

The use of Sandtray approaches in psycho-therapeutic work with adult trauma survivors: a thematic analysis.

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Table of Contents

Table of Figures.....	6
Attestation of Authorship.....	7
Acknowledgements.....	8
Abstract.....	9
Research Structure.....	10
Writing Style.....	11
Chapter One – Introduction.....	12
Personal Background	12
Chapter Two – Background.....	14
Trauma.....	14
Sandtray.....	16
Summary.....	18
Chapter Three – Methodology.....	19
Thematic Analysis.....	19
Transactional Theory.....	21
Symbolic Interactionism.....	23
Social Constructionism.....	24
Summary.....	25
Chapter Four – Method: Thematic Analysis.....	26
Familiarisation with the Data.....	26
Literature Search	26
Familiarisation with the Data Corpus.....	27
Inclusion and Exclusion Criteria.....	27
Data Set.....	28

Coalson (1995).....	28
Daniels & McGuire (1998).....	28
Goodwin & Attias (1999).....	29
Homeyer & Sweeney (2011).....	29
Labovitz Boik & Goodwin (2000).....	29
Ludwig (2007).....	29
Mitchell & Friedmann (2003).....	30
Moon (2006).....	30
Sachs (1990).....	30
Spooner & Lyddon (2007).....	30
Teegen (2008).....	31
Toscani (1998).....	31
Troshikhina (2012).....	31
Wiese (2007).....	32
 Familiarisation with the Data Set.....	 32
Generating Initial Codes.....	33
Codable Moments.....	33
Coding Process.....	34
Searching for Themes.....	35
1st Order Themes and the Development of Further Codes.....	35
2nd Order Themes.....	37
Initial 3rd Order Themes.....	37
Review Themes.....	38
1st Order Themes – A Content List.....	38
Revision of 3rd Order Themes.....	38
Final 3rd Order Themes.....	39
Defining and Naming Themes.....	40
Defining and Naming 3rd Order Themes	40
Traumatised Client	40
Resourceful Client.....	40
Sandtray.....	41
Wounded Client in the Sandtray.....	41
Healing Client in the Sandtray.....	41
Sandtray Process.....	41
Therapist.....	42

Theory.....	42
4th Order Themes.....	42
Producing the Report.....	43
Summary.....	44
Chapter Five – The Research Findings.....	45
Sandtray Work with Adult Trauma Survivors: A Narrative.....	45
Three Cornerstones of Trauma Work.....	48
Safety.....	48
Communication.....	52
Active Work.....	55
A Clinical Model for Sandtray Therapy with Adult Trauma Survivors.....	57
Summary.....	58
Chapter Six – Discussion and Conclusion.....	60
Research Findings in Relation to the Wider Trauma Literature.....	60
Implications for Clinical Practice.....	61
Implications for Education.....	64
Study Strengths	65
Study Limitations.....	66
Further Research.....	67
Conclusion.....	68
References.....	70
Appendices.....	75
Appendix A – Email to New Zealand based Sandplay Experts.....	75
Appendix B – Email to Deutsche Gesellschaft für Sandspieltherapie (DGST).....	76
Appendix C – Literature Search Log.....	77

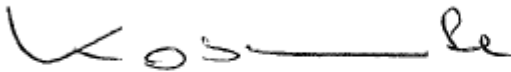
Appendix D – Example: Highlighting Data Extracts in Data Item.....	79
Appendix E – Example: Initial Codes in Data Item – Excel Work Sheet.....	80
Appendix F – Example: 1st Order Themes – Excel Work Sheet.....	81
Appendix G – 1st Order Themes.....	82
Appendix H – 2nd Order Themes.....	83
Appendix I – Initial Version of 3rd Order Themes.....	84
Appendix J – Example: 1st Order Theme Content List.....	85
Appendix K – Example: Content Items Sorted into Revised 3rd Order Themes.....	86
Appendix L – All Themes in an Overview.....	87
Appendix M – Example: Content Items sorted under 3rd Order Themes.....	88
Appendix N – Example: Highlighted Content Items in 3rd Order Themes.....	89

Table of Figures

<i>Figure 1. Reading Process.....</i>	<i>22</i>
<i>Figure 2. Diagram of Sandtray Therapy with Adult Trauma Survivors.....</i>	<i>46</i>
<i>Figure 3. Clinical Model for Sandtray Therapy with Adult Trauma Survivors.....</i>	<i>57</i>

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material, which to a substantial extent, has been accepted for the qualification of any other degree or diploma of a university or institution of higher learning, except when acknowledgement is made in the acknowledgements.



Signed: Garjana Claudia Kosanke

Date: 1st July 2013

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Abstract

This dissertation is an investigation into the literature on the use of Sandtray approaches in psycho-therapeutic work with traumatised adult clients. The research focuses on how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in the therapeutic work with adult trauma survivors. This is an interpretive project employing thematic analysis. The research findings collectively describe a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors”. Sandtray as an adjunct therapeutic tool is found to increase *Safety*, to foster the *Communication* of the often “unspeakable” experience of trauma, and to provide a physical space where *Active Work* with trauma can be contained. Implications for clinical practice, education, and further research as well as a critical reflection on the method of research are outlined.

Research Structure

CHAPTER ONE will introduce the research topic, the research question, and the aim of the dissertation. It will finish with a personal introduction of the researcher.

CHAPTER TWO will give an overview of the relevant aspects of trauma and Sandtray in regard to the research question. It will outline the definition of trauma for this research study as well as an overview of Sandplay and Sandtray therapy.

CHAPTER THREE will articulate the philosophical underpinnings that have informed the approach in this study. Thematic analysis will be described as an appropriate qualitative research method for the research topic. Transactional theory as the methodology, and symbolic interactionism as the theoretical perspective of the research, will be outlined. The chapter will finish with an illustration of social constructionism as the epistemological base of this study.

CHAPTER FOUR will describe the theoretical and practical implementation of thematic analysis in detail. It will outline how the data set of 14 data items was found, how 1379 “codable moments” (Boyatzis, 1998, p. 3) were identified, and how 3647 codes and a list of 598 content items were generated. It will describe the process of developing 70 1st order themes, 11 2nd order themes, eight 3rd order themes, and three 4th order themes by using a rigorous sorting and revising process.

CHAPTER FIVE will outline the research findings. A diagram will order and illustrate the 3rd order themes: *Traumatized Client, Resourceful Client, Sandtray, Wounded Client in the Sandtray, Healing Client in the Sandtray, Sandtray Process, Therapist and Theory*. The three 4th order themes *Safety, Communication and Active Work* will be outlined as cornerstones of the work with adult trauma survivors. A “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” comprised of all 3rd and 4th order themes will be introduced.

CHAPTER SIX will discuss the findings and address implications for: clinical practice, education, and research. Limitations of the study will be named.

Writing Style

This dissertation is an investigation into the literature on the use of Sandtray in psycho-therapeutic work with traumatised adult clients. While the study is predominantly written in the time-honoured tradition of writing dissertations in the third person (Wolcott, 2001), I departed from this tradition in individual sections of the dissertation, using first person pronoun and active voice, to highlight the interpretive nature of this qualitative research project.

Capitalisation of the terms “Sandtray” and “Sandplay” has been used throughout the dissertation to indicate that both terms describe complex modalities that use a sandtray as a tool in the psycho-therapeutic work with clients.

All translations in this dissertation are my own unless otherwise indicated. Throughout the dissertation APA 6th referencing has been used as required.

Chapter One – Introduction

This qualitative descriptive study used thematic analysis to explore publications relevant to the topic “The use of Sandtray approaches in psycho-therapeutic work with adult trauma survivors”. The research question for the study asked “how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors”.

Information about the therapeutic work with trauma, and different theories of Sandplay and Sandtray therapy, can be found in books, dissertations and journal articles, but research and publications in the area of Sandplay or Sandtray work with adult clients in combination with the issue of trauma are sparse and widely dispersed, and themes in this area have not been systematically identified and interpreted. The aim of this dissertation is an in-depth engagement with publications relevant to the research question, to result in the development of themes that reflect the multiplicity of the data and a deeper understanding of the theoretical and conceptual considerations discussed in them. The findings from this study will be used to increase knowledge about the use of Sandtray with adult clients experiencing the impact of trauma, to enhance training in trauma work, and to improve the quality of clinical practice with traumatised adult clients.

Personal Background

I started this research with a strong personal and professional motivation to explore how practitioners and scholars across different psycho-therapeutic modalities reflect on the use of Sandtray in their psycho-therapeutic work with adult trauma survivors. My aim was to deepen my understanding of the topic in order to provide ongoing appropriate, effective care for my traumatised clients. My personal, spiritual, and political views have inevitably been sources of both bias and insight during my research. To allow the reader of my dissertation to

have a better understanding of who I am as a person and researcher, I will include an introduction into my personal background.

I have a particular interest in working with individuals and families who have been affected by an inter-generational cycle of trauma and abuse. This stems from personal experience of being the second generation of German children affected by the trauma of World War II as well as my experience of interpersonal trauma early in my life. As a young adult I started to study law with the intention of becoming a victim's advocate to help provide more space for people to tell their traumatic stories. After I finished my studies I realised that the court room was not the space for me to do this and started to train as an Integrative Gestalt Therapist in 1995. I participated in experiential Gestalt training groups and gained a deeper understanding of techniques to externalise internal processes by using creative methods to make internal processes visible. After I finished my training I worked with traumatised individual clients, and participated in and facilitated trauma therapy, self-awareness and meditation groups until we emigrated.

I came to Aotearoa/New Zealand in 2003. In 2009 I decided to get additional training at the Auckland University of Technology to gain a deeper knowledge of psychodynamic psychotherapy and the confidence to practice in a culture and a language that was foreign to me. Inspired by the work of colleagues, I started Sandplay training in 2011.

Over the last three years I have worked for a charity organisation that provides counselling, therapy and education services for children, teenagers, women and their families whose lives have been affected by abuse, trauma or family violence. During that time I encountered several situations with adult trauma survivors where my clients felt unable to put their experience of trauma into words. I started to offer adjunct Sandtray therapy to my traumatised adult clients, and experienced that the use of Sandtray appeared to help them to communicate the complexity of their inner experiences.

Chapter Two – Background

After having introduced the research topic, the research question, and the aim of the dissertation, this chapter will give an overview of the relevant aspects of trauma and Sandtray in regard to the research question “how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors”. It will define the term “trauma” for this research study and it will provide a brief overview of Sandplay and Sandtray therapy.

Trauma

The term “trauma” has been defined in many different ways, depending on the environment and the circumstances in which it has been used (Briere & Scott, 2006). For psycho-therapeutic work with traumatised clients the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) has defined the term “trauma” to determine what is included and what is excluded relevant to a psychiatric diagnosis. The DSM definition of psychological trauma has been changed repeatedly over the last century (Wilson & Keane, 2004), reflecting the difficulties in determining the general essence of what is primarily an individual experience of an overwhelming situation. The third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980) defined trauma as a “recognizable stressor that would evoke significant symptoms of distress in almost anyone” (p. 238).

To exclude normal life stressors, such as “simple bereavement, chronic illness, business loss, and marital conflict” (Wilson & Keane, 2004, p. 64), from the definition of trauma, reducing it to rare major events that are overwhelming for a human being, the revised version of the DSM-III, DSM-III-R (American Psychiatric Association, 1987) modified the term by

defining trauma as an event that is “outside the range of usual human experience and that would be markedly distressing to almost anyone” (p. 250).

The latest version of the *Diagnostic and Statistical Manual of Mental Disorders*, DSM-IV-TR (American Psychiatric Association, 2000) defines trauma as

direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or those closely associated (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror... (Criterion A2) (p. 463)

The new definition includes events that are more frequent, but narrows the definition again by adding a person's specific response to the traumatic event as an inclusion or exclusion criterion. The DSM-IV-TR (American Psychiatric Association, 2000) definition also requires “death, injury, or a threat to the physical integrity” (p. 463) which excludes threats to “*psychological* integrity” (Briere & Scott, 2006, p. 4), previously included in the DSM-III-R (American Psychiatric Association, 1987).

