Research

MINIMIZING INTENSE RELATIONAL DYNAMICS TO ENHANCE SAFETY: A THEMATIC ANALYSIS OF LITERATURE ON SANDTRAY WORK WITH ADULT TRAUMA SURVIVORS

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In work with adult trauma survivors the therapeutic relationship can become highly charged with trauma-related transferential dynamics, placing severe strain on the therapist and potentially resulting in vicarious traumatization. This article reports on the findings of a thematic analysis of the literature on the use of sandtray when working with adult trauma survivors. The research confirms the benefits of using sandplay work as it increases safety for client and therapist, fosters communication of the often 'unspeakable' experience of trauma and, as a result of the activity involved in sandtray work, provides experiences of empowerment for the client, thus facilitating healing from traumatic experiences.

KEY WORDS: SANDTRAY, SANDPLAY, TRAUMA, ADULT CLIENTS, SAFETY, COMMUNICATION, THEMATIC ANALYSIS, NIGHTMARES

INTRODUCTION

As persistent hyperarousal, avoidance of trauma material (Homeyer & Sweeney, 2011), and inability or unwillingness to talk about traumatic experiences are common trauma symptoms (Wiese, 2007), trauma survivors pose very specific challenges to the therapist, many of them related to the difficulties involved in communicating the often 'unspeakable' experience of trauma. In addition, vicarious traumatization is an occupational hazard for therapists working with trauma survivors due to the intense interpersonal dynamics which are evoked and potentially re-enacted (Davies & Frawley, 1994). This article explores how sandtray work may enhance therapeutic work with adult trauma survivors. It is based on a research project (Kosanke, 2013) which used thematic analysis to explore how practitioners and scholars across different therapeutic schools have written about this topic and the ways in which the use of sandtrays might foster therapeutic work with this client group. A clinical model

developed by Kosanke, based on the research findings, diagrammatically relates the different themes and elements of sandtray work.

The literature on sandtray work with adult trauma survivors is sparse and widely dispersed, and common themes have not previously been systematically identified and interpreted. Kosanke's (2013) research followed a six-step process for thematic analysis described by Braun and Clark (2006): data collection, generation of initial codes, search for themes and review of themes, reflection on the process of defining and naming the themes, and the production of the final report. The literature search was limited to publications written in English and German (as the primary author is bilingual) that fulfilled the inclusion criteria of 'sandtray work *and* work with adult clients *and* trauma'. A dataset of 14 publications that fulfilled these criteria was found and systematically coded and analysed. Seventy first-order themes, 11 second-order themes, and eight third-order or core themes were developed by using the rigorous sorting, revising and reduction process for thematic analysis outlined by Braun and Clark. Further analysis discovered three meta themes. Below, we describe the clinical model developed by Kosanke and elucidate these three main themes, but we begin with a brief history and description of sandtray work.

SANDTRAY'S ORIGINS AND TOOLS

Use of sand, water and miniatures for processing psychological issues was originally pioneered by child psychotherapist Margaret Lowenfeld (1979) in the early 1930s. Jungian analyst Dora Kalff (1980) further developed the method, calling it 'sandplay'. She believed that the non-verbal and symbolic placing of objects in the sand enabled contact with the person's unconscious and allowed healing to occur. While the therapist's intuitive understanding was an essential part of the approach, the experience did not have to be verbalized.

While Kalff's (1980) method remains the dominant approach to sandtray work, contemporary psychotherapists implement a variety of different methods. For example, Gisela de Domenico (2002) developed and taught a more humanistic-based method, which she calls Sandtray-Worldplay. She incorporated Kalff's ideas along with spiritual and cultural awareness. In art therapy, sandtray work is often used as a concrete, creative way to express internal processes (Steinhardt, 2000) and authors from different psychotherapeutic schools link 'sandplay with psychodrama ..., music ..., [and] dance-movement therapy' (Steinhardt, 2000, p. 42).

