Scientific Research Publishing

Open Journal of Social Sciences, 2026, 14(9), 299-306
https://www.scirp.org/journal/jss
ISSN Online: 2327-5960
ISSN Print: 2327-5952

Feasibility of Sandplay Therapy for Terminally Ill Cancer Patients in a Palliative Care Ward

Michiyo Ando[1], Toshifumi Kosugi[2], Syoko Iwanaga[2]

[1]Department of Psychological Counseling, Faculty of Children's Studies, Nishikyusyu University, Saga, Japan
[2]Department of Palliative Care, Saga-Ken Medical Center Koseikan, Saga, Japan
Email: andom@nisikyu-u.ac.jp

How to cite this paper: Ando, M., Kosugi, T., & Iwanaga, S. (2026). Feasibility of Sandplay Therapy for Terminally Ill Cancer Patients in a Palliative Care Ward. *Open Journal of Social Sciences, 14,* 299-306.
https://doi.org/10.4236/jss.2026.149018

Received: August 17, 2026
Accepted: September 7, 2026
Published: September 10, 2026

Abstract

Introduction: Sandplay Therapy (SPT) is psychotherapy method utilized worldwide. The nonverbal approach of SPT is especially applicable in working with children, and with adults with trauma, distress, disabilities, and migration issues. However, there are few studies for terminally ill patients. Since patients experience psychological distress and spiritual pain, nonverbal approach of SPT may be useful. **Purpose**: The purpose of this study was to investigate the feasibitlity of Sandplya therapy for terminally ill cancer patients in palliative care wards, and utility of Sandplay Therapy for them. We proposed Sandplay Therapy for two patients and reported as case studies. **Method**: Participants were two patients in a palliative ward in a hospital who could participate both mentally and physically. The head nurse introduced this therapy for candidate patients and introduced it to the clinical psychologist. The clinical psychologist met patients two times. **Results**: About Case 1, in the first session, the 70-year male showed interests in this therapy. He wanted items of "green plant" and made an art about "Park". He reviewed that he worked very hard mentally on edge, and found the way to live from now on making an art. In the second session, he made an art "his old hometown" when he spent young time. He might connect past, present, and future. It suggests that Sandplay Therapy might be useful for patients to promote Self-Transcendence. About Case 2, in the first session, the 70-year female, she made an art "Her parents' family". She remembered her deceased father and deceased sisters. In the second session, she made an art "Her present family" with remembering going to the zoo. She essentially liked to create things like knitting and made arts with pleasure in this time. **Discussion**: We concluded that it is possible that we conduct Sandplay Therapy with help from other staff in palliative care wards, and it may be useful for patients to promote their self-transcendence or identity.

Keywords

Sandplay Therapy, Palliative Care, Terminally Ill Patient, Self-Transcendence

1. Introduction

Sandplay Therapy (SPT) is based on Jungian psychology, emphasizing unconscious expression, symbolic representation, and experiential intervention (Loscalzo, 2024). Kalff integrated Jungian analysis and Lowenfeld' "World Technique" and Eastern philosophy. Recent research has highlighted the alignment between SPT and key concepts in traditional Chinese culture, such as imagery and meaning, yin-yang balance, and self-integration, enhancing its cultural adaptability and practical relevance in local contexts (Liang et al., 2023). Sandplay therapy is widely used in psychotherapy and mental health promotion across divers populations (Matta & Ramos, 2023). It is effective with children, adolescents, adults, and special groups particularly in areas such as developmental disorders, adolescent social functioning, self-awareness, adults' anxiety, and trauma recovery (Roesler, 2019).

About terminally ill cancer patients, there are few studies. Boucher et al. (2014) showed the importance of play for children in palliative care. Ghaljaei et al. (2023) showed the effects of Sandplay Therapy on anxiety and sleep habits of children with cancer undergoing chemotherapy. As case studies, Haba et al. (1990) conducted Sandplay Therapy for children who were suffering from malignant disease. Patients expressed anger, aggression, isolation and religious world. They seemed to facilitate their psychological growth and prepared for their death. Morimoto (2013) reported the case, in which a patient with cancer diagnosis was afraid of recurrence and Sandplay Therapy was useful for her self-healing.

