an environment, showing a more holistic, contextualized approach to thinking and conceptualizing events (Ji, Peng, & Nisbett, 2000). Kawai (1996) has also noted that the Japanese language includes different words for oneself and others that vary according to the context and the nature of relationships between people.

Taken together, these studies and observations suggest that compared to their Western peers, many Japanese and other East Asian persons may pay significant attention to the relationships among objects and persons and the environment when defining themselves and their priorities. The self is also more variable and action oriented, requiring the individual to show adaptability and flexibility as one acts in accordance with norms, roles, and expectations in different situations. Hakoniwa is action oriented and involves the expression of self in context, which may be more conducive to the exploration of a flexible, contextualized self than abstract, out-of-context, verbal expression.

Interdependent or independent self-construals are also related to the priorities placed on verbal and nonverbal communication. Low-context cultures such as the United States often call on individuals to engage in direct, precise communication. Individuals are expected to articulate their opinions and feelings clearly and openly, and these communication acts support the independent self, whose role is to promote his or her own goals and "say what is on your mind." In higher context cultures, less material is spoken and more communication occurs through careful reading of nonverbal communication and sensitivity to context. Whereas silence often triggers discomfort and implies an absence of communication in low-context cultures, one of the Japanese aspects of silence, referred to as *ma* (mä), signifies a pause or space that communicates meaning (Hasegawa & Gudykunst, 1998). The ability to "read another person's mind" without the use of words also supports a more interdependent self, the promotion of others' goals, self-restraint, and harmony. The direct expression of personal agendas or strong emotions may threaten these goals and may reflect a breakdown in nonverbal, intuitive communication (Kitayama & Markus, 1991). Hakoniwa's attributes as a nonverbal and quiet therapy may be especially useful for facilitating meaning making in higher context cultures.

## THE ROLE OF HAKONIWA IN ADDRESSING PSYCHOTHERAPY CHALLENGES

The previous sections have identified ways in which Hakoniwa practice is consistent with many of the values that promote psychological health in Japan and thus offers unique methods for personal growth. In the section that follows, we provide examples of problems and issues for which Hakoniwa may be especially well suited.

### Issues Regarding Amae

As noted in the previous section on the psychotherapy relationship, the indigenous concept of *amae* involves a type of healthy other-centeredness that promotes the ability to be sensitive to the needs of others and rely on others for unconditional acceptance. This positive form of other-centeredness can become exaggerated or unbalanced, which may lead individuals to become so mindful of minor nuances related to the nonverbal and verbal behavior of others that they experience personal paralysis or a loss of self (Doi, 1973, 1989; Kawabata, 2001). Clients who experience an absence or breakdown of healthy *amae* may become overly sensitive to the verbal and nonverbal cues of others, may have limited words for describing personal feelings, or may have difficulty expressing feelings for fear of displeasing others. An exaggerated attentiveness to the cues of others may also affect the client's in-session behavior: He or she may be fearful of inadvertently offending the counselor rather than devoting energy to self-exploration (Doi, 1973, 1989). The very act of sitting face-to-face with a counselor and experiencing direct eye contact may trigger discomfort in some clients. In these situations, Hakoniwa may represent an ideal form of psychotherapy. Because the therapist observes unobtrusively, the client may be less conscious of the presence of another person in the room and is less likely to spend energy "reading" the counselor's reactions. Furthermore, the client does not need a rich vocabulary of emotional words to describe her or his experience but can create images and emotional scenes that express the client's concerns.

Matsuyuki (1998) noted that "*amae* creates attachment and connections to others but often does so along with a sense of obligation to others" (p. 68). The sense of obligation associated with *amae* can be especially problematic for adult caregiving women who bear the burden of fulfilling others' emotional *amae* needs but may only infrequently become the recipients of the benevolence and care of others. Unspoken rules often call on Japanese women to be completely devoted to those around them, anticipate and respond to the needs of others, and avoid expressing any emotions that con-

vey dissatisfaction (Borovoy, 2001; Long, 1996). As a result, women may experience difficulty expressing their own needs or even giving themselves permission to have personal needs. These women often experience high levels of stress but often have a limited sense of their own desires and acquire a very limited vocabulary for expressing emotions and personal needs (Matsuyuki, 1998). Hakoniwa and other nonverbal techniques may be used in conjunction with verbal, supportive therapy to help clients explore their worlds on their own terms and to gradually develop a language for expressing themselves while also maintaining their ability to stay connected to others and maintain *amae* relationships.