Living through traumatic experiences is a universal part of human existence (Wilson & Keane, 2004). During a normal lifetime practically everybody experiences one or more potentially traumatic events and many people recover without psychological help. However, “a significant number of individuals will suffer lasting psychological distress, ranging from mild lingering anxiety to symptoms that interfere with all aspects of functioning” (Briere & Scott, 2006, p. xi). To reflect the common occurrence of trauma (Herman, 1992) in many people's lives, this research will follow the DSM-IV-TR (American Psychiatric Association, 2000) definition of trauma with the addition of including events that involve a “threat to psychological integrity” in the term “trauma”.

Over the past century an increasing number of practitioners and researchers of different disciplines have focused on the assessment (Wilson & Keane, 2004) and treatment (Baldwin,

2012; Briere & Scott, 2006; Herman, 1992) of post-traumatic stress and other trauma-related conditions. A full review of theory and practice of trauma treatment falls beyond the scope of this research topic of “how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors”.

Sandtray

In the beginning, the use of sandtrays and miniatures in psychotherapy was solely used in therapeutic work with children. It originated with the work of Margaret Lowenfeld, who was inspired by H. G. Wells' (1911) book *Floor Games*, in which Wells gave a detailed description of dramatic imaginative scenes created by his sons using miniatures and small toys on the floor, and his realisation that his sons were working out their problems with each other and with other members of the family (Pearson & Wilson, 2001). Lowenfeld adapted the technique (later known as the Lowenfeld World Technique) for her therapeutic work with children, by adding sand and water to it, and confining the play to a metal tray (De Domenico, 2002). The new technique involved the client spontaneously arranging the sand and/or miniatures in wet or dry sand to create an image, a fantasy or their entire world.

Dora Kalff (1980), a Jungian analyst, who worked with Lowenfeld, further developed the tradition in the late 1950s when she adopted the World Technique into her own analytic therapy and extended the use of sandtrays to the work with adult clients (De Dominco, 2002). Kalff (1980) called her new technique Sandplay therapy. She found Sandplay activated the natural healing forces of the psyche whereby conscious and unconscious parts of the self develop a more harmonious relationship which leads in turn to the restructuring and strengthening of the ego (Cunningham as cited in Zhou, 2009, p. 69).

While Kalff's Sandplay therapy remains the dominant approach to the use of Sandtray work, contemporary psychotherapists implement a variety of different methods of Sandtray work into the work with clients. Gisela de Domenico (2002) developed and taught, since the late 1970s, her own more humanistic-based method, which she calls *Sandtray-Worldplay*, in which she incorporates Kalff's ideas along with spiritual and cultural awareness. Humanistic psychotherapy provides Sandtray equipment in the therapy room along with other creative materials. In art therapy, Sandtray work is often used as a concrete creative way to express internal processes (Steinhardt, 2000) and authors from different psycho-therapeutic schools link "sandplay with psychodrama ..., music ..., [and] dance-movement therapy" (Steinhardt, 2000, p. 42).

Regardless of the different approaches to Sandtray therapy, the therapist provides two sandtrays, measured 57cm x 72cm with a depth of 7cm, one with wet and one with dry sand, with blue bottoms and sides to represent water and sky (Labovitz Boik & Goodwin, 2000). This size allows clients without using peripheral vision to see every part of the tray (De Domenico, 2002) and to reach every part comfortably. The therapist provides an additional bowl of water which can be used by the client to form the sand or to 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 so on (Mitchell and Friedman, 2003). The collection includes "everything that is in the world, everything that has been, and everything that can be" (Amatruda & Simpson as cited in Moon, 2006, p. 65) and is supposed to hold the possibility for the client to capture and spontaneously symbolise her internal and external world. The therapist provides a camera to capture the sandtray picture at the end of each session. The goal of Sandplay therapy is to increase the understanding of self and others, and to discover behaviour, patterns and

perceptions that have led to the difficulties the client is working to resolve (De Domenico, 2002).

Because therapists are embedded in different modalities, they might have significantly different understandings of the therapeutic process. This research uses thematic analysis in order to find the underlying themes that unite the different authors in their therapeutic work with adult trauma survivors, leading them to use Sandtray as an additional approach in trauma therapy.

Summary

In this chapter the term “trauma” has been defined in accordance with the DSM-IV-TR (American Psychiatric Association, 2000) as “a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical or psychological integrity that involved intense fear, helplessness, or horror”. The inclusion in the definition of experiencing threat to psychological integrity has been outlined. An historical as well as a practical overview of the use of sandtrays in the therapeutic work with clients has been given.

Chapter Three – Methodology

After having defined the term “trauma” for this research study and given an overview of Sandplay and Sandtray, this chapter will articulate the philosophical underpinnings that have informed the research approach in this study. Four questions proposed by Crotty (1998) will be answered in order to give a summary of the “assumptions about reality that we bring to our work” (p. 2) as researchers:

- What *methods* do we propose to use?
- What *methodology* governs our choice and use of methods?
- What *theoretical perspective* lies behind the methodology in question?
- What *epistemology* informs this theoretical perspective?

Thematic analysis will be described as being an appropriate qualitative research method for the research topic. Transactional theory as the methodology, and symbolic interactionism as the theoretical perspective of the research, will be outlined. The chapter will finish with an illustration of social constructionism as the epistemological base of this study.

Thematic Analysis

The method proposed is a qualitative research approach, in the form of a thematic analysis. The dissertation follows a six-step process described by Braun and Clark (2006) for thematic analysis, including criteria for the successful implementation of each step.

STEP ONE is a first-familiarisation process with the data. It involves the repeated reading and re-reading of the data as well as an active search for and capturing of initial meanings and patterns.

STEP TWO involves the generating of initial codes that identify interesting and meaningful features of the data in relation to the research question.

STEP THREE is the search for themes, patterned responses or meanings within the data set that represent something important about the data in relation to the research question.

STEP FOUR is a review of the themes in order to determine whether each theme is supported by enough data and if the data is reflected by the theme.

STEP FIVE is the defining and naming of the themes in order to capture “the ‘essence’ of what each theme is about” (Braun & Clarke, 2006, p. 92).

STEP SIX involves the creation of the written dissertation in a way that will demonstrate the merit and validity of the research by providing “a concise, coherent, logical, non-repetitive and interesting account of the story the data tell” (Braun & Clarke, 2006, p. 93).

The aim of the dissertation is an in-depth engagement with publications relevant to the topic that will result in the development of themes that reflect the multiplicity of the data and a deeper understanding of the theoretical and conceptual considerations discussed in them. While a systematic literature review could provide an overview of all existing literature on the topic of the use of Sandtray in psycho-therapeutic work with adult trauma survivors, a preliminary literature review has shown that only a few authors have written about the use of Sandtray in the work with adult trauma survivors. A thematic analysis is more suited for this qualitative research, as it provides a research tool that allows an in-depth engagement with fewer publications. It enables the researcher to develop themes that capture the complexity of the data comprised of a range of very different accounts of practitioners and scholars across different modalities. Thematic analysis allows for a closer understanding of the texts that can generate “holistic, nuanced, personal, contextualized, incomplete knowing that is familiar to therapists” (McLeod, 2001, p. ix).

Transactional Theory

The research methodology that shapes the particular form of the thematic analysis in this study, my in-depth engagement with the relevant data, is transactional theory (Rosenblatt, 1978).

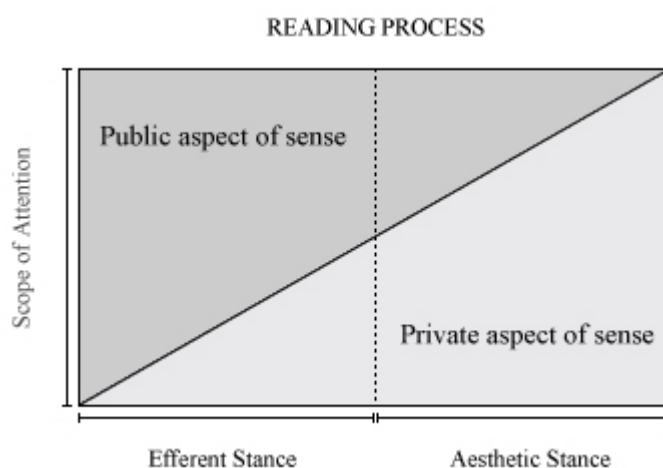
This research in the form of a thematic analysis of publications relevant to the research question focuses on meaning-making and the development of themes that capture the complexity of the written data. According to Beach and Hynds (1996) “... theorists and researchers in literary responses ascribe varying degrees of importance to reader and text in the creation of meaning, most view the process as somewhat ‘transactional’ in nature” (p. 454). Louise Rosenblatt (1978) pointed out that in transactional theory “... the human being is not seen as a separate entity, acting upon the environment, nor the environment as acting on the organism, but both as parts of a total event” (p. 98). In regard to the engagement with written data this means that “... readers both transform and are transformed by” (Beach & Hynds, 1996 p. 455) the data, and meaning emerges in the *transaction* between reader and text (Rosenblatt, 1978).

Rosenblatt (1988) highlights the importance of the attitude and focus of the reader during the reading process and distinguishes between two different stances towards reading. She explains:

Any linguistic activity has both public (lexical, analytic, abstracting) and private (experiential, affective, associational) components. Stance is determined by the proportion of each admitted into the scope of selective attention. The efferent stance draws mainly on the public aspect of sense. The aesthetic stance includes proportionately more of the experiential private aspect (p. 9).

The diagram below (*Figure 1.*, amended from Rosenblatt, 1988) illustrates the described reading process.

Figure 1.



My scope of attention is defined by my research focus on how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors. In the initial phase of making myself familiar with the data set, I read and re-read all data items with the intention to focus first on the content of the text and later, in a second level review, on my emotional and intellectual responses and associations. An efferent stance has been employed for the initial coding process, by coding very closely to the written text to capture the public aspects of sense inherent in the data. Beach and Hynds (1996) pointed out that "...while interpretations presumably differ from one reader to the next, commonalities or 'recurrences' of meaning within any community of readers emerge as readers share common backgrounds, psychological predispositions, and interpretive strategies" (p. 455). I incorporated a more aesthetic stance into the process of constructing themes to allow for an engagement that goes

beyond the public aspects, to ensure capturing the richness and complexity of the data in the widest possible sense.

Symbolic Interactionism

The theoretical perspective that lies behind my chosen methodology is symbolic interactionism (Blumer, 1969), an interpretive approach towards research studies. Blumer (1969) formulates three fundamental assumptions of symbolic interactionists:

- that human beings act towards things on the basis of the meanings that these things have for them
- that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows
- that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (p. 2)

Research based on the theoretical perspective of symbolic interactionism has the *meaning that people attach to things* at the centre of its enquiries. In accordance with this, the research focuses on the *meaning* practitioners and scholars across different psycho-therapeutic modalities have formulated in their writings about their application and understanding of Sandtray in therapeutic work with adult trauma survivors. Blumer (1969) points out that "... symbolic interactionism sees meanings as social products, as creations that are formed in and through the defining activities of people as they interact" (p. 5). In this regard I understand my research in the form of a thematic analysis of publications relevant to the research question as an interacting process between myself and other Sandtray practitioners through their creation of, and my engagement with, their written word. I am making meaning of their Sandtray work with adult trauma survivors, by immersing myself in the data, trying to put myself "in the place of the other" (Crotty, 1998, p. 75), allowing their

meanings to become part of my meaning. Through the interpretive process of coding and constructing themes the encountered meaning becomes modified and new meaning develops. The theoretical assumption of symbolic interactionism as an interpretive perspective is that “... findings are literally created as the investigation proceeds” (Guba & Lincoln, 1994, p. 111). This written research study in return is an invitation for other Sandplay practitioners to continue the process of making meaning.