However, since these studies were about Sandplay Therapy for children or cancer patients under medical treatments, it was not clear whether this therapy is possible for terminally ill cancer patients in palliative care wards or hospice wards. Palliative care wards or Hospice were for patients with incurable disease and expected death for 6 months. In these days, patients might use at the last stage because of mitigate stay periods. The purpose of this study was the following two.

1) We investigate the feasibility of Sandplay Therapy for terminally ill cancer patients in palliative care wards. Feasibility is defined such that patients could put items for themselves, finished until their satisfaction, and explained about arts.

2) We proposed Sandplay Therapy for terminally ill cancer patients and investigated efficacy of it on psychological aspect as a pilot study.

2. Method

2.1. Participants

Inclusion criteria were a person who could meet with a psychologist for about 30

minutes and had interest in this therapy. Exclusion criteria were: a person who had serious dementia or mental health problems. We recruited 3 patients from the head nurse, and one denied because of physical problems. Patients with terminally ill change physical state suddenly by pain or fatigue. In this study, two patients participated. In case 1, a 70-year male with pancreatic cancer, the Performance status (PS) level 4 which showed that he spent all day on the bed. He agreed that a nursing student was in charge of him and said that he wanted to help others. So, he agreed to participate in sandplay therapy. In case 2, a 60-year female with colon cancer. The PS was 4 and she spent most of her time on the bed. First, she was tired and a head nurse talked about participation. She willingly agreed with participation. Duration from their entering the palliative wards to participation was about 1 week.

2.2. Instruments (Sandplay Therapy Set)

We used a "Sandplay Therapy set for outreach (Merukom Outreach Hakoniwa: Saccess Bell, 2026)" which was a little smaller that a standard size. The number of items was a few. Sand was a little wet. There were many figures of dolls, plants, vehicles, buildings, and so on. We call figure as items.

2.3. Procedure

Licensed psychologist in Japan visited the palliative care ward in a hospital once a week and met staffs and patients. A head nurse selected a patient candidate and asked for participation. After getting informed consent, the licensed psychologist met the patient. Nurses helped patients to fix their posture. Most of patients received the therapy on the bed. The clinical psychologist instructed, "Please put items which you are curious freely". The patients put items in for about 20 minutes. Afterward, the psychologist questioned the patients about art for about 10 minutes. Total duration of one session was about 30 minutes.

2.4. Ethics

The psychologist explained to the patients that participants could stop whenever you wanted to stop and did not get disadvantage. And the results might be presented in academic conferences.

3. Results

3.1. Case 1

<First Session>

The participant was 70-year male. He talked about himself before conducting Sandplay Therapy. "I was an officer and technician in information in a school. I worked hard. After retiring from my work, I used to read books. I also used to use personal computer".

He used his personal computers to not decline cognitive function in his hospital room. In the first session, he said, "In my room, there is not green plant. I want

green plant" (Figure 1). Also, I worked hard in my work, and I wanted a place like a public park where children and elders can be relaxed. I like to read books, and I am impressed by the book "MOMO by MICHAEL ENDE". The patient and the psychologist talked about books. The psychologist took picture with his agreement. He requested photo of it.

Figure 1. The art of Cace 1 in the first session. "The park where children and elders can be relaxed".

<Second session>

He made a landscape where he spent a long time ago. He said, "I spent a Sasebo near the sea when I was young. I made hometown in the Sandplay, sweet memories and I felt nostalgia" (Figure 2).

Figure 2. The art of Case 1 in the second session. "The landscape of his hometown".

3.2. Case 2

<First session> A participant was 60-year female. She was positive about participating in this work. She touched sand a few times and made dich, and she tried to make sea (Figure 3). Next, she put trees, and children around the tree. "I put a man. He is my dead father. He was a good person, but he used violence to my mother when he drunk alcohol. And I put two females. One is my dead sister by an accident".