### **Problems of Internalization**

In societies that convey powerful messages about the importance of other-centeredness and interdependence, psychological symptoms are often characterized by internalization of distress. The internalization of distress does not challenge the basic values of a collectivistic culture and allows one to maintain interdependence (DeVos, 1985). Examples of internalization issues found in Japan follow. Student apathy, or *ryunen* (*Ryū nen*), refers to the experience of students who lack energy and are unable to complete school-related work and/or other everyday life events (Kasai, 1997; Shimoyama, 1995; Tetsushima, 1993). A second, closely related problem of withdrawal involves the avoidance of interpersonal relationships, apathy, and flat affect and may be related to a person's belief that it is unacceptable to express one's thoughts or feelings as an individual (Ikemi & Ikemi, 1982). A third significant problem, depression, may be associated with the ease with which interdependent individuals, whose self-others boundaries are often fluid or diffuse, identify with significant others and absorb their pain (Kasai, 1997). A fourth problem of internalization is reflected in the relatively common anxiety disorder *taijin kyofusho* (*täe jen kyo fü sho*), which manifests itself as a phobia of interpersonal relationships such as fears of personal inadequacy in social situations, offending others, or causing displeasure to others (Kleinknecht, Dinnel, Kleinknecht, Hiruma, & Harada, 1997). Unlike Western anxieties, which tend to involve fears about embarrassing oneself because of failures in voluntary activity (e.g., public speaking or eating out), *taijin kyofusho* tends to involve fears about "involuntary leakage of the self" such as fears of blushing, maintaining eye contact, emitting offensive body odors, or having physical features that may offend others (Lebra, 1993, p. 79).

Each of these problems is marked by difficulties verbalizing problems and behavioral deficits. Hakoniwa's limited face-to-face contact and its emphasis on activity may allow the client to decatastrophize interpersonal fears and act in spite of his or her hypersensitivity to interpersonal cues. Hakoniwa may

facilitate “getting unstuck” by providing an environment in which the client experiences freedom to “be” and freedom from the external pressures associated with each of these problems. As an action-oriented approach, Hakoniwa may also help break cycles of inaction that are often associated with internalization.

### HAKONIWA TRAINING AND RESEARCH

Although Hakoniwa is well-established as a form of therapy, it has only recently become standardized as a component of Japanese counseling psychology and counselor education programs in Japan. Hakoniwa training is integrated with general counseling skills training that resembles microskills training in North America. Training usually begins with an introduction to Jungian psychology and the Sandplay theory of Dora Kalff. The educational process incorporates videotapes of Kalff’s work, the study of Jungian symbolism, the significance of sand and miniature placement, various meanings clients attach to sandplay creations, typical stages of Hakoniwa counseling, and problems for which Hakoniwa is considered appropriate. Skill training also focuses on methods of introducing Hakoniwa to the client, developing observational and recording skills, acquiring nondirective support roles, and learning tools for helping clients identify the meaning and implications of their work. Trainees are often asked to create their own sandbox scenes to understand Hakoniwa from an experiential perspective and enhance their personal growth. Trainees also learn by reading case studies, examining Hakoniwa creations depicted in photographs, and participating in practicum assignments. Markos and Hyatt’s (1999) description of sandplay as a supervision tool with practicum students in the United States shows that Sandplay may also become a useful training tool outside of Japan.

To date, limited research has been conducted on Hakoniwa and Sandplay therapy. The absence of research may be related, at least in part, to the difficulty conducting empirical research on Jungian and Asian philosophical concepts and the valued outcomes of Hakoniwa (e.g., *arugamama* or being at peace with oneself), which are difficult to define in concrete, operational terms. One might argue that the objective, linear, and cause-effect language and values of science are inconsistent with the values of Hakoniwa, which focus on artistic, holistic, nonrational, spiritual, and nonverbal aspects of knowing (Kawai, 1996). Research on Hakoniwa should be compatible with the values and assumptions that provide a foundation for this therapy.

Mitchell and Friedman’s (1994) summary of research on Sandplay from 1970 to the mid-1990s described it as “widely scattered and hard to access” (p. 99). Much of the research published in Japan consists of case studies of

Hakoniwa practice with diverse problems such as dream walking, anorexia, trichotillomania, school refusal, schizophrenia, depression, alcoholism, adolescent crises, obsessive compulsive disorder, elective mutism, and human relations disorder (for a bibliography and review, see Mitchell & Friedman, 1994). Hiramatsu and Yamaguchi's (1998) summary of Japanese research since 1969 identified the following categories of research on Hakoniwa: (a) the developmental features of sandplay and the evaluation of sandplay expressions, (b) sandplay manifestations of symptoms and problems, (c) spatial arrangements of sandplay, (d) infant sandplay expressions, (e) the use of sandplay in assessment and as a projective method, and (f) interview processes in Sandplay therapy. This review noted that most studies had focused only on initial sandplay creations, and authors recommended that psychotherapy process variables needed to be studied to understand therapeutic change.

