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Sand tray therapy is increasingly recognized as an effective therapeutic tool in trauma and grief counseling. Sand tray’s roots can be traced back to H.G. Wells who noticed that his sons worked through their problems as they played with miniature toy figures. Historically, sand tray has been an effective technique used in the healing process in Europe, Japan, and the United States. The tactile, nonverbal experience promotes
awareness of deeply personal emotional issues within a safe, therapeutic environment.

Sand tray therapy provides a powerful therapeutic medium that addresses Herman’s (1997) three-step trauma protocol to establish safety, reconstruct the trauma story, and restore connections with the community. Clients report that they feel drawn to certain figures and are surprised at the power of sand tray in promoting their disclosure of sensitive issues. The arrangement of miniature figures in sand reflects the client’s inner world and evokes spontaneous metaphors and healing narratives that provide understanding of the trauma story. Individuals begin to find solace and healing in the sand tray experience without using words.

**John’s Iraq Memories**

John was a highly respected high school teacher who served with the National Guard in New York City after September eleventh and was deployed to Afghanistan and to Iraq. When John returned home from Iraq, he was different—quieter and more somber. John was frequently absent from school to attend his therapy sessions at the VA and often asked someone to cover his class. One day, he left class suddenly and did not return.

John was found sobbing in the men’s room, cowering in a corner. John began to visit the school counselor’s room when he needed a break. He was attracted to the military figures in her miniature collection and created chaotic battle scenes in sand in which everyone died, burying the figures in sand. He later orchestrated complicated battles, focusing on detailed scenes of the armies and the landscape. Sometimes John broke miniature vehicles and figures into pieces to add to his scene. In one tray, he collected all the medical items, over-filling the tray with an ambulance, stethoscope, hypodermic needle, wheelchairs, bandages, Red Cross trucks, and stretchers. Months later, John created a tray with a lone soldier facing a mother and three children on the other side of a bridge. He stared at the scene for a long time, and then said, “Now I can talk.”

**The Miniature Collection**

Figures and objects selected for the sand tray reflect the client’s experiences and culture. However, the miniature collection represents both the personal world of the client and that of the counselor who collected and arranged the figures. Counselor sensitivity to a wide range of client interests and needs is critical in building the collection. A client who was deployed in Iraq looks for military figures in desert uniform. A new parent needs playpens, bottles, and infants. A student preparing for his Bar Mitzvah searches for a miniature torah.

Although each client uniquely connects with selected miniatures, certain figures and objects are often sought out such as the bride and groom--joined and split apart, minister, cheerleader, grandparent, parent, child, baby, nurse, and wizard, bed, cave, bridge, hour glass, chalkboard, broken doll, umbrella, fabric scraps for a blanket, chair, ambulance,
couch The creator can assign any name or role to a figure; thus, generic non-commercial figures become whatever the creator chooses.

Sand Tray and Trauma

Sand tray is a treatment approach, an intervention, and an assessment tool for trauma that provides a unique safe and protected environment to allow the client to reconstruct the trauma story (Gil, 2006). Counselors should carefully evaluate the appropriateness of sand tray as a therapeutic technique and the readiness of the client for trauma and grief work:

1) When tactile, multi-sensory, or holistic modalities may be more accessible to the client;

2) When talk therapy is not appropriate for jump-starting treatment without using words;

3) When safe distance and physical boundaries are needed to deal with emotional pain;

4) With clients who are very resistant or fearful;

5) With clients who need control and power over the environment to address graphic memories of abuse, injury, or death;

6) When the trauma is so unmentionable and unspeakable that client cannot begin the process of healing through traditional verbal interventions.

Justin: Reconstructing the Trauma Story

Justin returned to school after the funeral of his two closest friends who were killed in a car accident in which Justin had been seriously injured. He barely functioned and did not resemble the outgoing student athlete his family and friends knew before the accident. Justin wished that he had died in the accident and engaged in risk-taking behaviors that terrified his mother. He refused to talk about his feelings or the accident, but he would drop into the counselor’s office and punch a bop bag or sit quietly looking at the shelves of figures. Justin began to select human and ghost figures, and gave each one the name of a living and deceased friend. Justin came back frequently to create scenes about daring activities—helicopters hovering, parachuting figures, and fights, and finally the car accident, a scene he recreated over and over with different endings. Justin drew each completed sand tray on paper and often paged through his collection of illustrations.

