Sandplay therapy for the healing of trauma

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PTSD, or posttraumatic stress disorder, is an emotional disorder that results from experiencing or witnessing events that are extremely traumatic or life threatening. Soldiers who participated in operations and experience firsthand military combats are especially at risk for developing this disorder. Some individuals suffer from nightmares and flashbacks in which they involuntarily relive traumatic events. PTSD is comorbid with other illnesses, such as depression, physical complications, and alcohol abuse and drug addiction.

Therapists who are working with veterans often find that talk therapy is not effective as a treatment method. This may be due to the fact that the horrors of war cannot be expressed through words. Veterans need nonverbal ways to express their thoughts and emotions. The value of Sandplay therapy is that it provides space for silent work and clients have opportunity to express themselves without speaking.

Sandplay therapy was developed by Jungian psychotherapist Dora Kalff. This method allows clients to create a three-dimensional picture in a sand box with toy miniatures. The client is invited to choose any items he wishes and places the figures any way he wants into the tray, moving sand and objects until the scene feels right.

Sandplay therapy brings a depth of understanding and emotional freedom through expressing original sufferings and connecting with them. Step by step the trauma makes its way to symbolic expression that has been blocked verbally, through which it becomes visual and brings liberation and healing.

The therapist’s important role is in keeping the therapeutic space in which the client feels so free and protected that it allows the traumatic experiences to surface and dares him to experience horrors of war again.

Clinical illustration is included in order to show this process in an analytic setting. Ivan came to me for PTSD treatment following his return from a regional Russian war.

Key words: psychotherapy, PTSD, Sandplay, symbolic, trauma.

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PTSD, or posttraumatic stress disorder, is an emotional disorder that results from experiencing or witnessing events that are life threatening. PTSD developed in some people after extremely traumatic events, such as crime, an accident, natural disaster, or combat. Soldiers who participated in operations are especially at risk of developing this kind of disorder. They have experienced military events,
which are extremely different from everyday life; however the psyche has responded to them in a better way for survival. But, having come home, they understand that their behavior seems abnormal to the people around them.

Symptoms of PTSD include hyper-vigilance, free floating anxiety, hyper-startle, hyper-arousal (being ‘on guard’ all the time), unpredictable aggression, etc.

Some individuals suffer from nightmares and flashbacks in which they involuntarily relive traumatic events. They try to avoid anything that reminds them of horrible events and those anxious feelings which are so intensive, that, as it seems to them, disrupt their lives. PTSD is comorbid with other illnesses, such as depression, physical complications, and alcohol abuse and drug addiction. Now, in civilian life, wishing to be normal and adapted, as all people do, they try to establish an impassable wall against uninvited memories and unbidden feelings, which arise from the past, trying to muffle the anguish of the soul. They want to cut off the past from the present, as though it did not happen with them. Unfortunately, in this pattern of behavior, soldiers find themselves without any energy for making a real life. Speaking in images, it is seems as though they stay in a small bunker with holes in the walls through which the sufferings foam, like a streams of water.

The way for healing of trauma follows an opposite path – back to terrible events and to experiencing fears, guilt, weakness, grief, feebleness and all sufferings of soul again in the presence of the witness who is able to bear them.

We can not change the past, it is not in our force to make it better or at least less ugly, but our present feelings, our current self-esteem and sense, with which see the past, we can change.

As usually veterans do not speak about past events – their mouth is ‘latched shut’ and therapists who are working with them often find that talk therapy is not effective as a treatment method. This may be due to the fact that the horrors of war cannot be expressed through words. Veterans need nonverbal ways to express their thoughts and emotions. The value of Sandplay therapy is that it provides space for silent work and clients have opportunity to express themselves without speaking.

This method allows clients to create a three-dimensional picture in a sand box with toy miniatures. The client is invited to choose any items he wishes and places the figures any way he wants into the tray, moving sand and objects until the scene feels right.

Clients, having trouble verbalizing at all, can benefit from the concreteness of the process. One of the prime benefits of Sandplay therapy is that the invisible becomes visible in three-dimensional reality, being embodied in material objects. The client can see troubles and fears which terrified him inside and look them in eyes.