Social Constructionism

The epistemology embedded in the theoretical perspective outlined above and thereby in the described methodology is social constructionism. The epistemological ground of Western science has long been the positivist notion that there is an objective truth, an objective reality that, with the accurate tools and appropriate methods, can be discovered and defined. “What distinguishes constructionism, setting it over against the objectivism inherent in the positivist stance, is its understanding that *all* meaningful reality, precisely as meaningful reality, is socially constructed” (Crotty, 1998, p. 55). Crotty (1998) defines constructionism as

the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context. (p. 42)

Constructionism acknowledges that while meaning and truth “are constructions, and may change in their nature tomorrow ... they are real, nonetheless” (Crotty, 1998, p. 64). While we construct meaning we do not construct meaning out of nothing, we have an object to work with. In this research the *object* I am working with is the data set composed of publications relevant to the topic. I am aware that the meaning I construct is formed by my social, professional and cultural background. Nevertheless this research has been done in a constructionist vein, which “requires that we not remain straitjacketed by the conventional

meanings we have been taught to associate with the object. Instead, such research invites us to approach the object in a radical spirit of openness to its potential for new or richer meaning” (Crotty, 1998, p. 51).

Summary

In this chapter the philosophical underpinnings that have informed the approach in this study have been articulated. Social constructionism as the epistemological base of this study, symbolic interactionism as the theoretical perspective of the research, transactional theory as the methodology, and thematic analysis as the appropriate qualitative research method have been outlined.

The next chapter will provide a detailed description of the practical implementation of thematic analysis as the chosen research method.

Chapter Four – Method: Thematic Analysis

This chapter will describe the theoretical and practical implementation of thematic analysis in detail. It will outline how the data set of 14 data items was found, how 1379 “codable moments” (Boyatzis, 1998, p. 3) were identified, and 3647 codes and a list of 598 content items were generated. It will describe the process of developing 70 1st order themes, 11 2nd order themes, eight 3rd order themes, and three 4th order themes by using a rigorous sorting and revising process.

The dissertation follows a six-step process described by Braun and Clark (2006) for thematic analysis, including criteria for the good implementation of each step.

Familiarisation with the Data

Familiarisation with the data is the first step of Braun and Clark’s (2006) six-step process for thematic analysis. The components of the process are outlined below.

Literature Search

The research started with a data collection through a search of the electronic databases PsychInfo, the Auckland University of Technology library catalogue (AUT catalogue), Psychoanalytic Electronic Publishing (PEP), ProQuest Dissertation & Thesis (PQDT), and Psychology and Behavioral Sciences Collection (EBSCO), using the terms “sandplay”, “sand play”, “sandtray”, “sand tray”, and “World Technique” combined with the term “trauma”. Information about different theories and practices of Sandplay and Sandtray therapy and the use and understanding of sandtrays in therapeutic work can be found in books, dissertations and journal articles. A first screening process revealed that research and publications in the area of Sandplay and Sandtray work with adult trauma survivors are very limited.

To widen the search for relevant publications the internet was searched using “sandplay sandtray trauma” and “Sandspiel Trauma” as terms in Google Search. Literature recommended by colleagues and supervisors were scanned for their relevance to the research question, and an email enquiry regarding relevant publications known to the addressee was sent to national (Appendix A) and international (Appendix B) experts on Sandplay. A detailed research log is attached (Appendix C).

Familiarisation with the Data Corpus

Because of the relatively small number of literature items found, each item of this “data corpus” (Braun & Clark, 2006, p. 79) was reviewed to determine its relevance to the research topic. It soon became apparent that the majority of the publications were either about Sandtray work in general or specifically tailored to the work with children or adolescents. Publications about Sandtray in combination with trauma consisted of articles about trauma defined as psychological trauma that occurs as a result of a severely distressing event, or articles about trauma defined as developmental trauma that occurs as a result of an unsupportive childhood environment. A number of publications found in the literature search have been written in other languages than English; mainly Chinese, French and German.

Inclusion and Exclusion Criteria

Based on the first screening process the data corpus was reduced, initially by applying exclusion criteria, i.e. publications in a language other than English or German, book reviews, and publications that focussed solely on therapeutic work with children were excluded. The remaining data set included 48 “data items” (Braun & Clark, 2006, p. 79) composed of articles, books, book chapters, dissertations and one video presentation. At a scheduled Faculty Presentation the data set of 48 data items was presented to colleagues and

lecturers at the Auckland University of Technology (AUT). Because of the unanimous feedback that the data set was too big for a thorough thematic analysis, the data set was reduced further by excluding all dissertations from the data set (because of their volume), and by excluding all data items that did not meet the inclusion criteria of “Sandtray work AND work with adult clients AND trauma”. The DSM-IV-TR (American Psychiatric Association, 2000) definition of trauma as “an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity” (p. 463), including events that involved a threat to one’s psychological integrity, was used as an inclusion criteria.

Data Set

The remaining literature, forming the data set of 14 data items, will be described briefly to allow a positioning of the research in the wider field of Sandplay and trauma work.

Coalson (1995)

The article *Nightmare help: Treatment of trauma survivors with PTSD* describes a specialised three-month adventure-based Post-Traumatic Stress Treatment program for veterans, which combines a variety of psycho-therapeutic and psycho-educational components with an inpatient focus. The article focuses on the treatment of recurrent trauma-related nightmares by combining individual Sandtray sessions and group work.

Daniels & McGuire (1998)

The article *Dreamcatcher: Healing traumatic nightmares using group dreamwork, sandplay and other techniques of intervention* provides a description of a nightmare treatment model with adult war-trauma survivors. The method uses group therapy combined with Sandplay or writing techniques as a means of communication and understanding.

Goodwin & Attias (1999)

The chapter *Conversation with the body* in the book *Splintered reflections: Images of the body in trauma* focuses on the impact of psychological trauma on the body of the victim and concentrates on the necessity of developing nonverbal and paraverbal channels of communication and symbol-making capacities in the work with traumatised clients. Sandtray work was employed to further body-image integration and body-ego functioning.

Homeyer & Sweeney (2011)

The chapter *Sandtray therapy and psychic trauma* in the book *Sandtray therapy: A practical manual* provides a brief rationale for the use of Sandtray therapy with traumatised clients. The author highlights the psychological and neurobiological benefits of Sandplay therapy and the “natural fit” with the “fundamental sensory nature of trauma” (p. 79).

Labovitz Boik & Goodwin (2000)

The chapter *Trauma trays* in the book *Sandplay Therapy: A Step-by-step manual for psychotherapists of diverse orientations* focuses on the guided confrontation of traumatic experiences in the sand. The authors highlight the importance of client-tailored therapy and provide a detailed account of their work with traumatised adult clients.

Ludwig (2007)

The article *Traumabehandlung und Sandspieltherapy (Trauma treatment and Sandplay therapy)* is written in German and is based on a presentation held at the Jung-Institute in Stuttgart, Germany. The author writes about the helpful aspects of Sandplay for clients and therapists alike in the treatment of sexually hurt people.

Mitchell & Friedmann (2003)

The chapter *Using Sandplay in therapy with adults* in the book *Play therapy with adults* focuses primarily on the interpretation of concrete Sandtray pictures and the use of figurines in the therapeutic process. The authors identify “several themes that clustered naturally into one of two groups: (a) themes of wounding, and (b) themes of healing or transformation” (p. 215).

Moon (2006)

The article *Sand play therapy with U.S. Soldiers with PTSD and their families* describes Sandplay therapy as providing a tool for traumatised clients to experience and to express the “horrors of war” (p. 64) that they had previously been unable to share.

Sachs (1990)

The article *The sand tray technique in the treatment of patients with dissociative disorders: Recommendations for occupational therapists* proposes to use Sandtray as “(a) a potential screening procedure of patients with dissociative disorders and a history of child abuse and (b) a treatment method for eliciting and working through dissociated trauma” (p. 1045).

Spooner & Lyddon (2007)

The article *Sandtray therapy for inpatient sexual addiction treatment: An application of constructivist change principles* provides a description of a “model of sandtray therapy, specifically designed as an adjunct intervention for a trauma-based inpatient program” (p. 53). The article is written from a constructivist view point and Sandtray interventions are

seen as a means to facilitate the “process of meaning-making and reconstructing one’s inner world and sense of self” (p. 53).

Teegen (2008)

The section *Sandspieltherapie (Sandplay therapy)* in the book *Wenn die Seele verweist: Trauma verstehen und überwinden (When the soul goes away: Understanding and overcoming trauma)* is written in German and describes how Sandplay therapy can help severely traumatised clients who have been unable to speak about their traumatic experiences to build a base for communication.

Toscani (1998)

The article *Sandrama: Psychodramatic sandtray with a trauma survivor* combines a Jungian perspective on using Sandtray work with psycho-dramatic techniques. The author demonstrates the active confrontation of trauma material in the sand whereby the importance of safety has been highlighted in the process.

Troshikhina (2012)

The article *Sandplay therapy for the healing of trauma* is based on a presentation held at the 2nd Global Conference on *Trauma: Theory and Practice* in Prague, Czech Republic. The author describes the use of Sandtray in the PTSD treatment and healing process of a Russian soldier. The author states that “healing comes from the deep level of the psyche rather than from outside” (p. 4) and describes the spontaneous sand creations themselves as healing.

Wiese (2007)

The chapter “*I think he is still inside me*”: *Mother/child psychotherapy and sandplay with a Kosovar woman and her infant son* from the book *Voices of trauma: Treating psychological trauma across cultures* describes Sandplay as a tool to bridge communication problems: “The sandplay method was eventually used to help the client to project and elaborate her inner world and conflicts” (p. 271).

Fourteen individual client cases have been included in the data set. Five of the 14 cases describe how war had affected the clients, as in four cases the clients were male soldiers (Coalson, 1995; Daniels & McGuire, 1998; Moon, 2006; Troshikhina, 2012) and in one case the client was a civilian woman (Wiese, 2007). Six of the 14 data items described clients that had been victims of sexual abuse or violence by a family member during adolescence or childhood – five of the victims were female (Goodwin & Attias, 1999; Ludwig, 2007; Mitchell & Friedmann, 2003; Teegen, 2008; Toscani, 1998) and one male (Spooner & Lyddon, 2007). In three cases the clients were adult women who had been sexually assaulted (Labovitz Boik & Goodwin, 2000; Ludwig, 2007; Spooner & Lyddon, 2007).

Familiarisation with the Data Set

Braun and Clarke (2006) describe familiarisation with the data as being the first phase of thematic analysis after having determined the data set. To reach a deeper level of understanding of the data set before starting the coding process, Braun and Clarke (2006) suggest “ ‘repeated reading’ of the data, and reading in an *active* way – searching for meanings, patterns and so on” (p. 87). In the initial phase of making myself familiar with the data set I read and re-read all data items with the intention of focusing first on the content of the text and later in a second level review on my emotional and intellectual responses and

associations. Reading the texts in this way allowed me to get a first feeling for possible patterns.

One of the first topics that stayed in my mind was the notion of Sandtray providing a *language* for what is called by Kolk (as cited in Homeyer & Sweeney, 2011) as the “speechless terror” (p. 80) involved in trauma. Secondly, I was surprised by the amount of active involvement of the therapist in the therapeutic Sandtray process described in most of the data items, as traditional Sandplay therapy usually employs a more passive stance on the part of the therapist (Kalff, 2000). I noted my first impressions in a research journal that I kept throughout the entire research process.

Generating Initial Codes

Generating Initial Codes is the second step of Braun and Clark’s (2006) six-step process for thematic analysis.

Codable Moments

At this stage each of the 14 data items had been read at least twice. To start the coding process each data item was read again, whereby each sentence was examined to find a “Codable Moment” (Boyatzis, 1998, p. 3), a “most basic segment, or element, of the raw data or information that can be assessed in a meaningful way” (Boyatzis, 1998, p. 63) regarding the research question of how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors. I decided to exclude data solely concerned with either the topic of trauma or the topic of Sandplay in general from the thematic analysis to keep the research focused on the combination of both topics, but to include the information on both topics in the overview in Chapter Two. An “effortful stance” (see *Figure 1.*, p. 22), was

employed to determine codable moments by sticking very closely to the written text to capture the “public aspects of sense” (see *Figure 1.*, p. 22) inherent in the data and to reduce the influence of personal bias at this fundamental level of the research. The codable moments were underlined in the original texts (see Appendix D for an example), copied and entered into an Excel work sheet together with an author and page reference (see Appendix E) for later sorting into 1st order themes. At this point the question of how to capture data items written in German became important. The question whether to translate the codable moments and to enter the translation into the Excel worksheet or to leave them in the original language was discussed with my supervisor and peers. Translating the text before the initial coding would have introduced the risk of changing its meaning at this early stage of the research. There was no advantage in translating the original text, therefore I made the decision to enter the codable moments in the original language to ensure the consistent employment of an efferent stance throughout this initial process. 1379 codable moments were identified throughout the 14 data items.