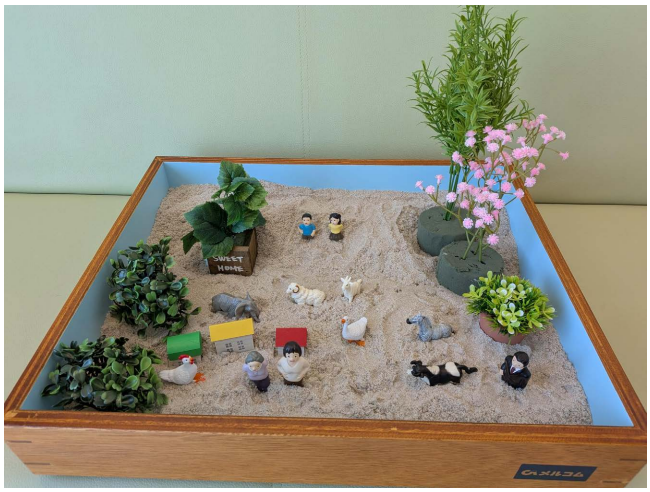

Figure 3. The art of Case 2 in the first session. "The parent family".

< Second session>

The therapist visited her room with cart. She said, "What will I make today". She seemed to look forward to making art. She touched sand and she made line like fields. Afterward, she put trees, and next flower. She talked, "I made sewing or knitting when I was well. I liked to move my hand. After knitting, I presented it to others. My husband liked to go out with family. My family used to go zoo parks, and I put animals in the sand". She seemed to be satisfied with making an art in the sandbox (Figure 4).

Figure 4. The art of Case 2 in the second session. "My family, her husband, children, and animals".

4. Discussion

4.1. Feasibility of Sandplay Therapy in Palliative Care Wards

Usually, there was not established a Sandplay Therapy set in an individual room in a palliative care ward, and we could do it for terminally ill patients. Since two patients completed two sessions without burden and were satisfied with making arts even though they were on bed, it shows the feasibility of Sandplay therapy in palliative care wards. One of the reasons for this feasibility was that a patient only put an item on the sand, and it was easy for them to do. The second reason was that we get a lot of help from nurses. A physician and a head nurse selected candidate patient, and other nurses helped patients to receive Sandplay therapy. Nurses had interests in what the patient made arts. The psychologist and the nurse saw the arts. That is, nurses' help and interest made the therapy to be possible.

4.2. Utility of Sandplay

As for case 1, the patient wanted a green plant, because there was no plant. That is, there were many artificial things in his room. He seemed to find a connection with nature. He could connect with nature or outside world, and it may be healing for him. Moreover, he made a park where children and elders could be together. He liked the book MOMO who listened to other persons and questioned "time". He might consider his time when he worked hard and now wanted relaxed time. He found consciousness about his life and found hopes in near future. Moreover, in the second session, he went back when he was young and felt nostalgia. He felt past, present, and future in Sandplay therapy. It may show "Self-Transcendence". Reed (1991), Reed & Haugan (2021) demonstrated Self-Transcendence theory. The concept of Self-Transcendence refers to perspectives and behaviors that expand (transcend) self-boundaries in multiple ways that are described, for example, inwardly (through interpersonal activities and perspectives that enhance awareness of one's beliefs, values, and dreams), outwardly (through interpersonal connections with one's social and natural environment). That is, Sandplay Therapy might be useful for patients to promote Self-Transcendence.

As for Case 2, she made her parents' family in the first session and the present family in the second session. She might confirm her identity. Also, she liked to make things like knitting. In the palliative care ward, she did not have so many chances to do things. So, she looked forward to making arts in Sandplay Therapy. Sandplay Therapy provided chance to express her emotion or thinking and enjoy making creative processes. This creative process might promote her well-being like lively, and it support Dong et al. (2024). They demonstrated Sandplay therapy significantly improved psychological health in hospitalized adolescents. The study showed the improving emotional state, social functioning, self-understanding and psychological adaptation after psychological guidance combined with Sandplay therapy. By the way, she put the items of deceased father and sisters. It may suggest that she feel one's death consciously and unconsciously.

Through two cases, why Sandplay therapy promoted Self-transcendence and identity consistency? The first reason may be observation factor by a therapist. This factor is like "holding" by Winnicott (1963). Observational factors may propose safety environment; a patient can make an art safely. The second factor may be the nature of sand in the sand box. The sand promotes psychological regression, and a participant can express their emotion, thinking, imagination. It leads to pass between unconsciousness and consciousness; new recognition may occur.