Regardless of the different approaches, most therapists provide two sandtrays, one containing wet sand, the other dry sand. The trays have blue bottoms and sides to represent water and sky (Labovitz Boik & Goodwin, 2000). The trays are small enough (57cm × 72cm) that clients can reach every part comfortably and see every part without using peripheral vision (De Domenico, 2002). As described by Amman (1991), the sandtray's shape is clinically important: 'the inequality of measurements [of] the rectangular space creates tension, unrest, and a desire for movement, a desire to go forward' (p. 18). The therapist provides a bowl of water so the client can form the sand or create a combination of sand and water. The therapy room is filled with a

variety of miniature models, including people, animals, buildings, vegetation, vehicles, structures, natural objects, symbolic objects, and more (Mitchell & Friedman, 2003). This collection of objects should ideally represent 'everything that is in the world, everything that has been, and everything that can be' (Amatruda & Simpson, as cited in Moon, 2006, p. 65). The collection of miniatures is designed to enable clients to capture and spontaneously symbolize their internal and external world. At the end of each session the therapist photographs the sandtray picture. These photos are usually held by the therapist and can be used for later therapeutic work, such as revisiting the client's therapeutic journey over time.

Although sandplay was initially used almost exclusively with children and adolescents, it is increasingly being used in adult therapy (Castellana & Donfrancesco, 2005) and, while it is a recognized modality in itself, many therapists use sandtray work as an adjunct to other therapeutic approaches. For example, Jungian analysts appreciate 'the powerful and deep dialogue between sand, objects and psyche' (Steinhardt, 2000, p. 25). Sandtray work is often used with adult trauma survivors (Moon, 2006; Toscani, 1998) and has been recognized as effective in reversing the neurobiological effects of trauma (Carey, 2006).

RESEARCH FINDINGS

In order to structure the findings of her research project, Kosanke (2013) developed a clinical model for sandtray therapy with adult trauma survivors (Figure 1). In
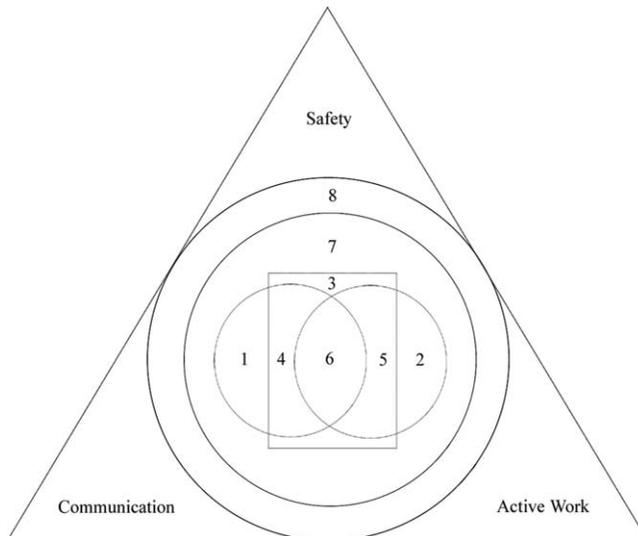

Fig. 1: *A Clinical Model for Sandtray Therapy with Adult Trauma Survivors. 1. Traumatized Client; 2. Resourceful Client; 3. Sandtray; 4. Wounded Client in the Sandtray; 5. Healing Client in the Sandtray; 6. Sandtray Process; 7. Therapist; 8. Theory [Figure 1 is reproduced from Kosanke's (2013) dissertation. Kosanke took the photographs depicted in Figures 2–5.]*

diagrammatic form, the model shows the different aspects of treatment, for example, how the sandtray holds both the wounded and the healing parts of the client, and how the therapist functions as a holding container (Troshikhina, 2012), being both part of the process and outside of it (Homeyer & Sweeney, 2011). Just as it is challenging to verbalize different aspects of a sandtray, it is challenging to put into words the elements of this diagrammatic model; however, we endeavour to do so below and refer the reader to Kosanke's (2013) work for the full model.