Coding Process

The second step of Braun and Clarke’s (2006) six-step process “involves the production of initial codes from the data” (p. 88). According to Braun and Clark (2006), codes “identify a feature of the data (semantic content or latent) that appears interesting” (p. 88) and meaningful to the research question. Boyatzis (1998) describes three different ways to develop codes: “(a) theory driven, (b) prior data or prior research driven, and (c) inductive (i.e., from raw data) or data driven” (p. 29). In this dissertation option (c) has been used to develop codes, and the extraction of codable moments from each data item has been based on “the words and syntax of the raw information” (Boyatzis, 1998, p. 30). Based on Boyatzis’ (1998) definition of the development of data-driven codes, the 1379 codable moments

identified have been defined as initial codes (Appendix E). Further codes were developed in the following step together with the creation of 1st order themes.

Searching for Themes

Searching for themes is the third step of Braun and Clark's (2006) six-step process for thematic analysis.

1st Order Themes and the Development of Further Codes

The aim of the dissertation is an in-depth engagement with publications relevant to the research topic to result in a thorough understanding of the theoretical and conceptual considerations discussed in them. Boyatzis (1998) pointed out:

When entering the path of the data-driven approach, researchers must have a great deal of faith that they will arrive at a desirable destination, especially because they do not know where it will be, what it will look like once they are there, and how long it will take (p. 29)

At this stage the outcome of the research was completely unknown and the creation of codes had been mainly driven by the raw data and the attempt to capture the public meaning of the information as closely as possible. Langdrige and Hagger-Johnson (2009) describe a three-level coding process, moving from a descriptive way of coding to a more interpretive one that finally includes prior knowledge to aid the interpretation of the data. In order to code the data set as fully as possible, the already-existing Excel work sheet was used, including all 1379 initial codable moments derived from the 14 data items. Each codable moment was examined for further codes, allowing a more "interpretive stance" (see *Figure 1.*, p. 22) to capture underlying meaning or theoretical ideas. Each new created meaning or theoretical idea was entered into the Excel work sheet as a new column (see Appendix F).

Braun and Clarke (2006) describe that a "theme captures something important about the data in relation to the research question, and represents some level of *patterned* response or

meaning within the data set” (p. 82). The new created meanings or theoretical ideas served therefore simultaneously as new codes and as the beginning of the development of the 1st order themes.

At the same time, the 1st order themes were used as *bins* under which old and new codes could be sorted. The process involved a systematic analysis of the entire set of codable moments one by one. A 1st order theme *bin* was created for every new meaning or idea, then for each following codable moment, it was decided whether it would fit under an existing bin or if a new bin was needed for the new meaning or idea. These 1st order theme bins were entered into the Excel work sheet as columns, one column for each new 1st order theme. The new codes were marked as “1” in the row of the codable moments under the 1st order theme column (see Appendix F for an example). A column on the left-hand side of the worksheet shows the total number of codes attached to each codable moment and the third row from the top shows the total number of occurrences for each 1st order theme/bin. Through this process a total of 70 1st order themes/bins were created. Then the process of sorting each codable moment into the 70 bins was repeated to ensure that codes at the beginning of the list were checked against 1st order themes/bins that had been developed only later in the sorting process and may have been overlooked at the start of it. Finally, 3647 codes were thus identified and sorted into 70 1st order themes. As a next step the developed Excel work sheet was used to sort the 1st order themes according to frequency of occurrence (Appendix G). After this sorting process it became apparent that *Case material* was the most often coded 1st order theme (382 codes) and it also confirmed my first impression that *Language* (159 + 6 codes) was a prevalent topic, and that *Active work* (130 codes) occurred more often as an issue than *Passive work* (42 codes). The quantitative aspect of the data hereby served only the purpose of understanding the qualitative aspects of the data items in more depth and had no further research claim.

2nd Order Themes

A new Excel work sheet (Appendix H) was used to sort the 70 1st order themes into bigger 2nd order themes that incorporated the individual 1st order themes while reflecting a wider topic or pattern. The Excel work sheet allowed sorting the 1st order themes into different groups, ensuring a rigorous process was followed by keeping constant track of all 3647 codes. 1st order themes with a similar topic were sorted together. The developed groups were named in accordance to their content and became 11 2nd order themes: 1. *Case material*, 2. *Trauma*, 3. *Inner client world*, 4. *Physical*, 5. *Sandtray method*, 6. *How to work*, 7. *Therapist*, 8. *Safe space*, 9. *Client's expressive work with trauma*, 10. *Development through therapy*, and 11. *Other theory*.

Initial 3rd Order Themes

Through a process of sorting and collating the 11 2nd order themes, five initial 3rd order themes were determined (Appendix I) whereby “thinking about the relationship between codes, between themes, and between levels of themes” (Braun & Clark, 2006, p. 89) became important. I incorporated a more “aesthetic stance” (Rosenblatt, 1988, p. 8) into the process of constructing 3rd order themes, by adapting a personal reflective stance towards the data, to allow for an engagement going beyond the public aspects, to ensure the richness and complexity of the data in the widest possible sense were captured. I started to develop a connection between the five 3rd order themes: 1. *Traumatised client*, 2. *Sandtray as a tool*, 3. *Safe space*, 4. *From internal silent trauma world to external expressive trauma work*, and 5. *Resourceful client*. To me, the data appeared to reflect the healing process of a *Traumatised client* whereby the *Sandtray as a tool* provides a *Safe space* for the client to move *From internal silent trauma world to external expressive trauma work* that allows her to process the traumatic event and to become a *Resourceful client*.

Review Themes

Reviewing the themes is the fourth step of Braun and Clark's (2006) six-step process for thematic analysis.

1st Order Themes – A Content List

Braun and Clark (2006) describe that the first step of the review process involves a going back to the level of the initial codes in order to check whether each theme is supported by enough data, and whether the data is reflected in the themes. They suggest that the researcher “read all the collated extracts for each theme, and consider whether they appear to form a coherent pattern” (Braun & Clark, 2006, p. 91). At this stage all codes under each of the 70 1st order themes were reviewed for their content. The initial Excel work sheet (see Appendix F for an extract) was used to sort all the codes separately under each of the 1st order themes. The codes included in each 1st order theme were sorted into content groups and a 1st Order Theme Content List was developed (for an example extract see Appendix J). An overview of how many data items contained the theme, as well as the frequency of occurrence of each content item in a particular theme, was provided for each 1st order theme. This exercise allowed for a full identification of the content of each 1st order theme, providing a comprehensive knowledge of what was and was not included in each theme. 598 content items were developed in the process.

Revision of 3rd Order Themes

In the first step, the overview of the 3rd order themes (Appendix I) showed that each of the 3rd order themes was supported by enough data. In order to determine whether the themes reflected the data, the 598 content items from the 1st Order Theme Content List (see Appendix J) were sorted under the five different initial 3rd order themes. It became apparent that while

the themes *Traumatised client*, *Sandtray as a tool* and *Resourceful client* adequately reflected the data, the data included in the theme *From internal world to external expressive trauma work* were too widespread and were not fully represented under only one heading. In the second step, the collection of the initial 3rd order themes was examined to see if its representation of the data set was accurate. Again it became apparent that the initial 3rd order themes were not sufficient, as the focus of the initial 3rd order themes was mainly on the client and his process of using Sandtray, and two vital topics seemed to be underrepresented in the initial 3rd order themes – the role of the therapist, and the positioning of Sandtray as an adjunct therapy to the therapist's primary theoretical psycho-therapeutic orientation.

Final 3rd Order Themes

To account for the identified missing themes a new list of eight 3rd order themes was developed (for an example extract see Appendix K). The theme *From internal world to external expressive trauma work* was divided into three separate themes: *Wounded Client in the Sandtray*, *Sandtray Process*, and *Healing Client in the Sandtray* and the themes *Therapist* and *Theory* were added. These final 3rd order themes were again reviewed as to whether each theme was supported by enough data, and whether the data were reflected in the theme. All 598 content items from the 1st Order Theme Content List (for an example extract see Appendix J) were therefore sorted under the new themes again (for an example extract see Appendix K). The revision confirmed that each of the final eight 3rd order themes were supported by enough data, that the data reflected the themes, and that the collection of themes accurately reflected the data set.

Defining and Naming Themes

Defining and naming themes is the fifth step of Braun and Clark's (2006) six-step process for thematic analysis.

Defining and Naming 3rd Order Themes

To identify “the ‘essence’ of what each theme is about” (Braun & Clarke, 2006, p. 92), the list of the 598 sorted content items (Appendix K) was sorted again under each of the final eight 3rd order themes to gather the content of all codes accumulated under an individual theme (for an example see Appendix M). Based on the content, each 3rd order theme was defined and named.

Traumatised Client

Codes that are included in the first 3rd order theme *Traumatised Client* describe the problems and symptoms clients reported when they started the therapeutic process. While all clients presented with a wide range of PTSD symptoms, the authors concentrated mainly on the occurrence of repeated trauma-related nightmares and trauma flash-backs, the inability to feel, express or communicate emotions, and the effects trauma had on the clients' bodies.

Resourceful Client

The second 3rd order theme *Resourceful Client* describes a point in the cases where clients feel able to process the trauma experience, to gradually move away from the trauma memories, and to start concentrating on other areas of their life. The codes under this theme describe clients who have developed more ego-strength, coping mechanisms and other resources and have processed the trauma in depth.

Sandtray

The third 3rd order theme *Sandtray* summarises all codes that are concerned with the aspect of the sandtray itself as a tool in therapeutic work with adult trauma survivors. Codes regarding wet and dry sand, and codes about figurines in general, are included.

Wounded Client in the Sandtray

The codes included in the fourth 3rd order theme *Wounded Client in the Sandtray* describe how individual clients represent the trauma they have experienced in the sand. It includes all codes that are concerned with the wounded parts of the clients and how they get physically represented with the help of sand, water and figurines.

Healing Client in the Sandtray

The fifth 3rd order theme *Healing Client in the Sandtray* incorporates all codes of the data-set that describe how skills, resources and a movement towards healing of the traumatised clients have been physically represented with the help of sand, water and figurines.

Sandtray Process

The sixth 3rd order theme *Sandtray Process* combines all codes that are connected to the way clients actively engage with their trauma memories. It describes the therapeutic process, the active engagement of clients in which they confront and work through painful material connected to the trauma with the help of a sandtray, water and figurines.

Therapist

Therapist as the seventh 3rd order theme provides a heading for all codes that are concerned with the therapist in the therapeutic Sandtray work with adult trauma survivors.

Theory

The last 3rd order theme *Theory* includes codes that describe theory used by individual therapists to make sense of the therapeutic process. These codes can be either directly connected to the theoretical underpinning of Sandtray work with adult trauma survivors in general, or they can be a reflection of the individual therapeutic modality of the therapist.

4th Order Themes

In the process of reading through all content items several times it became clear that while each 3rd order theme highlighted a specific aspect of Sandtray work with traumatised adult clients, three even wider themes were holding all eight 3rd order themes – *Safety*, *Communication*, and *Active Work* (for an overview of all developed themes see Appendix L).

To review the finding, the lists of content items sorted under individual 3rd order themes (for an extract example see Appendix M) were printed. All content items of each list that held aspects of the theme *Safety* were highlighted in yellow. The remaining content items were analysed again. All content items of each list that held aspects of the theme *Communication* were highlighted in green, and all content items of each list that held aspects of the theme *Active Work* were highlighted in pink (for an extract example see Appendix N). The result was that each of the 598 content items found a “comfortable home” under one of the three 4th order themes.