4.3. Influence of Sandplay Therapy to Other Staff

Lastly, I referred to influence of Sandplay therapy for staff. Nurses, physicians, physical therapists, or clerks who were involved in the patient's care showed interest in patients' art. It is expression of the patients' nonverbal. The psychologist explained some part of the arts and staff recognized one part. Sandplay Therapy may influence them.

As limitations, these results were from case, and it is hard to generalize. We need to include many participants in the future.

Acknowledgements

I give special thanks to patients who participated to this research. And I want to express my thanks to the nurses and other staff for helping me.

Author Contributions

Conceptualization, Investigation, analysis, and writing original draft: Michiyo Ando.

Investigation like administration of the palliative ward, Toshifumi Kosugi.

Investigation of recruiting patients and helping patients: Syoko Iwanaga.

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

Boucher, S., Downing, J., & Shemilt, R. (2014). The Role of Play in Children's Palliative Care. *Children, 1,* 302-317. https://doi.org/10.3390/children1030302

Dong, J., Liu, L., & Liang, Q. (2024). Analysis of Mental Health Problems of Hospitalized Sick Adolescents Guided by Psychology and Intervention with Sandplay Therapy. *Current Psychology, 43,* 18960-18970. https://doi.org/10.1007/s12144-024-05704-3

Ghaljaei, F., Kahkhaei, F. R., & Romanjan, K. A. (2023). The Effects of Sandplay Therapy on Anxiety and Sleep Habit of Children with Cancer Undergoing Chemotherapy: A Quasi-Experimental Study. *International Journal of Pediatrics, 11,* 17721-17728.

Haba, T., Tomita, K., Kawa, K. et al. (1990). Sandplay Therapy for Children Who Were Suffering from Malignant Disease. *Shinshin-Igaku, 29,* 551-556. (In Japanese)

Liang, J., Zhang, S. Y., Zhang, N. J., & Shen, H. (2023). Jungian Analysis of the Chinese Mythological Image of Sun Wukong. *Journal of Analytical Psychology, 68,* 665-686.

https://doi.org/10.1111/1468-5922.12948

Loscalzo, Y. (2024). Sandplay Therapy and Active Imagination: What Are the Similarities and Differences? Reflections about Jung's Writings on Active Imagination. *Behavioral Sciences, 14,* Article 553. https://doi.org/10.3390/bs14070553

Matta, R. M., & Ramos, D. G. (2023). The Effectiveness of Sandplay Therapy versus Cognitive Behavioral Therapy: A Comparative Study. *Estudos de Psicologia (Campinas), 40,* e210099. https://doi.org/10.1590/1982-0275202340e210099

Merukom Outreach Hakoniwa: Saccess Bell (2026). https://www.saccess55.co.jp/merukomu_autrichihakoniwa.html

Morimoto, M. (2013). Psychological Care with Sandplay Therapy for Cancer Patients. *Archives of Sandplay Therapy, 26,* 66-77. https://doi.org/10.11377/sandplay.26.67

Reed, P. G., & Haugan, G. (2021). Self-Transcendence: A Salutogenic Process for Well-being. In G. Haugan, & M. Eriksson, (Eds.), *Health Promotion in Health Care—Vital Theories and Research* (pp. 103-115). Springer International Publishing. https://doi.org/10.1007/978-3-030-63135-2_9

Reed, P. G. (1991). Toward a Nursing Theory of Selftranscendence. *Advances in Nursing Science, 13,* 64-77. https://doi.org/10.1097/00012272-199106000-00008

Roesler, C. (2019). Sandplay Therapy: An Overview of Theory, Applications and Evidence Base. *The Arts in Psychotherapy, 64,* 84-94. https://doi.org/10.1016/j.aip.2019.04.001

Winnicott, D. W. (1963). Psychiatric Disorder in Terms of Infantile Maturational Processes 1 (1963). In D. W. Winnicott (Ed.), *The Maturational Processes and the Facilitating Environment* (pp. 230-241). Routledge. https://doi.org/10.4324/9780429482410-21