As far back as 400BC Sun Tzu in ‘The Art of War’ (1944) said:
if you know the enemy and know yourself, you need not fear the results of a hundred battles. If you know neither the enemy nor yourself you will succumb in every battle.¹

That is particularly applicable to deal with terrifying horrors and to understand the battle that human being has with the shadow side of himself.

Veterans can also be troubled by the perception that they had not been such courageous, fearless and responsible soldiers as they thought they had to be. The sand tray helps show them that, as a human being, we all own of our different parts, and have all feelings.

At this point it might be useful to look at a brief history of Sandplay therapy.

**Sandplay therapy, history and principles**

Sandplay therapy was developed by Jungian psychotherapist Dora Kalff (1980).

At first, in the beginning of the 20th century, H.G. Wells (2004) in a book called "Floor Games" had described how his children had been excited playing with various subjects and figures, collected by him. The book influenced the psychologist Margaret Lowenfeld, and she, using the ideas stated in the book, organized the work at Institute of children's psychology in London. Margaret Lowenfeld (1997) described a game with sand as a technique for consultation in 1939. She named it ‘the World Technique’, because, when she would have asked children what they had done they often answered ‘well this is my world’. Margaret Lowenfeld presented a paper on it to a Jungian conference in Zurich and Dora Kalff, participating in that conference, was fascinated in the possibilities in the World Technique. Encouraged by Jung, Kalff left for London to study this therapeutic method. Sandplay therapy, developed by D. Kalff, had roots in Jungian approach, World Technique and Zen ideas. When she and Daisetz Suzuki had a meeting, they found a parallel Zen practice of not given a direct answer for pupil’s question with her practice of delaying interpretation. Kalff lectured a lot in 60s and one of her students was June Atherton. She first came across Dora Kalff at University of Southern California the late 1960’s. Now June Atherton is an associate professor of St.-Petersburg University where I have had opportunity to connect with her from the 1990s. She has acquainted us, a group of psychologists, with this method and constantly inspires us in our work with clients on supervision meetings.

Sandplay Therapy is a method wherein a scene is created in a tray. The client is reassured that they can take as many objects as they want and put them where they want in the tray or on the edges. They also can make a picture only from sand without any miniatures, using water if they need to make the sand wet. During this process, the therapist sits quietly nearby, apparently doing nothing. After the picture was finished the therapist may ask the client to tell the story of it or to give the comments about some figurine. Sometimes the client talks about his/her life issues and then the therapist responds; other times both remain silent.
The figurines, using in Sandplay symbolized different sides of human life: nature and culture. The objects involve the earth: stones, mountains, crystals; water – corals, cockleshells and starfish. Heavenly bodies: the sun and the moon, stars and planets. Vegetation: trees, flowers, vegetables and fruit. Animals – wild and domestic, aggressive and peaceful, dinosaurs, snakes, fish, insects and birds. Figures of people: adults and children, men and women, from different cultures, the wise man and trickster. The objects of culture: Gods, religion objects and myth creatures; houses, cars, bridges, musical instruments. Symbols of space and time: spirals, watches, symbols of death and love, etc.

All figurines settle on the open shelves, so they can be reviewed by the client who, acquainting himself with this collection comes into the therapist’s space of play. A freely moving look through things immerses the client into the magic world, which opens doors to unconscious. Some figurines become ‘alive’, drawing the energy of the deep level of psyche, and the hand itself takes the choosing object. There is a beginning of client’s play. Donald Winnicott (1971) wrote:

> Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together.²

The healing process

The arrangements, made in the sand tray spontaneously, are themselves healing. Consciousness responds to an inner unconscious voice, which appears in a graphic way. This dialogue goes on in silence; it does not need the directing interpretations of the therapist neither to absorb material into the conscious level, nor to reorder and balance the psyche. The therapist is waiting for the wisdom of the client's psyche to unfold in the series of sand pictures, instead of projecting limited concepts onto the images, created in the tray. The therapist must have enough self-awareness to be able to ‘step aside’ while allowing the psyche of the client to begin to heal. As K.G. Jung believed, the human psyche has the ability to regulate its own path toward wholeness. Jung discovered that the active confrontation between conscious and unconscious resulted in the emergence of new symbolic forms which transcended internal conflicts leading to a greater psychic wholeness.