The revision confirmed that each of the 4th order themes were still supported by enough data, that the data reflected the themes, and that the collection of themes accurately reflected

the data set, thus fulfilling the revision requirements for the developed themes proposed by Braun and Clark (2006).

The first 4th order theme *Safety* has been defined as the state of being safe and feeling safe, the condition of being protected against physical, emotional, psychological, cultural, and spiritual consequences of failure, damage, or any other event which could be considered non-desirable (Dictionary.com, 2013). *Safety*, as described in the data set, is concerned with the client's experience of feeling *unsafe* after having experienced trauma, and the gradual movement towards feeling safe in the therapeutic process and beyond.

The second 4th order theme *Communication* has been defined as “the imparting or exchanging of information by speaking, writing, or using some other medium” (Oxford dictionaries, 2013). As a theme in this dissertation, the data set describes *Communication* as the transfer of information in the widest possible sense. It not only includes verbal and non-verbal communication between the client and the therapist, it also includes communication through and with inanimate objects and the communication of meaning through the inanimate objects themselves.

Active Work as the third 4th order theme has been described in the data set as the client's re-enactment, re-creation and re-experiencing of traumatic memories in a tangible and practical way. It incorporates the active attempt of the traumatised client to resolve the trauma by reliving it over and over again, as well as Sandtray as a technique for clients to rebuild and replay their trauma in the sand in order to release it and, over time, reframe and integrate it.

Producing the Report

Producing the report is the last step of Braun and Clark's (2006) six-step process for thematic analysis. It involves the creation of the written dissertation in a way that will

demonstrate the merit and validity of the research by providing “a concise, coherent, logical, non-repetitive and interesting account of the story the data tell.” (p. 93).

Summary

In this chapter the theoretical and practical implementations of thematic analysis have been discussed in detail. This chapter has therefore followed the six-step process described by Braun and Clark (2006) for thematic analysis and has addressed data collection on the topic, generating initial codes, searching for themes and reviewing the themes, followed by a reflection on the process of defining and naming the themes as well as the production of the final report. It has been outlined how the data set of 14 data items was found, how 1379 codable moments were identified, and 3647 codes and a list of 598 content items were generated. The process of developing 70 1st order themes, 11 2nd order themes, eight 3rd order themes, and three 4th order themes by using a rigorous sorting and revising process has been described.

Chapter Five – The Research Findings

Having described the practical implementation of thematic analysis in the research process, this chapter will outline the research findings.

My overall findings are that practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in the therapeutic work with adult trauma survivors in relation to three vital themes – *Safety*, *Communication* and *Active Work*. The research findings embedded in the 3rd and 4th order themes collectively describe a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (see Figure 3., p. 57), which is founded on the most relevant finding of this thematic analysis: that practitioners and scholars across different psycho-therapeutic modalities describe Sandtray therapy as being particularly well suited for trauma work with adult clients. Sandtray as an adjunct therapeutic tool is found to increase *Safety*, to foster the *Communication* of the often “unspeakable” experience of trauma, and to provide a physical space where *Active Work* with trauma can be contained.

The chapter will start by introducing a diagram (see *Figure 2.*, p. 46) that orders and illustrates the findings of the 3rd order themes. It will continue outlining how the three 4th order themes *Safety*, *Communication* and *Active Work* have been described as the cornerstones of trauma therapy. A final diagram at the end of this chapter (see *Figure 3.*, p. 57), which combines the 3rd and 4th order themes, will illustrate the complete “Clinical Model for Sandtray Therapy with Adult Trauma Survivors”.

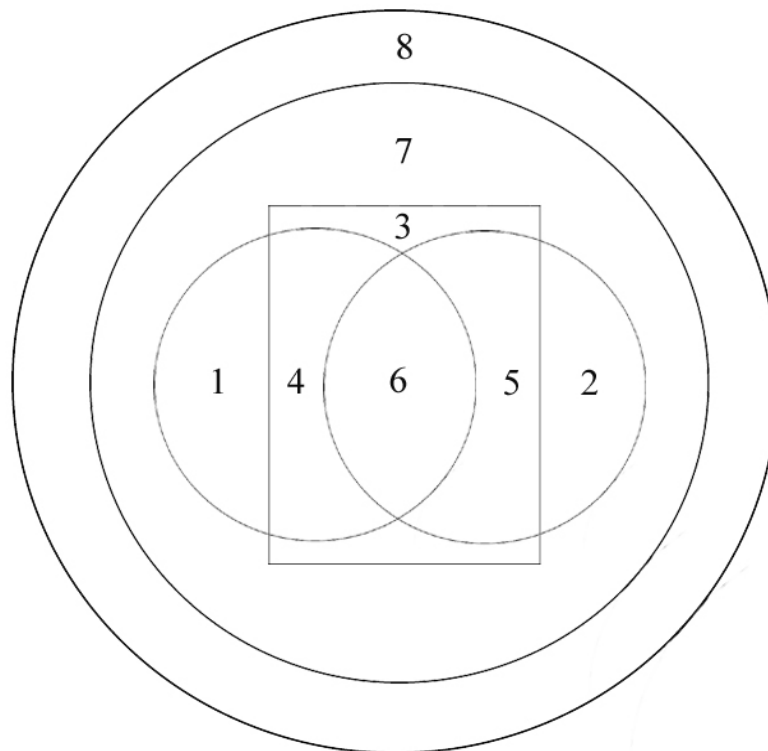
Sandtray Work with Adult Trauma Survivors: A Narrative

In the process of sorting and resorting, reviewing and revising the 3rd order themes I found that the 3rd order themes combined started to tell a story. In order to structure the

findings of the 3rd order themes, I constructed a diagram (see *Figure 2.* below) that orders and illustrates how Sandtray work with adult trauma survivors has been written about.

Figure 2.

Diagram of Sandtray Work 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*

A *Traumatized Client (1.)* is coming to therapy in the hope of becoming a *Resourceful Client (2.)*. Both are represented in the diagram by a circle to illustrate their fundamental completeness at all times of the therapeutic process. In the beginning of the therapy the Sandtray creations reflect predominantly the *Wounded Client in the Sandtray (4.)*. Over time more and more of the *Healing Client in the Sandtray (5.)* becomes visible. The *Sandtray (3.)*, holding both parts of the client at the same time, makes the *Sandtray Process (6.)* possible and visible. The Sandtray is illustrated by its original rectangular form. Amman (1991)

describes that “the inequality of measurements [of] the rectangular space creates tension, unrest, and a desire for movement, a desire to go forward” (p. 18). While there is a visible movement of the client in Sandtray from wounding to healing themes over time, there is also the acknowledgement of the existence of all parts of the client at every moment of the therapeutic process. The traumatised and wounded client is already engaged in her own healing process and comes with inner resources right from the start of therapy. Sometimes these resources are not consciously available, which makes it difficult for the client to access them. Sandtray provides the possibility to project the underdeveloped, but wished-for, qualities onto the miniatures (Toscani, 1998). These miniatures now become symbols of strength and support (5.) that allow the client to enter the often painful process of confronting the trauma in the sand (6.). But not only the “good” parts of the client find a place in the sand; the “dark and evil” side, the internalised perpetrator, the parts that need to be disowned and dissociated, can be projected onto the miniatures (4.) and be included in the process (6.). 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* (7.) is functioning as a holding container (Troshikhina, 2012) for the process, offering a free and protected space for the client’s trauma work. She is part of the process and outside of it, she is participant and witness at the same time (Homeyer & Sweeney, 2011), illustrated by the circle surrounding the client’s Sandtray process, without being a direct part of it. While the therapist is holding the process, she is held herself by the *Theory* (8.) of her own individual psycho-therapeutic modality, allowing her to make sense of the client’s process and to understand its implication in a wider theoretical context.

Through the process of thematic analysis these eight 3rd order themes have been found to be embedded in three even wider themes. The next section will outline these three 4th order themes: *Safety*, *Communication* and *Active Work*.

Three Cornerstones of Trauma Work

One of the research findings is that practitioners and scholars across different psychotherapeutic modalities have written about their application and understanding of Sandtray in therapeutic work with adult trauma survivors in relation to three overarching themes – *Safety*, *Communication* and *Active Work*. In the life of a traumatised client each of these themes has been fundamentally affected by the experience of trauma. Trauma work consequently needs to find ways to address these themes in the therapeutic process to help the client to regain his resourcefulness.

Safety

The first 4th order theme describes *Safety* as one of the cornerstones of trauma work, to counteract the impact of trauma on the clients and to facilitate a healing process that allows the clients to regain and access their strength and resources.

A review of the codes contained in the theme *Safety* reflects that a high number of traumatised clients coming to therapy display a wide range of symptoms that are directly connected to an intense feeling of being unsafe. The feeling of threat and being overwhelmed continues to exist even when the traumatising event is long since past. While clients cognitively understand that the initial trauma is over, this *knowing* seems to have little effect on their *feeling* of being unsafe. Most traumatic memories are stored as implicit memories (Goodwin & Attias, 1999), containing emotions, physical sensations, images and sounds rather than facts, dates and details. Homeyer and Sweeney (2011) describe that these memories are stored in the limbic system and the brain stem, two of the oldest parts of the brain, and are unavailable for cognitive processing. Instead, significant neurological activities in the form of hyper-activated chemicals responsible for different brain and body functions produce a high level of emotional and physiological arousal which continues to

activate fight, flight or freeze responses to any perceived threat. “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).

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. While some parts of the client move on and continue to live in the world, the traumatised and hurt part continues to live at the time of the trauma (Ludwig, 2007). The feeling of being unsafe and powerless that the client has experienced during the traumatic event continues to render him feeling powerless and unsafe in many areas of his life (Spooner & Lyddon, 2007).

One of the areas affected by the continuing feeling of being unsafe is the ability to form trusting relationships. Often embedded in the context of intimate and familiar relationships, interpersonal trauma leaves clients 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 might be desired by the client, it simultaneously holds the danger of activating traumatic memories and intense feelings of horror and fear (Homeyer & Sweeney, 2011). In an attempt to reduce the feeling of being unsafe, clients try to avoid any trigger that might activate the traumatic memory and consequently the attached overwhelming feelings. Traumatic experiences get cut off and dissociated to protect the client from the internalised traumatic feeling of terror and powerlessness (Ludwig, 2007; Teegen, 2008).

Safety has been highlighted as one of the goals of therapy with traumatised adult clients. Trauma therapy needs to be able to provide an experience for the client of being in relationship and feeling safe at the same time. It needs to be able to foster the client’s ability

to access her internalised strength to observe, contain and integrate traumatic memories (Toscani 1998), which reduces the feeling of being overwhelmed and allows for a regained feeling of being in control. It needs to provide a safe place where the client can develop a safe place inside herself and a knowing that she has the power to protect herself.

Sandtray as an adjunct tool has been described as being particularly well suited to increasing the aspect of *Safety* in psycho-therapeutic work with adult trauma survivors. The physical aspect of the sandtray and the figurines provide additional anchors of safety for traumatised clients. “Well-organized sandtray materials and therapy space enhance the atmosphere of safety that is vital in trauma work” (Spooner & Lyddon, 2007, p. 82), and a permanent order on the shelves “creates semblance of permanence and safety in a constantly changing world” (Moon, 2006, p. 65). “The box itself affords an additional safe container” (Toscani, 1998, p. 28) for the client’s psyche (Homeyer & Sweeney, 2011), where all of the different parts of the client can find their space. The sand as a medium can provide the client with a physical experience of being grounded (Ludwig, 2007).