At the beginning of therapy, the sandtray creations predominantly reflect the 'wounded client' but, over time, more and more of the 'healing client' becomes visible. While there is visible movement in the sandtray from wounded to healing themes over time, the model also acknowledges the existence of all parts of the client at every moment of the therapeutic process. It shows that the traumatized and wounded client arrives at therapy with their own inner resources which may not be consciously available. Sandtray work creates the opportunity to project the underdeveloped, but wished-for, qualities onto the miniatures (Toscani, 1998). These miniatures become symbols of strength and support that allow the client to enter the often painful process of confronting the trauma in the sand. But not only the 'good' parts of the client find a place in the sand; the 'dark and evil' side, the internalized perpetrator, the parts that need to be disowned and dissociated, can be projected onto the miniatures and included in the process. The client's psyche as a whole is invited into the sand. Past, present and future lose their linearity when they become part of the sand creation. The therapist offers a free and protected space for the client's trauma work, both participant in it and witness to it (Homeyer & Sweeney, 2011). While the therapist holds the individual sandtray processes of the client, they themselves are held by the theory of their own individual psycho-therapeutic modalities, allowing them to make sense of the client's processes and to understand the implications in a theoretical context.

The clinical model (Kosanke, 2013) also illustrates the intrinsic dynamic of the three meta themes. For example, 'safety' is positioned at the top as it is the first and most important aspect to be attended to; a client who continues to feel unsafe in the therapeutic process will not be able or willing to communicate or actively engage in the work needed for the healing of trauma. Similarly, therapist 'safety' is also critical to the effective processing of trauma. The diagram also reflects a dynamic relation between the themes 'communication' and 'active work'. The active creation of sandtray pictures is often followed by the client verbally describing their creative process and/or their completed sandtray creation. Verbal processing in return can be the predecessor of enacted change in sandtray creations (Wiese, 2007).

Below we explore more fully the three main themes of safety, communication and active work. While they may seem obvious aspects of any therapeutic endeavour, they provide particularly useful perspectives on how sandtray work enables adult trauma survivors to very effectively process their traumatic memories while minimizing undue fall-out on the therapist. Clinical material of Kosanke's practice as a psychotherapist in a specialized trauma agency is introduced (with the client's explicit permission). Sandplay photos at different stages of the therapeutic work with an adult trauma survivor illustrate the three meta themes in more detail.

SAFETY

Davies and Frawley (1994) have described how the intense 'relational positions and constellations' (p. 167) involved in trauma work can lead to therapeutic failure, re-traumatization for the client, and compassion fatigue for the therapist. Sandtray work can be beneficial for the therapist by helping to prevent burnout and vicarious traumatization (Ludwig, 2007), as client and therapist can concentrate the focus of the potential re-enactment of trauma-related 'relational matrices' (Davies & Frawley, 1994, p. 167) on the sandtray rather than within the therapeutic relationship. The therapist's role is to hold the process, not play an active part in it.

Therefore, in contrast to many other modalities, the client's projected unconscious emotions and split-off parts become directed onto the figurines and into the sand rather than onto the therapist (Homeyer & Sweeney, 2011). Through the client's ongoing work in the sand with these projections 'all combinations and permutations of relational roles are experienced and worked through ... [which] eventually allows the patient to identify, tame, and integrate long split-off elements of her self and object worlds' (Davies & Frawley, 1994, p. 168). The sandtray and its figurines therefore create the possibility of reduced transferential dynamics in the therapeutic relationship and greatly enhanced therapist safety.

Kosanke is trained as a psychodynamic psychotherapist and offers sandplay as an adjunct therapeutic modality for individual adult clients. Client A is a 29-year-old white woman who presented with post-traumatic stress symptoms. In the initial three assessment sessions the client disclosed having been the victim of a 'date rape' a couple of years earlier. She was invited to use sandplay whenever it felt right to her and did so five times during her nine months of weekly therapy. Figure 2 shows her first sandtray done in session four.

A first exploratory 'working' of the sand left a pattern of circles in the middle of the tray. The client chose babies in a flower as her first symbol. Surrounding leaves and wolves followed as protectors, then crocodiles and the 'skeletal' shell which she described as threatening and dangerous. The client continued the tray with placing two turtles and corals in the lower left-hand corner. She finished by turning the sand circles in the middle of the tray into eyes by embellishing them with blue stones. At the end of this session, the client reviewed her tray and her sandplay experience. She recognized then the safe place she had created for her inner 'frightened children' and this in itself gave her hope for the work to come as she could 'see' she had kept her vulnerable parts safe.