As training programs in counseling psychology departments in Japan become well established, it is important to build on this initial research base. At a descriptive level, additional studies that focus on the content analysis of clients' sand constructions (e.g., what objects are used, their placement, etc.) and clients' descriptions of their created worlds will provide insight about the nature of self-awareness that emerges during Hakoniwa sessions. For clients who construct a sequence of scenes, the content analysis of multiple sand constructions will provide insight about how Hakoniwa creations reveal clients' changing levels of self-awareness, coping strategies, and worldviews. Given the fact that therapeutic change is hypothesized to emerge from clients' self-healing capacities, qualitative research that reveals clients' perceptions of the value, impact, and healing aspects of Hakoniwa will be crucial. One method of exploring perceptions of curative factors may be to ask therapists and clients to identify critical incidents and reconstruct how these events were influential.

Research that examines the types of therapist interventions that facilitate clients' in-depth experiencing and self-understanding during the verbal processing of sandtray pictures will also be useful. The Experiencing Scales, which include a client self-report version and a therapist rating form, hold significant promise for assessing how clients' emotional experience during therapy is related to psychotherapy process and outcomes (Hiramatsu, Ikemi, & Yamaguchi, 1998). Initial research has revealed that Sandplay clients who experienced positive therapeutic progress had significantly higher ratings on these experiencing scales than did clients who did not show therapeutic movement.

This article has proposed that Hakoniwa may be especially helpful for clients who experience problems with internalization features. In the future, our understanding of Hakoniwa will be enriched by comparing the therapy out-

comes of Hakoniwa clients who have problems marked by internalization (e.g., depression or withdrawal) and externalization (e.g., aggression or bullying). In addition, examining the therapeutic outcomes of Hakoniwa clients at different ages, life stages, or developmental stages will add to knowledge of the relative strengths of this therapy with different populations. Cross-cultural comparisons of Hakoniwa practice will be beneficial for clarifying how the content of clients' sandplay, descriptions of their constructions, and perceptions of Sandplay therapy's curative factors are similar and different across cultures. In addition, it will be useful to study whether Asian and North American clients tend to use concepts that are more collectivistic or individualistic to conceptualize their experiences.

One of Hakoniwa's most notable features is its use of nonverbal communication to support self-awareness and change. Research that examines the therapeutic experiences and outcomes of those who receive Hakoniwa counseling, verbal traditional talk therapy alone, or a combination of Hakoniwa and talk therapy will facilitate knowledge about whether and when nonverbal and verbal methods facilitate different types of awareness and outcomes. Comparisons of the effect and outcomes of Hakoniwa interventions with other expressive therapy interventions such as art therapy or psychodrama will also enhance understanding of the similarities and differences between Sandplay and other whole-body approaches.

### CONCLUDING THOUGHTS

Our primary purpose has been to describe Hakoniwa practice in Japan, clarify its basic techniques, and identify how Jungian and Asian philosophical ideas are related to a conceptual framework that is meaningful in a Japanese context. Gaining knowledge about the practice of Hakoniwa in Japan can also enrich our understanding of Western Sandplay and the value and uses of a variety of expressive therapies such as psychodrama, art therapy, and drama therapy. Although rooted in a Jungian analytical tradition, Sandplay can be used as a specific, short-term intervention and can be integrated with a variety of theoretical perspectives, such as existential, Adlerian, behavioral, or humanistic approaches (Boik & Goodwin, 2000; Carey, 1999; Pearson & Wilson, 2001).

Japanese perspectives on Hakoniwa may be especially useful for helping inform work in North America with clients who prefer to work through issues in holistic, expressive ways, and those who have difficulty expressing deep feelings in words and thus may prefer an active approach to counseling (Carey, 1999). Indigenous Japanese perspectives on therapy, which tend to emphasize finding internal peace and adapting to one's circumstances in pro-

ductive ways, may also be especially helpful for working with North American clients who are coping with situations and “givens” that cannot be changed.

Leong and Blustein (2000) noted that “infusion of knowledge from around the globe offers us a vast opportunity for intellectual renewal” (p. 6). By increasing our knowledge of approaches such as Hakoniwa, counseling psychologists can gain additional insight about the boundaries and limitations of Western theories and develop a foundation for integrating Eastern and Western perspectives on psychotherapy. Sandplay and Hakoniwa, which are already practiced in Japan and North America, can help us develop greater appreciation for cultural similarities and differences as well as transcend the tendencies for us to portray cultures and their inhabitants in either-or terms: as individualistic or collectivistic, as high context or low context, or as object focused or contextually focused.

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