Sandtray work naturally allows a therapeutic distance which creates a greater sense of safety necessary for trauma work. This does not mean that Sandtray is less effective because of emotional distance; it means that the natural distance allows for a gradual tailoring of the therapeutic process depending on the client’s individual needs and abilities. It is possible to start with dry sand until client and therapist are confident that the client is ready to delve deeper (Moon, 2006). Spontaneous sand worlds can be created to safely assess unresolved emotions, and spontaneous trays can be created until the client feels safe enough to create a guided trauma tray (Labovitz Boik & Goodwin, 2000). The client can process the tray in the “third person” (Labovitz Boik & Goodwin, 2000, p. 185), which allows for more emotional distance, and can move to processing the tray in the first person once he is ready for more emotional closeness. Sandplay provides an experience of safety as there is “no right or wrong

way to construct the scenes” (Spooner & Lyddon, 2007, p. 61). By returning the control back to the client, the client can “gradually uncover and process traumatic memories in a manner that is not overwhelming” (Daniels & McGuire, 1998, p. 216) and “memories are gradually reassociated and integrated into a more unified and organized sense of self” (Sachs, 1990, p. 1046).

The position of the client outside the sandtray provides the client with the opportunity to be in “mirror position” (Toscani, 1998, p. 28), to observe the sand creation while allowing an emotional distance that protects him from feeling overwhelmed. Developing subjects can be safely placed in the tray whereby the client can decide if they are placed in the centre of the scene or hidden in the sand.

In the work with traumatised clients, ego-strength and the ability for self- and stress-management need to be developed, and the accessibility of resources needs to be secured before the trauma can be safely confronted (Ludwig, 2007). Placing symbols of strength and protection in the sand allows the client to bring these qualities into the work with their traumatic memories, even if these parts are not fully developed and internalised by the client. With this, the healing client in the sandtray has enough ego-strength and resources available to engage in a safe confrontation with traumatic memories without becoming overwhelmed.

Sandtray work facilitates abreaction, a safe acting out of feelings. Strong emotions like rage and pain can be acted out safely in the sand. The feelings can be directed against the sand, and the abreaction of hate and rage in the sand prevents it from leaking into the world (Toscani, 1998). Sandtray as a tool helps the therapist to contain the client’s intense emotions and unconscious processes in the same way a mother contains a baby’s intolerable emotional experience (Troshikhina, 2012).

Communication

The second 4th order theme describes *Communication* as one of the three vital components of trauma work.

Van der Kolk (as cited in Homeyer & Sweeney, 2011) states 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. 80). 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). Veterans often do not speak about their traumatic experiences because some things like “the horror of war cannot be expressed through words” (Troshikhina, 2012, p. 1). For other clients the traumatic experience exists primarily as implicit or behavioural memory (Goodwin & Attias, 1999), an explicit memory that could be easily transformed into a verbal narrative has not yet been formed.

Being able to *Communicate*, to reflect verbally on the trauma, is described as one of the goals of trauma therapy. “Most recent neuropsychological and physiological research supports the need to develop a link – one that had been broken from the trauma – between the experience of trauma and a narrative that provides a cognitive framework” (Van der Kolk as cited in Toscani, 1998, p. 29).

Homeyer and Sweeney (2011) describe the “fundamental sensory nature of trauma” (p. 79) and point out that the impact of the trauma can reach deeply into the bodily experience of clients. The regulation of core functions often cannot be done by words alone. Talking or changing behavioural patterns does “not easily get translated into changes in the mid brain or the brain stem” (Homeyer & Sweeney, 2011, p. 81). Client and therapist have to enter the rather inarticulate world of the body. Goodwin and Attias (1999) describe “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).

“Sandtray therapy is a particularly effective expressive medium” (Homeyer & Sweeney, 2011, p. 81) to facilitate bodily and non-verbal expression. Letting their hands tell the story, using symbols to express their speechless pain, allows clients to be in contact with their experiences and to communicate processes that are non-verbal by nature. The communication in a non-verbal way opens up a whole new world – the absence of language allows the development of new creative processes (Ludwig, 2007). With the help of the sandtray and miniatures the client can bring his internal world to the outside. Toshikhina (2012) writes that “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 [the] eye” (p. 2). Unconscious and unverballed memory fragments can emerge in the sand, be processed and further on, step-by-step, verbalised (Goodwin & Attias, 1999; Teegen, 2008).

The client communicates his inner world to the therapist through his Sandtray creations. This communication is described as having different layers. While there is a unique message in each Sandtray picture and a personal meaning attached to specific miniature items, there is also a “universal” meaning of the sandtray, the sand and the miniatures themselves. The sandtray is seen as representing the client’s internal world. Homeyer and Sweeney (as cited in Spooner & Lyddon, 2007) have described the sand as a symbol for the powers that have formed the client:

Many forces have come to bear on every person, some from the family of origin, some from other socio-environmental factors, and some from crisis and trauma. The “internal deformation” of a grain of sand speaks metaphorically of the intrapsychic pain that many of our clients bring to us. Sand is a product of its history, and so are we (p. 53).

The blue sides and bottom symbolise wideness and depth as well as containment and holding. The sandtray communicates to the client the possibility of creating his own world, to form and shape his life. Some symbols or creations suggest healing (e.g. bridges, nature), others symbolise wounding (e.g. figures buried or hidden from view, aggressive animals surrounding an unprotected child), and some are ambiguous in their communication (e.g. fire can be life-giving and destructive) (Mitchell & Friedman, 2003).

Clients communicate to the therapist how far they are in their healing process with the choice of symbols and the way they create their sand worlds (Sachs, 1990; Wiese, 2007). Mitchell and Friedman (2003) describe a process of moving from more wounding themes in the sandtray in the beginning of therapy to more healing themes at a later state, and Troshikhina (2012) views the emergence of new symbolic forms as a sign of growth.

The client also communicates with himself. By putting his inner world into the sand it becomes visible and “speaks” to him – “the created world confronts its maker” (De Domenico as cited in Labovitz Boik & Goodwin, 2000, p. 7). Spooner and Lyddon (2007), coming from a constructivist’s view-point, describe that the sandtray provides a “conversational forum” (p. 82) in which the client can explore, discuss and validate his internal pictures, stories and beliefs.

Sandtray can be used with couples and families. Moon (2006) describes that PTSD symptoms “are often severe and can cause major disruptions to the family system” (p. 64). Sandtray therapy offers the family or couple a new way of communicating how each member feels affected by the identified trauma and how the family or couple as a unit copes with the identified trauma (Labovitz Boik & Goodwin, 2000). Sandtray allows members to communicate and to “see” each other’s perspectives.

Active Work

The last 4th order theme, *Active Work*, describes the reconstruction and confrontation of the traumatic experience as the third cornerstone of trauma work.

The theme *Active Work* captures the client's unconscious and conscious attempts to achieve the resolution of trauma. Traumatic 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) have been described as trying to undo and change the outcome of the original trauma.

“Sandtray therapy provides a protected space where the tacit can become explicit” (Spooner & Lyddon, 2007, p. 54), where clients can “relive their trauma and thus, over time, release it and then reframe and integrate it” (Labovitz Boik & Goodwin, 2000, p. 183). The client, by using Sandtray, is actively involved in the creation of an environment for healing (Toscani, 1998). This involvement directly changes the client's position from passive victim to active creator of his own world, and the recreation of his trauma memories has an empowering and therapeutic effect by itself (Moon, 2006).

Throughout the codes the case material shows that at the beginning of therapy wounding themes outnumber healing themes (Mitchell & Friedman, 2003). In the early trays clients tend to be occupied with recreating the traumatic memory in the sand (Sachs, 1990; Spooner & Lyddon, 2007; Teegen, 2008), sometimes working through identical scenes over and over again (Troshikhina, 2012). It seems as if the trauma takes up all the psychological space in the mind of the client (Wiese, 2004). Mitchell and Friedman (2003) found that the active creation of trauma scenes in the sand showed gradual changes of themes and symbols, a process of movement towards healing, over time. Through the repeated creation of sand scenes the client “...revives lost memories, releases unconscious fantasies, and in course of

time, constellates the images of reconciliation and wholeness of the individuation process” (Daniels & McGuire, 1998, p. 216).

Spontaneous trays are often a predecessor for directed trays. Directed trays can be utilised for the development of ego-strength, skill-building and redesigning a life situation (Teegen, 2008), and for the conscious recreation of the original traumatic event (Labovitz Boik & Goodwin, 2000). A conscious re-experiencing of the trauma can show unresolved issues that can be amplified and explored further, and allows client and therapist to note and work with the client’s defences (Toscani, 1998).

The trauma can be re-created as if it were a play. The client can enact internalised 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. The emotions can be directed into the sand or against figures. Unfinished aspects of the trauma can be resolved. If other relationships are affected by the trauma, the partner and/or family can be actively included in the Sandtray work.

A significant number of practitioners and scholars have written about *Active Work* with trauma-related nightmares (Coalson, 1995; Daniels & McGuire, 1998; Moon, 2006). Daniels and McGuire (1998) highlight that “it is important to note that veterans may have discussed these nightmares in general terms several times before, in therapy sessions over the last decades with other treatment providers without ever actually ‘working’ the nightmare’s content” (p. 220). Working the nightmare content means to re-create and to re-enact the dream in order to face and conquer the unresolved trauma memories expressed in it. Daniels and McGuire (1998) state that “it is not uncommon for the client to be able to identify the original trauma being dreamt about, even when the distortions of the dream appear to predominate” (p. 218). Using two trays, one for the dream and one for the actual trauma, can help to make the trauma distortion visible. Sandplay can then be used “as a projective

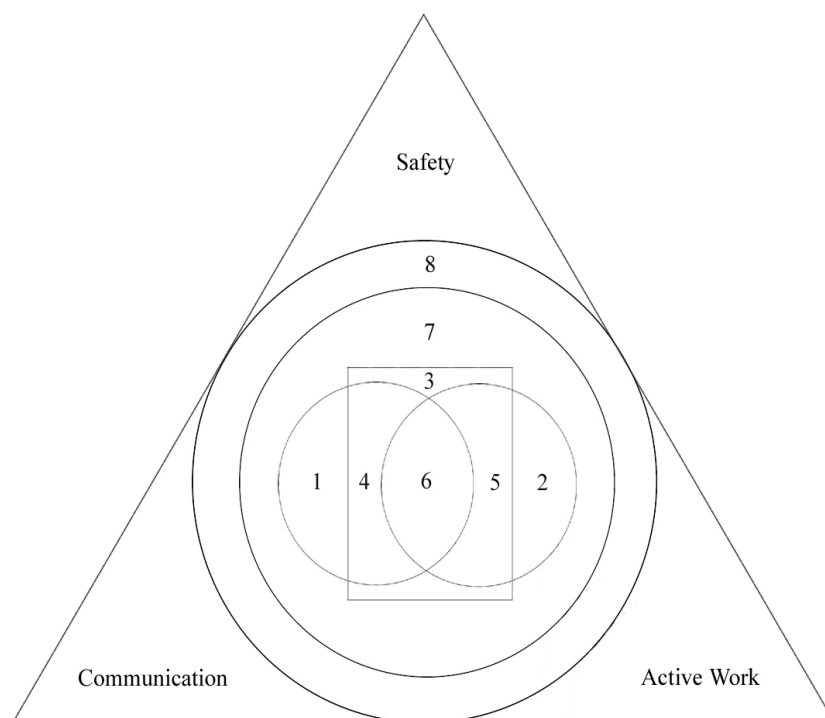
medium through which nightmares can be re-enacted, story-line alteration procedures staged, and face-and-conquer approaches rehearsed” (Coalson, 1995, p. 387).

A Clinical Model for Sandtray Therapy with Adult Trauma Survivors

Having outlined the research findings I will now introduce a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (see *Figure 3.* below). This diagram illustrates and orders the research findings.

Figure 3.

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*

The “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” incorporates all eight 3rd order themes as well as the three 4th order themes that were developed through a

rigorous thematic analysis of 14 publications written by practitioners and scholars across different psycho-therapeutic modalities.

The initial round diagram of the Sandtray work with adult trauma survivors (see *Figure 2.*, p. 46) is centered in a triangle comprised of the 4th order themes *Safety*, *Communication* and *Active Work*, the three cornerstones of trauma work. The diagram illustrates the finding of the thematic analysis that practitioners and scholars across different psycho-therapeutic modalities have been writing about their application and understanding of Sandtray in therapeutic work with adult trauma survivors in terms of the interconnectedness of the Sandtray process with *Safety*, *Communication* and *Active Work*. Each of the three 4th order themes was found to be a vital part in each of the eight 3rd order themes, the components of the initial diagram (see *Figure 2.*, p. 46).