For Justin, the counselor was a fully present and non-intrusive partner who, like the sand tray, served to hold Justin’s feelings safely while he created and recreated his painful world. For Justin, little direction was needed at first except to “choose what you want to and place them in the sand as you wish.” Justin became both the story teller and the main
character, editing and reconstructing his story in the processing of healing. The counselor remained continually aware of the power of narrative empathy as Justin expressed his grief, responding and joining when Justin was ready. For Justin, his booklet of illustrations was as therapeutic as his collection of sand tray photographs. Justin labored over each illustration, working through his trauma story through drawing as he had done in the sand tray.

**Kara: The Birthday Party**

Kara was eight years old when her father died in the World Trade Center disaster. Kara, her mother, and brother attended a family therapy program with other families of victims for several years. She also worked with her school counselor and liked making scenes in sand. Kara first selected tiny inanimate rocks and shells and grouped them in one corner, leaving the rest of her tray empty. After many sand trays, Kara began adding figures and trees. Four years later, around the time of her dad’s birthday in September, Kara chose figures representing her family that included her dad for the first time. She placed a miniature barbecue grill, umbrella, and picnic table in the sand, and arranged her family around the table with a cake. She formed candles from clay. “Dad misses his birthday party. We can’t have it at home because Mom cries so much. Happy Birthday, Daddy.”

When Kara was asked if she would like to invite her family to do sand tray, she eagerly agreed. Kara’s mother learned how expressive Kara was with sand tray and how it helped her children heal. Through group sand tray, family members took turns making scenes. When they felt safe, Kara’s mother and brother shared their stories with her with similar themes of grief and loss and rebuilding their lives.

**Developmental Stages of Healing**

Carol was a childhood survivor of terrible physical abuse. She lived on the streets as a teen eventually pulling her life together to finish high school and work her way through college. When Carol married Joe, she repeated the cycle of abuse. Her life was in chaos and memories of abuse as a child paralyzed her when she began therapy. Through sand tray, she slowly worked through her victimization and powerlessness and created a new life for herself and her young children.

Carol’s sand trays followed a gradual progression of development and healing. In the early chaotic stage, her creations were characterized by filling the tray haphazardly with ferocious dinosaurs, wild animals, inanimate rocks and mountains, with no human figures. The next stage was marked by fighting and struggles. Carol shared intricate, symbolic stories about battles, burying figures that represented her and the abusers. In the third stage, Carol’s sand trays reflected growing resolution and hope. She arranged figures representing her and her children, dogs and cats, trees and a colorful clay rainbow—her favorite object. Carol shared stories about her new life and recorded them in
her journal with photographs of the sand trays.

For a victim of sexual or physical abuse like Carol, sand tray promotes awareness of how the dominant life story has been controlled by powerful others. Carol’s early creations reflected how predators and abusers wrote her life story; her later trays reflected her new life story constructed around self-care and care for her children. She filled the trays with children, toys, and new persons in their lives. Carol titled her last creation: The Present, Our Future.

Interpretation is based upon the client’s readiness and the counselor’s level of skill and training. Client insight always precedes counselor insight. The counselor is vigilant about the timing for narrative empathy based on the client’s progress in the healing process. Attentive to the client’s developmental readiness for questions, the counselor gently invites the creator to put words to the sand tray creation within a protected environment. “Tell me about your tray.” “What is the title?” “Perhaps you could make up a story.” As the client becomes able to speak, the counselor encourages the story to unfold. “Are you in the tray?” “Which figure represents you?” “Are there others in the tray?” “What (who) has the most power?” “What are you saying to the others?”

Using Materials Symbolically

Izzie carefully emptied the sand from the tray onto the table. She placed two tiny babies as small as a fingernail in the corner of the empty tray next to a single palm tree. Izzie moistened the sand and piled it high. She selected two tall female figures and buried them in the sand on the table next to the side of the tray with the babies hidden. Izzie finished the tray in three minutes and stared at it for a long time.

“I wasn’t gonna do this I told myself. No. But it happened. I was drawn to the tray.”

“That’s me (sic) and my sister. My gramma died of breast cancer. My mama’s going to die. I can’t bear to see her die. Oh, mama!”

The texture of the moist sand is therapeutic for Izzie who moves and molds it with her hands. The corners of the rectangular tray provide safety where her figures can be almost hidden from the reality of cancer and death. Izzie’s creation separates life and death inside and outside of the tray. Izzie recreated her scene several times. She looked for the same figures which were kept in the same place for constancy which is especially important to the fragile or vulnerable client. Later when she could gradually express her feelings of grief in her stories, Izzie chose an older figure to represent her.