By further reflecting on the eyes in the centre of the tray she came into contact with her fear of being seen and harshly judged. By using sandplay she was able to uncover and express her transference towards her therapist without enactment.

From a client's perspective, the symptoms of trauma are often directly related to feeling unsafe (Frewen & Lanius, 2015; Taylor, 2014; Van der Kolk, 2014). While the client may cognitively understand that the initial trauma is over, this knowing often has little effect on this ongoing sense of being unsafe. It has been proposed that most traumatic memories are stored as implicit memories (Goodwin & Attias, 1999)

Fig. 2: *Client A: Initial Sandplay Photo*

containing emotions, physical sensations, images, and sounds rather than facts, dates and details. These memories are stored in the limbic system and the brain stem, the oldest parts of the brain which, as they are non-verbal, are often inaccessible for explicit, cognitive processing (Homeyer & Sweeney, 2011). This results in neurological activities through hyper-activated chemicals which produce high levels of emotional and physiological arousal. This hyperarousal continues to activate fight, flight or freeze responses even when the threat has long been absent. 'The resultant hypervigilance seen in trauma victims can cause them to go immediately from stimulus to an arousal response, without being able to make the intervening assessment of the source of their arousal' (Homeyer & Sweeney, 2011, p. 80).

Naturally, the continuing feeling of being unsafe can impact on the trauma survivor's ability to form trusting relationships, particularly if the traumatic event(s) occurred within the context of intimate and familiar relationships. Interpersonal trauma in particular can leave survivors with a fear of intimacy, resulting in ambivalent feelings towards forming a close relationship with another human being, including a therapist. While human contact, attunement, and understanding may be desired, these simultaneously hold the potential or perceived danger of activating traumatic memories and intense feelings of horror and fear (Homeyer & Sweeney, 2011). In an attempt to reduce this feeling of being unsafe, trauma survivors often try to avoid any trigger that might activate traumatic memories and associated overwhelming feelings. Therefore, traumatic experiences can become split off and dissociated (Ludwig, 2007; Teegen, 2008). Without the ability to process the traumatic event, the normal transformation of a traumatic experience into a traumatic memory that is clearly positioned in the past is hampered, and the feeling of being unsafe and powerless

experienced during the traumatic event remains, leaving the survivor feeling power-less and unsafe in many areas of their life (Spooner & Lyddon, 2007; Taylor, 2014).

Trauma therapy ultimately needs to give the client an experience of both being in a relationship and feeling safe (Fosha, 2003). It also needs to foster a client's ability to observe, contain and integrate traumatic memories (Toscani, 1998) which will, in turn, reduce the feelings of overwhelm and allow for a regained sense of control. By experiencing a literal safe space, clients can develop a safe place inside them-selves and know that they are now able to protect themselves in a way that they could not do during the traumatic experience(s).

Sandtray work has unique characteristics that make it well suited to this task for the client and the therapist. It quite naturally provides a therapeutic distance which allows for a gradual titrating of the therapeutic process, depending on the client's needs and abilities. The initial tasks with traumatized clients include helping them develop their ego-strength and their ability to self-regulate. Only after this has been achieved can the trauma be safely confronted (Ludwig, 2007). Sandtray work can enable a direct experience of safety as there is 'no right or wrong way to construct the scenes' (Spooner & Lyddon, 2007, p. 61). Similarly, a sandworld may be complicated or very simple but neither quality determines its value; 'the prime criterion is the image's inner authenticity' (Steinhardt, 2000, p. 16). Being outside the sandtray provides clients with the opportunity to be in a 'mirror position' (Toscani, 1998, p. 28) whereby they can observe the sand creation while maintaining an emotional distance that protects them from feeling overwhelmed. In addition, sand as a medium provides a tactile experience of being grounded (Ludwig, 2007), while the physical aspect of the tray (Toscani, 1998) and the figurines offer additional anchors for the client's psyche (Homeyer & Sweeney, 2011).