The diagram of the “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57) also illustrates the dynamic of the three 4th order themes. *Safety* is positioned on top of the triangle, 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 trauma work. The diagram also reflects a dynamic relation between the themes *Communication* and *Active Work*. The active creation of Sandtray pictures is often followed by a verbal description. Verbal processing in return can be the predecessor of enacted change in Sandtray creations (Wiese, 2007).

Summary

In this chapter I have introduced a diagram (see *Figure 2.*, p. 46) that orders and illustrates the findings of the 3rd order themes, *Traumatised Client*, *Resourceful Client*, *Sandtray*, *Wounded Client in the Sandtray*, *Healing Client in the Sandtray*, *Sandtray Process*, *Therapist*, and *Theory*. The three 4th order themes *Safety*, *Communication* and *Active Work*

have been outlined and described as the cornerstones of trauma therapy. A final diagram that combines 3rd and 4th order themes has been introduced to illustrate a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57), which is founded on the most relevant finding of this thematic analysis: practitioners and scholars across different psycho-therapeutic modalities describe Sandtray therapy as being particularly well suited to trauma work with adult clients.

Chapter Six – Discussion and Conclusion

In the three preceding chapters the methodology that has informed this research project, and the implementation of thematic analysis as the research method, have been outlined. The final themes: *Safety*, *Communication*, and *Active Work* have been reviewed in detail and a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57) has been introduced. This chapter will present the research findings in relation to the wider trauma literature and address implications for clinical practice, education and research. Strengths and limitations of the study will be highlighted.

Research Findings in Relation to the Wider Trauma Literature

The research findings *Safety*, *Active Work* and *Communication* as cornerstones of psycho-therapeutic work with adult trauma survivors are concurrent with current trauma literature. Practitioners, who are working with traumatised clients agree that because trauma implies an experience of being vulnerable to danger, *Safety* is the first rule of trauma therapy (Briere, 2006; Herman, 1992; Najavits, 2002; Rothschild, 2000). The establishment of a safe environment for the client needs to precede any direct addressing of traumatic memories. The findings of this research outlined in the “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57) have shown that *Safety* has been addressed as a theme in every component of the initial round diagram of Sandtray work with adult trauma survivors (*Figure 2.*, p. 46). Sandtray as a tool as well as a therapeutic method has been described as enhancing the physical and psychological feeling of safety in the client and the therapist.

Practitioners also agree on the necessity to remember (Herman, 1992) and process (Briere, 2006) traumatic experiences. Briere (2006) describes re-experiencing trauma memories as “an inherent form of trauma processing” (p. 123) and suggests safe therapeutic exposure as a way to optimise the client’s natural healing activities. The research findings

regarding *Active Work*, the conscious re-enactment, re-creation and re-experiencing of traumatic memories in the Sandtray, support and concur with this notion.

Scholars and practitioners across different therapeutic modalities highlight the importance for traumatised clients to develop a cohesive trauma narrative (Herman, 1992; Rothschild, 2000; Tuval-Mashiach, Freedman, Bargai, Boker, Hadar, & Shalev, 2004), and Briere (2006) emphasises this notion:

Clinical experience suggests that client descriptions of past traumatic events often become more detailed, organized, and causally structured as they are repeatedly discussed and explored in therapy. Research ... indicates that such increased coherence is directly associated with reduction in posttraumatic symptoms (p. 115)

The research finding *Communication* reflects the common inability of traumatised clients to speak about their traumatic experiences. Sandtray has been described in the research findings as providing a unique tool for these clients to express their traumatic memories and feelings in a non-verbal way, allowing, step-by-step and over time, the development of a coherent narrative.

The main research finding embedded in the “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57) is that Sandtray as an adjunct therapeutic tool is found to increase *Safety*, to foster the *Communication* of the often “unspeakable” experience of trauma, and to provide a physical space where *Active Work* with trauma can happen and be contained. Practitioners and scholars across different psycho-therapeutic modalities have described Sandtray as particularly well suited for work with adult trauma survivors.

Implications for Clinical Practice

Therapists and counsellors who are working with traumatised adult clients can be usefully informed by the research findings of this study. The research findings *Safety*, *Communication* and *Active Work* as cornerstones of psycho-therapeutic work with adult trauma survivors (*Figure 3.*, p. 57) can heighten the awareness of practitioners regarding the

impact of trauma on their traumatised clients. The research highlights persistent hyperarousal, avoidance of trauma material (Homeyer & Sweeney, 2011) and the inability or unwillingness of trauma survivors to talk about their experiences as being common trauma symptoms (Moon, 2006; Toscani, 1998; Wiese, 2007). It also presents practitioners and scholars with the knowledge that Sandtray as an adjunct tool to usual clinical practice has been described as being particularly useful in the work with adult trauma survivors across different psycho-therapeutic modalities.

Trauma agencies often provide play therapy and Sandtray work for children who have been affected by trauma. The therapy rooms have been designed to meet the children's needs in the therapeutic setting. The findings *Safety* and *Active Work* highlight that it is equally important to tailor Sandtray work to the individual needs of adult clients. In the work with traumatised adult clients, ego-strength and the ability for self- and stress-management need to be developed (Ludwig, 2007). The adult part of the client that is able to hold the internal wounded child needs to be nurtured and strengthened, in order to be able to revisit the traumatic memories safely without being overwhelmed and re-traumatised (Toscani, 1998). Based on the research findings, a Sandtray therapy room especially for adult clients with “grown up” furniture and pictures is vital to reduce uncontrolled regression, which can be triggered by the specifically designed environment of a child therapy room.

The findings of this research outlined in the round diagram for Sandtray work with adult trauma survivors (*Figure 2.*, p. 46) describe a gradual healing process of the client that is reflected by a change in the sand pictures over time from more wounding themes to more healing themes. If the therapist is able to understand the non-verbal communication of the client through her sand pictures, Sandtray can be used by the trained therapist as an additional ongoing assessment tool in the therapeutic process whereby “scenes serve as touchstones to indicate how [the client] is progressing in treatment” (Mitchell & Friedman, 2003, p. 222).

The observation of how the client makes the Sandtray, and the choice and handling of miniatures by the client, holds additional information for the therapist. It provides the clinician with an additional diagnostic tool to her own therapeutic modality that has been described in the research findings as a “useful way of organizing, integrating, and understanding developmental changes in the patient’s behaviour over time” (Sachs, 1990, p. 1047).

The research findings suggest that Sandtray work as a regular part of trauma work helps to protect the therapist from burn-out and vicarious traumatisation (Ludwig, 2007), as the introduction of the Sandtray allows client and therapist to concentrate the focus of the re-enactment of trauma-related “relational matrices” (Davies & Frawley, 1994, p. 167) on the sandtray. Davies and Frawley (1994) describe the risk of the often intense transference/countertransference “relational positions and constellations [that] are enacted rather than verbally identified and processed” (p. 167) that might lead to therapeutic failure, re-traumatisation and compassion fatigue. The findings of this research outlined in the round diagram of the Sandtray work with adult trauma survivors (*Figure 2.*, p. 46) illustrate the position of the therapist outside the client's Sandtray process, holding the process without being a direct part of it. In contrast to other modalities, Sandtray facilitates a process whereby the client’s projection of unconscious emotions and split-off parts get directed onto miniatures and into the sand rather than onto the therapist (Homeyer & Sweeney, 2011). Through the client’s *Active 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 changed focus of the projection away from the therapist into the sand reduces the intensity of the transference/countertransference interplay in the therapeutic

relationship thus reducing the risk for the therapist of burn-out, compassion fatigue and vicarious traumatising.

Implications for Education

The results of this research will be useful for education providers by increasing their understanding about the impact of trauma and the consequent needs of clients and therapists in psycho-therapeutic work. The research has outlined the common difficulty that trauma survivors have in verbally expressing their trauma, and has highlighted the role of the therapist in fostering an open and authentic expression of the client's inner world. The research concludes that "matching the correct therapeutic activities to the developmental stage and physiological needs... is the key to success" (Homeyer & Sweeney, 2011, p. 82). Sandtray as an adjunct active therapeutic tool to verbal psychotherapy allows the client and therapist to uncover and confront traumatic material in a gradual way that is suited to the client's ability to process traumatic experiences without being overwhelmed. Additionally, it can serve as an ongoing diagnostic tool to monitor the progress of the client in the therapeutic process.

The findings of this research can be used to inform education providers of the importance of cross-training trauma therapists and counsellors in expressive, non-verbal therapies, like Sandtray, in order to access trauma in clients that cannot be reached by verbal therapy alone. Sandtray has been described as a potent and powerful tool that must be "used with respect, sensitivity and clinical awareness" (Toscani, 1998, p. 21) and must be carefully tailored to individual client needs. The research findings embedded in the theme *Safety* are valuable for education providers, as this raises the awareness that in order to allow for the safe use of a Sandtray with adult trauma survivors

adequate training and supervision in the areas of trauma and sandtray should precede the use of these modalities by professional mental health workers.

Depicting trauma in the sandtray has the potential for being an intensely powerful experience. The therapist is responsible for ensuring safety by providing a protected space for clients; therefore, therapists should be trained in trauma intervention with a thorough understanding of abreaction, containment, vicarious trauma effects, and compassion fatigue (Spooner & Lyddon 2007, p. 81).

The findings of this research outlined in the initial round diagram of Sandtray work with adult trauma survivors (*Figure 2.*, p. 46) describe the therapist as holding the therapeutic Sandtray process of the client while being held herself through her individual training background, the theory underlying her therapeutic approach. The research findings stress the importance of therapists' personal experience with their own Sandtray work. 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 teach their clients to honour their sand creations as a creative expression of their innate capacity to heal.

Education providers can use the findings of this research and justify including Sandtray work with adult trauma survivors into their curriculum.

Study Strengths

Thematic analysis is a method for identifying, analysing and reporting themes within data. As the applied research method in this study, it allowed an in-depth engagement with the publications of practitioners and scholars of diverse psycho-therapeutic modalities on the use of Sandtray in their work with adult trauma survivors that went beyond outlining the current knowledge regarding Sandtray and trauma. The research process has been made transparent by presenting in detail the personal (see Chapter One) and philosophical (see Chapter Three) underpinnings that informed my research approach. The principles of thematic analysis have been applied in a highly structured way, by using a rigorous sorting and revising process (Braun & Clarke, 2006), which has been thoroughly outlined (see

Chapter Three) and reported on (see Chapter Four) to ensure accountability for the research findings.

The thematic analysis in this study reflects themes identified in the data set and the findings are a product of the context in which they are situated. The data set comprised a wide range of authors from diverse nationalities and psycho-therapeutic modalities as well as a variety of case material including male and female clients from diverse cultural backgrounds, a range of traumatic experiences, as well as therapeutic work with individuals, couples, families and groups. The data items range from clinical accounts of individual work with traumatised clients, theoretical consideration regarding the combination of Sandtray and trauma, to practical manuals for the implementation of Sandtray in psycho-therapeutic work with adult trauma survivors, thus ensuring a multitude of data to inform the research findings.

Study Limitations

Thematic analysis as a method is vulnerable to critique because of its inherently subjective outcome (Boyatzis, 1998) – it is not necessarily repeated by other researchers working with the same material. The validity of the method is founded on the rigorousness of the execution and the appropriateness of the selected data set.

Every effort has been made to ensure a rigorous implementation of the method in this study. Nevertheless, a number of publications found through the literature search (see Appendix C) have been excluded from the data set because the volume of the data exceeded the capacity of one researcher to analyse in depth (as described in Chapter Four). The remaining 14 data items allow for secondary research (Stewart & Kamins, 1993) on a relatively small number of personal accounts from practitioners and scholars about the use of Sandtray with adult trauma survivors. Stewart and Kamins (1993) pointed out “potential problems inherent in the collection, reporting, and interpretation of secondary information.