The healing comes from the deep level of the psyche rather than from outside, so the making of the tray is itself healing. The therapist serves this process by receiving images just as they are, allowing them their own pace for emerging into the outer world. Dora Kalff said, it was hard to put the ego on hold and do nothing, but she, ‘doing nothing’, kept a space where images could be ‘alive’.

Thomas Ogden (1999) has applied the idea of the third to the therapeutic situation in his proposition of an ‘analytic third’ arising out of the intersubjective area between therapist and client but not reducible to either of them. He sees this
space as the locus of potentially creative transformation, especially if the therapist can become aware of it through his or her reverie.

In work with veterans, the therapist’s important role is in keeping the therapeutic space which the client feels so protected and free that it allows the traumatic experiences to surface and dares him to experience horrors of war again.

Flashback or nightmare, become visible, constellating in the sand picture, but this would happen only if a supportive therapist could mentally contain emotional experience. This ability is going in the same level is like the mother’s behavior to the small child. Wilfred Bion (1962) proposed that the supportive mother mentally contains emotional experience that the baby cannot manage on his own but manages to evoke in her. Such containment requires the mother to bear within herself, to process, and to re-present to the baby in a tolerable form what was previously the baby's intolerable emotional experience and so do the therapist to the client. Sandplay therapy brings a depth of understanding and emotional freedom through expressing original sufferings and connecting with them.

**Ivan: A Case study**

Now I want to say a couple of words about a client who certainly taught me a lot about what it means to look deeply in eyes of horrors and chaos. Ivan came to me for PTSD treatment following his return from a regional Russian war.

He sought treatment because his behavior seemed strange for other people and himself. He could not enjoy life. He had broken relationship with the woman he loved, because he no longer could express affection or emotion. Sometimes he was founding himself on the verge of death. A friend of him had told to him about ‘magical play’ and he came to me with his own motivation to work.

During several sessions he created identical scenes. They were very chaotic; figures covered all space of the tray, however, in some order, layer upon layer. There were houses, trees, animals, people, soldiers, all facedown in the sand, unmoving under several military weapons. At the end of making each tray he used to put the moon and the sun, facedown in opposite corners, and would say: ‘all dead’. As usual, he did not tell anything else about the trays, but, looking at them, described the painful feelings, which appeared in his speech in a consequence like a figures in layers on the sand. They went deeper and deeper, and sense of hopelessness was the last. Nevertheless, twice he had made rather different pictures, which looked steady, where white stones and the strong houses stood in the center. It was the visible graphically way of healing work of his psyche, going with its own speed. I just looked on, seating nearby, trying to be a good enough witness and accepting ‘container’ of the process. At least, his chaotic pictures, where everything was dead, have led to an image of flashback. It was the event of war, when he had prepared to die and to meet with God. Through the sand tray, his mouth was ‘unlatched’ and he was able to describe to me the horrors of war verbally.
It would be the end of the therapy, if it were not for the path for deeper trauma became free. In the several next sand pictures the child trauma had manifested itself. It had been connected with events, when he faced danger of death. The earliest of events happened when he was a two years old boy. He just not sank in the river. This brink of disaster has emerged in his mind with inner feelings; especially painful, it seemed to him, there were feelings of feebleness and hopelessness. At this point of therapy he stopped making trays for a while, and we had a lot of discussions about the opposites: life and death, legitimacy and accident, and the questions of personal meaning, the value of life, the quest for deeper significance and the sense of the life. On the last session he would like to arrange the tray. He had poured the water and had stirred the sand as for a pie, then has made a hill and inserted into it a shovel with the words: ‘That is all’.

I believe that he has left idea to understand God, why he was remained alive, and has simply allowed himself to be alive. Step by step the trauma found the way for the symbolical expression that had been blocked verbally, through which it became visual and brought liberation and healing.

Notes


**Bibliography**