Use of particular figurines can also help create a sense of safety; by placing sym-bols of strength and protection in the sand, clients can actively bring these qualities into the work and therefore access sufficient ego-strength and protective resources to engage in a safe relationship with traumatic memories and gradually uncover and pro-cess them in a way that is empowering rather than overwhelming (Daniels & McGuire, 1998). This allows gradual re-association and integration of trauma memo-ries into a more 'unified and organized sense of self' (Sachs, 1990, p. 1046). The ephemeral nature of sandworlds may also contribute to a sense of safety as, unlike other visual arts therapies, the only 'evidence' of the work across time is a photo-graphic image (Steinhardt, 2000).

COMMUNICATION

Another main theme of sandtray work with adult trauma survivors is communication, the transfer of information in the widest possible sense, including through and with inanimate objects. Van der Kolk (2002) stated that '[t]rauma by definition involves speechless terror: patients often are simply unable to put what they feel into words and are left with intense emotions simply without being able to articulate what is going on' (p. 150). Some clients feel physically unable to find or create words to

express the trauma, as the '... verbal narrative is the channel most often blocked or damaged by death threats, bodily pain or traumatic anxiety that overwhelms the ego' (Goodwin & Attias, 1999, p. 173).

Being able to communicate the trauma in order to reflect verbally on it is one of the goals of trauma therapy. This is validated by neuropsychological and physiological research which showed the importance of developing a link between the experience of trauma and a coherent narrative about it (Van der Kolk, 1996). Most pertinent to sandtray work, Goodwin and Attias (1999) wrote that 'when explicit memory is lost or unformed and traumatic experience exists primarily as implicit or behavioral memory ... psychotherapy may need to focus more on nonverbal or mimetic communications' (p. 180). By using their hands to create symbols to tell the story of their speechless pain, clients can be in contact with their experiences and communicate processes that are essentially non-verbal. They can bring their internal world to the outside so they can '... see troubles and fears which terrified ... [them] inside and look them in [the] eye' (Troshikhina, 2012, p. 2).

Client A created the tray shown in Figure 3 in her 14th session. In the weeks before she had struggled with the fact that she could not remember significant parts of the traumatic experience. This made her doubtful regarding her role in and responsibility for the trauma. Opening the session, the client asked for the wet sand tray and spent considerable time 'working' the sand, digging her hands deep into the material. After emerging she went and without hesitation took the tunnel off the shelf, placed it in the middle of the tray and covered everything but its entrance with a heap of sand. Looking back at the tray she started crying and then placed skulls and a skeleton around the tunnel entrance. After slowly cleaning the blue area to the right with a soft brush,

Fig. 3: *Client A: Sandplay Photo – Communicating Trauma*

she placed the meditating women in the top right corner. Wolves and underbrush finished the tray.

In the review phase she shared that the stage of the tray with the 'unprotected' tunnel had reminded her of the trauma, her helplessness, and the sense of something dying inside her. At this point she had communicated to herself that she had been victimized. This reduced her fear that she may have consented, and stabilized her sense of self.

In sandtray work clients are also using their sandtray creations to communicate different layers of their inner world to the therapist. For example, while there is a unique message in each sandtray picture and a personal meaning attached to specific miniature items, it is possible to discern universal meanings in the sandtray, the sand, and the miniatures themselves. The blue sides and bottom symbolize wideness and depth as well as containment and holding. The sandtray process as a whole communicates to clients the possibility of creating their own world, to form and shape their life.

In addition, in their choice of symbols and the way they create their sand worlds, clients can communicate to the therapist how far they are in their healing process (Sachs, 1990; Wiese, 2007). Over time, sandtray pictures can reveal a shift from a wounded position to one of healing. Therefore, sandtray work can be used as an ongoing assessment tool whereby 'scenes serve as touchstones to indicate how [the client] is progressing in treatment' (Mitchell & Friedman, 2003, p. 222). How the client makes the sandtray, and their choice and handling of miniatures are all indicative of therapeutic changes over time (Sachs, 1990, p. 1047).