Sand tray theorists suggest that universal themes are reflected in how the tray is organized, how the space is occupied, and whether human figures are included in the tray (Homeyer & Sweeney, 1998; Turner, 2005). Although each sand tray creation is a unique reflection of the client’s inner world, these general environments or worlds help to guide
the counselor in understanding the personal world the client has created.

1) Empty world symbolizing sadness and depression
2) Unpeopled world symbolizing pain or abuse
3) Fenced world or closed world symbolizing compartmentalized or protected issues
4) Rigid or schematic world or world of rows symbolizing control or hiding abuse
5) Disorganized world, incoherent world, or chaotic world symbolizing chaos
6) Aggressive world, with no humans except soldiers, symbolizing violence, anger

**Narrative and Constructivists Influences**

Jamal was nearly through graduate school fulfilling his American Dream. His path had been full of financial roadblocks and personal struggles. Staying in school meant less money to help at home. Jamal’s sand tray was divided up neatly into nine fenced spaces with no gates. He placed a miniature car in each with no humans. Jamal’s sand tray story was also one of safety and success. Although he was pulled in all directions and struggled to deal with issues at work and home, Jamal kept his life tightly organized and protected from outside threats. To achieve his dream, he could not deviate or exit from his current situation.

Jamal was able to reconstruct his story with a new understanding. He is the main character of his story even as an invisible protagonist. For him, cramped spaces do not mean chaos, and fences are healthy boundaries protecting his vulnerability. Sand tray encourages the client to be creator, protagonist, narrator and editor. Jamal assumes the privileged position of constructing his own view of the world in his story, and deconstructing old stories written by others about him. Prochaska and Norcross (2007) clarify the power of reconstructed stories, “There is no objective reality that exists behind our stories. The reality in which we exist is our stories. His-tory and her-story is the reality of each client—unique, personal, subjective, and fortunately open to change.” (p. 461).

In sand tray sessions the counselor invites the client to risk becoming creator and sole author of his/her world. Counselors must be prepared to receive and contain spontaneous disclosures and deeply personal stories. This new constructivist role can be immensely transformative and at the same time frightening for the client. As the client begins to reconstruct the trauma story, the role of narrative empathy becomes increasingly important. The following are basic guidelines for the counselor in using sand tray in the healing process.
• Provide a deeply safe and protected healing environment.
• Avoid speaking until the client completes the sand tray creation.
• Stand or sit so that the entire building process and tray can be viewed.
• Notice the client’s development of the sand tray. Which figure is placed first? What items are moved? Does the creator engage the figures in action? Does the creator narrate the action or speak for the figures?
• Observe the client’s contact with the sandbox and self-soothing with sand. Does the creator move the sand with his/her hands or a tool? Moisten the sand? Place figures under the sand? Work outside the tray?
• Hold back from giving interpretation, meaning, or names to the client’s sand tray.
• Respect the pace of sand tray construction and the client’s need for repetition in reconstructing the trauma story. Do not rush the process.
• Recognize, with the client’s stories, the potential personal impact of vicarious trauma.

Closure of Therapy

The sand tray is not dismantled until after the creator leaves. It is considered a sacred, personal construction. Weinrib (1983) cautions that “to destroy a picture in the patient’s presence would be to devalue a completed creation, to break the connection between the patient and his inner self and the unspoken connection to the therapist” (p. 14). In the trauma healing process, photographs can be taken to provide the developmental history of the sand tray process.

Family or group sand tray can help clients reconnect with friends and family members who can work together with a large sand tray or take turns, watching while each one works in sand. They become silent observers watching the creation and listening to the creator’s story. This approach was particularly therapeutic with families after September eleventh who received emotional support and comfort through group sand tray experiences.

Conclusion

Sand tray as a therapeutic approach offers tremendous opportunities to address a wide range of problems. Many therapists have limited its use to young clients; however, the cases in this article should provide encouragement to expand its use. Of the large number of traumatized veterans returning from Iraq, many may be unable or unwilling to address their issues through traditional modalities. Sand tray may offer the safe therapeutic environment needed to assist in their healing process. Often, traumatic experiences imbedded as traumatic memory may not heal with words without safely re-experiencing and reconstructing the traumatic event. Sand tray can provide the therapeutic method and medium to begin the healing journey.
References


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