Just as importantly, sandtray work enables clients to communicate with themselves. By putting their inner world into the sand it becomes visible and 'speaks' to them; the created world 'confront[s] its maker' (De Domenico, 2002, p. 4). Spooner and Lyddon (2007) described the sandtray as providing a 'conversational forum' (p. 82) in which clients, through the process of externalization, can explore, discuss and validate their internal pictures, stories and beliefs.

ACTIVE WORK

The last major theme of sandtray work with adult trauma survivors is encompassed by the term 'active work' which seeks to describe the reconstruction and confrontation of the traumatic experience. This theme captures a client's unconscious and conscious attempts to resolve the trauma, for example through nightmares (Daniels & McGuire, 1998), flashbacks, a preoccupation with the traumatic event (Labovitz Boik & Goodwin, 2000), and a compulsion to recreate the trauma in their life (Toscani, 1998). These phenomena have all been described as ways of trying to undo and change the outcome of the original trauma.

These attempts at resolution of the trauma can also be seen in the progression of sandtrays over time; early sandtrays tend to show a preoccupation with recreating traumatic memories in the sand (Sachs, 1990; Spooner & Lyddon, 2007; Teegen, 2008), sometimes working through the same scene over and over again (Troshikhina, 2012). It is as if the trauma takes up all the psychological space in the mind of the

client (Wiese, 2007). Mitchell and Friedman (2003) stated that the trauma scenes re-created in the sand change over time, signifying movement towards healing. Through the repeated creation of sand scenes the client '... revives lost memories, releases unconscious fantasies, and in the course of time, constellates the images of reconciliation and wholeness of the individuation process' (Daniels & McGuire, 1998, p. 216). Through repeatedly using the sandtray and miniatures, the client becomes actively and physically involved in creating an environment for their own healing (Toscani, 1998). This embodied activity changes the client's position from being a passive victim to becoming an active, empowered creator of their own world (Moon, 2006). The client can enact internalized roles from the impact of the trauma, and the recreation of the traumatic event can lead to the re-experiencing of emotions, which holds the opportunity for healing and transformation.

A relatively large body of literature has explored work with trauma-related nightmares (Coalson, 1995; Daniels & McGuire, 1998; Moon, 2006). In relation to war trauma, Daniels and McGuire (1998) highlighted that while veterans may have discussed their trauma-related nightmares in general terms many times they may have never actually worked the content of the nightmares. Working a nightmare's content means re-creating, re-enacting and transforming it in order to face and conquer the unresolved trauma memories it is expressing. Sandplay is thus used 'as a projective medium through which nightmares can be re-enacted, story-line alteration procedures staged, and face-and-conquer approaches rehearsed' (Coalson, 1995, p. 387).

Client A created her fifth and last tray nine months after she started, aware that this was her second to last session in therapy. Setting the tray up so she faced the short

Fig. 4: *Client A: Sandplay Photo – Active Work (Part Tray)*

Fig. 5: *Client A: Sandplay Photo – Active Work (Full Tray)*

edge, she created the scenery in Figure 4 first, with the little girl facing a wall covered with threatening figurines. Looking at this scene she then placed the ever recurring wolves to guard the wall-breaching tunnel and also next to the 'guiding light' of the flame above and beyond the wall.

In the reflection the client shared that this scene had reminded her of her initial feelings in therapy. She had recreated her overwhelm, her fears, and ultimately her hope 'to get past this' represented by the flame. Only then did she turn the tray sideways and populate the left side as seen in Figure 5. She cleaned out the area in the bottom left-hand corner and placed the glittering stones leading from the tunnel in the wall to this 'lake of tears'. The island with a little flower followed, then the peaceful scene in the top left with 'her tears' now contained and 'treasured'. She finished the tray by placing wolf and pup between the lake and the house.

Aware that she had recreated her journey, the client expressed a sense of closure and satisfaction with the work she had done in therapy so far. She had gone beyond, she had created a place of internal safety and rest, and she had even birthed new powers to protect herself.

IMPLICATIONS FOR CLINICAL PRACTICE AND EDUCATION

These three main themes of sandtray work with adult trauma survivors have a number of implications for trauma agencies, training institutions and therapists.

Trauma agencies which provide play therapy and sandtray work for children affected by trauma usually have therapy rooms specifically designed to meet children's needs, with child-sized furniture and child-friendly furnishings and other features. When working with traumatized adult clients it is equally important to tailor

the environment so that it meets their needs. The adult part of the client that is able to hold the internal wounded child needs to be affirmed, nurtured and strengthened so that the traumatic memories can be revisited safely without the client being over-whelmed and re-traumatized (Toscani, 1998). A sandtray therapy room especially for adult clients with 'grown up' furniture and pictures is vital in order to avoid the uncontrolled regression that can be triggered by the fixtures of a child therapy room.

Kosanke's research (2013) also highlighted the need for therapists and counsellors to be adequately trained in sandtray work before working with clients. Sandtray is a potent and powerful tool that must be 'used with respect, sensitivity and clinical awareness' (Toscani, 1998, p. 21). In order to function as a holding container (Troshikhina, 2012) for a process of integration, offering a free and protected space for the client's trauma work, therapists themselves need to be held by the theory of their own individual psychotherapeutic modalities. Therapists should also have their own personal experience of doing sandtray work before using this modality with clients. Only when they are 'intimately familiar with their own journeys in the tray' (De Domenico as cited in Spooner & Lyddon, 2007, p. 81) can therapists enable their clients to honour their sand creations as a creative expression of their innate capacity to heal.

FURTHER RESEARCH

Further exploration into the use of sandtrays with adult trauma survivors would be helpful. For example, systematic interviewing of clients and therapists about their experiences with sandtrays and trauma work could provide first-hand evidence of the validity of the findings of Kosanke's (2013) research. Further research could also strengthen the argument for education providers and agencies to allocate sufficient resources for adequate training, supervision and equipment for sandtray work with adult trauma survivors. In addition, while Steinhardt (2012) explored sandtray work within some specific cultural contexts, further research on how the model developed by Kosanke (2013) fits across different cultures would help promote culturally safe and sensitive practice. Particularly when working with indigenous, disenfranchised and minority groups, further research has the potential to enhance the understanding of the influences of culturally specific concepts such as family, connection with the land/place, and with nature/the environment in psychotherapeutic work with adult trauma survivors.

CONCLUSION

Kosanke's (2013) research explored how practitioners and scholars across different modalities have written about their application and understanding of sandtray in ther-apeutic work with adult trauma survivors. Using thematic analysis, the research found that sandtray work is particularly well suited for this client group through its facilita-tion of communication and active empowerment, and by providing safety for client and therapist alike.

REFERENCES

Amman, R. (1991) *Healing and Transformation in Sandplay: Creative Processes Become Visible*. La Salle: Open Court.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**: 77–101.

Carey, L. (ed.) (2006) *Expressive and Creative Arts Methods for Trauma Survivors*. London: Jessica Kingsley.

Castellana, F. & Donfrancesco, A. (2005) Sandplay in Jungian analysis: Matter and symbolic integration. *Journal of Analytical Psychology* **50**: 367–82.

Coalson, B. (1995) Nightmare help: Treatment of trauma survivors with PTSD. *Psychotherapy* **32**(3): 381–88.

Daniels, L.R. & McGuire, T. (1998) Dreamcatcher: Healing traumatic nightmares. Using group dreamwork, sandplay and other techniques of intervention. *Group* **22**(4): 205–26.

Davies, J.M. & Frawley, M.G. (1994) *Treating the Adult Survivor of Childhood Sexual Abuse: A Psychoanalytic Perspective*. New York: Basic Books.

De Domenico, G. (2002) Sandtray-worldplay: A psychotherapeutic and transformational sandplay technique for individuals, couples, families and groups. Available at: http://vision-quest.us/vqisr/The%20Sandtray-Worldplay%20Method%20of%20Sandplay.pdf (accessed 9 May 2016).

Fosha, D. (2003) Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In: Solomon, M.F. & Siegel, D.J. (eds), *Healing Trauma. Attachment, Mind, Body and Brain*, pp. 221–81. New York: W.W. Norton & Company.

Frewen, P. & Lanius, R. (2015) *Healing the Traumatised Self. Consciousness, Neuroscience, Treatment*. New York: W.W. Norton & Company.

Goodwin, J. & Attias, R. (1999) Conversation with the body. In: Goodwin, J. & Attias, R. (eds), *Splintered Reflections: Images of the Body in Trauma*. New York: Basic Books.

Homeyer, L.E. & Sweeney, D.S. (2011) *Sandtray Therapy: A Practical Manual*, 3rd edition. New York: Routledge.

Kalff, D.M. (1980) *Sandplay: A Psychotherapeutic Approach to the Psyche*. Santa Monica: Sigo Press.

Kosanke, G.C. (2013) The use of sandtray approaches in psycho-therapeutic work with adult trauma survivors: A thematic analysis. Master's dissertation, Auckland University of Technology, Auckland, New Zealand. Available at: http://aut.researchgateway.ac.nz/handle/10292/5592 (accessed 9 May 2016).

Labovitz Boik, B. & Goodwin, E.A. (2000) *Sandplay Therapy: A Step-by-Step Manual for Psychotherapists of Diverse Orientations*. New York: W.W. Norton & Company.

Lowenfeld, M. (1979) *The World Technique*, 2nd edition. London: Allan Unwin.

Ludwig, C.C. (2007) Traumabehandlung und Sandspiel. *Zeitschrift für Sandspiel-Therapie* **23**: 30–41.

Mitchell, R.R. & Friedman, H.S. (2003) Using sandplay in therapy with adults. In: Schaefer, C.E. (ed.), *Play Therapy with Adults*. Hoboken: John Wiley & Sons.

Moon, P.K. (2006) Sand play therapy with U.S. Soldiers diagnosed with PTSD and their families. In: Walz, G.R., Bleuer, J.C. & Yep, R.K. (eds), *Vistas: Compelling Perspectives on Counseling 2006*. Alexandria: American Counseling Association.

Sachs, R.G. (1990) The sand tray technique in the treatment of patients with dissociative disorders: Recommendations for occupational therapists. *The American Journal of Occupational Therapy* **44**(11): 1045–7.

Spooner, L.C. & Lyddon, W.J. (2007) Sandtray therapy for inpatient sexual addiction treatment: An application of constructivist change principles. *Journal of Constructivist Psychology* **20**(1): 53–85.

Steinhardt, L. (2000) *Foundation and Form in Jungian Sandplay: An Art Therapy Approach*. London: Jessica Kingsley.

Steinhardt, L. (2012) *On Becoming a Jungian Sandplay Therapist: The Healing Spirit of Sandplay in Nature and in Therapy*. London: Jessica Kingsley.

Taylor, M. (2014) *Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and the Body*. Maidenhead: Open University Press.

Teegen, F. (2008) *Wenn die Seele verreist: Traumatische Erfahrungen verstehen und überwinden*. Stuttgart: Verlag Kreuz.

Toscani, F. (1998) Sandrama: Psychodramatic sandtray with a trauma survivor. *The Arts in Psychotherapy* **25**(1): 21–9.

Troshikhina, E. (2012) Sandplay therapy for the healing of trauma. Available at: http://www.inter-disciplinary.net/wp-content/uploads/2012/02/troshikhinatpaper.pdf (accessed 29 June 2016).

Van der Kolk, B.A. (1996) The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In: Van der Kolk, B.A., McFarlane, A.D. & Weisaeth, L. (eds), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, pp. 182–213. New York: Guilford.

Van der Kolk, B.A. (2002) Assessment and treatment of complex PTSD. In: Yehuda, R. (ed.), *Treating Trauma Survivors with PTSD*. Washington, DC: American Psychiatric Publication.

Van der Kolk, B.A. (2014) *The Body Keeps the Score. Mind, Brain and Body in the Transformation of Trauma*. London: Penguin Books.

Wiese, E.B.P. (2007) 'I think he is still inside me': Mother/child psychotherapy with a Kosovar family. In: Drozeth, B. & Wilson, J.P. (eds), *Voices of Trauma: Treating Psychological Trauma Across Cultures*. New York: Springer.

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