Data are often collected with a specific purpose in mind, a purpose that may produce deliberate or unintentional bias” (p. 6). The publications used in this research were written by practitioners and scholars who had been using Sandtray as an additional tool in their work with trauma survivors. All of these authors found Sandtray to be particularly well suited for the work with traumatised clients. Publications from clinicians who had tried to include Sandtray as an additional tool into their work with traumatised adult clients, and had not been positive about it, could not be found. The question remains as to whether or not these practitioners actually exist, or if they simply do not publish about their experiences.

Further Research

Further exploration into the use of Sandtray with adult trauma survivors is justified following the outcomes of this study. Through this secondary research, Sandtray as an adjunct therapeutic tool is found to increase *Safety*, to foster the *Communication* of the often “unspeakable” experience of trauma, and to provide a physical space where *Active Work* with trauma can be contained. Additional empirical research, such as systematic interviewing of clients and therapists about their experiences with Sandtray and trauma work, could provide first-hand evidence for the validity of these research findings that could inform education providers and government organisations about the importance of providing sufficient training, supervision and equipment for Sandtray work with adult trauma survivors.

Further research on how the developed “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” would fit across different cultures, particularly indigenous and minority groups, could enhance the understanding of the influences of culturally specific concepts such as family/whanau and environment on the psycho-therapeutic work with adult trauma survivors.

Conclusion

This dissertation has been an investigation into the literature on the use of Sandtray in psycho-therapeutic work with traumatised adult clients. The research focus has been on how practitioners and scholars across different psycho-therapeutic modalities have written about their application and understanding of Sandtray in the therapeutic work with adult trauma survivors.

An overview of the relevant aspects of trauma and Sandtray regarding the research question has been given.

The philosophical underpinnings that have informed my approach in this study have been articulated. Social constructionism as the epistemological base of this study, symbolic interactionism as the theoretical perspective of the research, transactional theory as the methodology, and thematic analysis as the appropriate qualitative research method, have been outlined.

The theoretical and practical implementation of thematic analysis has been discussed in detail. A six-step process described by Braun and Clark (2006) for thematic analysis has been outlined and the data collection, generation of initial codes, search for themes and review of themes, reflection on the process of defining and naming the themes, as well as the production of the final report, have been addressed. It has been outlined how the data set of 14 data item was found, how 1379 codable moments were identified, and 3647 codes and a list of 598 content items were generated. The process of developing 70 1st order themes, 11 2nd order themes, eight 3rd order themes, and three 4th order themes by using a rigorous sorting and revising process has been described.

A diagram (*Figure 2., p. 46*) that orders and illustrates the findings of the 3rd order themes, *Traumatised Client*, *Resourceful Client*, *Sandtray*, *Wounded Client in the Sandtray*, *Healing Client in the Sandtray*, *Sandtray Process*, *Therapist*, and *Theory* has been introduced.

The three 4th order themes *Safety*, *Communication* and *Active Work* have been outlined and described as the cornerstones of trauma therapy. A final diagram that combines 3rd and 4th order themes has been developed to illustrate a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” (*Figure 3.*, p. 57), which is founded on the most relevant finding of this thematic analysis: that practitioners and scholars across different psycho-therapeutic modalities describe Sandtray therapy as being particularly well suited for trauma work with adult clients.

The study confirmed my initial idea that working with Sandtray as an adjunct tool in trauma-work may be a helpful approach, and went far beyond it. The research findings provide a “Clinical Model for Sandtray Therapy with Adult Trauma Survivors” that is distinct from, and additional to, the primary psycho-therapeutic framework of the therapist.

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Appendices

Appendix A – Email to New Zealand based Sandplay Experts

Dear...

My name is Garjana Kosanke. I just finished my clinical training for the master of psychotherapy at AUT.

I am currently writing my dissertation with the title "The use of Sandtray approaches in psycho-therapeutic work with adult trauma survivors: a thematic analysis"

This dissertation is an investigation into the use of Sandtray in psycho-therapeutic work with traumatised adult clients. The research focuses on how practitioners and scholars across different psycho-therapeutic modalities have been written about their application and understanding of Sandtray in the therapeutic work with adult trauma survivors.

While information about different theories and practice of Sandplay/Sandtray therapy and the use and understandings of sandtrays in therapeutic work can be found in books, dissertations and journal articles the research into and publications in the area of Sandplay/Sandtray work with adult trauma survivors are widely dispersed and often hard to find. I was wondering if you know some articles about this specific area of trauma work.

Thank you very much for your help.

Kind regards

Garjana Kosanke

Appendix B – Email to Deutsche Gesellschaft für Sandspieltherapie (DGST)

Sehr geehrte Frau ...,

mein Name ist Garjana Kosanke. Ich habe gerade mein Psychotherapystudium an der Auckland University of Technology in Neuseeland beendet und schreibe an meiner Master Dissertation zu dem Thema Sandspieltherapie mit Erwachsenen mit posttraumatischen Belastungsstörungen. Es gibt zahlreiche Literatur zu beiden Themen, aber die Anzahl der Publicationen, die sich mit der Kombination beider Themen befassen ist sehr gering.

An diesem Punkt möchte ich um Ihre Hilfe bitten. Bei meiner Suche im Internet nach Publicationen zu dem Thema in deutscher Sprache habe ich einen Artikel von Bernd Dauer, Sandspieltherapie mit einer Gruppe von Patientinnen mit Persönlichkeitsstörungen und posttraumatischen Belastungsstörungen, *Sandspieltherapie* Heft 4, 1995, 4ff gefunden. Ich habe die Hoffnung, dass Sie mir sagen können, wie ich den genannten Artikel bekommen kann und wie ich die Zeitung Sandspieltherapie nach weiteren passenden Artikeln durchsuchen kann.

Ich wäre Ihnen sehr dankbar, wenn sie zusätzliche Anregungen für mich hätten, wie ich einschlägige deutschsprachige Literatur zum Thema *Traumaarbeit und Sandspieltherapie mit Erwachsenen* finden könnte.

Ich danke Ihnen im Vorraus für Ihre Mithilfe.

Mit freundlichen Grüßen

Garjana Kosanke

Appendix C – Literature Search Log

PsychINFO	Search result	Included in final data set of 14	Included in interim data set of 48	Final excluding criteria
Sandplay.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]	337			
"Sand play".mp.	57			
Sandtray.mp.	83			
"Sand tray".mp.	67			
Trauma.mp.	40683			
Combining sandplay OR "sand play" OR sandtray OR "sand tray" AND trauma.mp	66	8	21	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma
"world technique".mp.	24	0	0	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma or were a double up with previous search
AUT catalogue				
sandplay	20	0	2	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma or were a double up with previous search
"sand play"	37	0	0	dito
sandtray	12	0	0	dito
"sand tray"	7	0	0	dito
PEP				
sandplay	7	0	0	Book reviews
"sand play"	2	0	0	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma or were a double up with previous search
sandtray	1	0	0	Book review
"sand tray"	0	0	0	
ProQuest Dissertation & Thesis				
Sandplay (all fields + text)	176			
sandplay (in abstract)	55	0	1	Dissertations got excluded after Faculty Presentation to reduce the amount of items for coding. The volume of the dissertations exceeded the work load possible for this dissertation.
sandplay AND trauma (in abstract)	6	0	4	dito
"sand play" AND trauma (in abstract)	1	0	0	dito
sandtray AND trauma (in abstract)	3	0	0	dito
"sand tray" AND trauma (in	5	0	0	dito

abstract)				
Psychology and Behavioral Sciences Collection (EBSCO)				
sandplay	16	0	0	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma or were a double up with previous search
“sand play”	7	0	0	dito
sandtray	5	1	1	dito
“sand tray”	5	0	0	dito
Internet search				
sandplay sandtray trauma,	A wide range of findings using google search	2	6	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma
Sandspiel Trauma	A wide range of findings using google search	1	1	dito
Experts for sandplay in New Zealand				
Local sandplay therapists	14	1	8	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma; Video got excluded
Gestalt Institute New Zealand	2	0	2	Not trauma work
Australian and Aotearoa New Zealand Psychodrama Association (AANZPA)	1	0	0	Double up with previous search
Programme leader Diploma of Violence and Trauma Studies at AUT	0	0	0	
International experts for sandplay				
Deutsche Gesellschaft fuer Sandspieltherapie (DGST)	3	1	2	Not trauma work
International Society for Sandplay Therapy (ISST)	Journal of Sandplay Therapy	0	0	Publications did not meet the inclusion criteria of Adult + Sandplay + Trauma
TOTAL		14	48	

Appendix D – Example: Highlighting Data Extracts in Data Item

10

Sandtray Therapy and Psychic Trauma

As with other projective and expressive interventions, sandtray therapy provides a unique and effective intervention for clients who have experienced psychic trauma. The therapeutic distance, which is automatically provided as clients project intrapsychic and interpersonal issues of pain and chaos into the sandtray, is an invaluable tool when doing trauma work. There are both psychological and neurobiological benefits in the use of sandtray therapy as an intervention with clients of all ages dealing with the aftermath of trauma. This chapter is not so much a *how-to* as a brief rationale for the use of sandtray therapy with traumatized clients.

An initial consideration here is the fundamental sensory nature of trauma. All trauma has a sensory element to it, if not pervasive sensory overload. From the victim of a car accident to combat trauma to physical or sexual abuse, there is a significant impact on the senses of the traumatized client. Additionally, as one considers the diagnostic criteria for posttraumatic stress disorder (PTSD; American Psychiatric Association, 2000), there is a significant focus on sensory elements: (1) persistent reexperiencing of the traumatic event, (2) avoidance of cues associated with trauma, and (3) persistent physiological hyperreactivity or arousal. It seems a natural fit that a therapeutic response to trauma should also have a significant sensory element to it. Sandtray therapy is a natural fit.

Badenoch writing about a client's work. "She either leaves her left hand in the sand to maintain her emerging internal balance, or holds onto one of the pieces, telling me she feels soothing energy moving up her arms and into her chest." (2008, p. 236)

BENEFITS OF SANDTRAY THERAPY FOR TRAUMATIZED CLIENTS

Schaefer (1994) suggested several related properties that provide the sense of therapeutic distance and often resultant safety that clients can experience in sandtray therapy:

1. Symbolization: Clients can use a miniature to represent an abuser or victimizing situation. For example, it can be much safer for a client to select a predatory animal to represent an abuser. A client might select a jail or building with barred windows to represent being held captive, whether the presenting issue involves actual abduction or the feeling of inescapability.
2. As if quality: Clients can use the pretend quality to act out events as if they are not real life. For the victim or witness of domestic violence, for example, it is challenging enough to process this trauma verbally. In sandtray therapy, clients can manage the unmanageable, controlling in the *as if* element of the sandtray therapy that which could not be controlled in the midst of the traumatizing situation.
3. Projection: Clients can project intense emotions onto the miniatures, who can then safely act out these feelings. It can feel much safer for the client to project difficult and potentially frightening emotions onto miniature people or animals

Appendix E – Example: Initial Codes in Data Item – Excel Work Sheet

Data Item	Page	Codable Moment / Initial Code
Homeyer & Sweeney (2011)	79	projective intervention
Homeyer & Sweeney (2011)	79	expressive intervention
Homeyer & Sweeney (2011)	79	unique and effective intervention for psychic trauma
Homeyer & Sweeney (2011)	79	therapeutic distance – invaluable tool for trauma work
Homeyer & Sweeney (2011)	79	therapeutic distance – automatically provided in sand tray therapy
Homeyer & Sweeney (2011)	79	intra-psychic issues of pain and chaos projected into sand
Homeyer & Sweeney (2011)	79	interpersonal issues of pain and chaos projected into sand
Homeyer & Sweeney (2011)	79	psychological benefits of sand tray with trauma
Homeyer & Sweeney (2011)	79	neurobiological benefits of sand tray with trauma
Homeyer & Sweeney (2011)	79	all ages
Homeyer & Sweeney (2011)	79	fundamentally sensory nature of trauma
Homeyer & Sweeney (2011)	79	car accident/combat trauma/sexual abuse – impact on the senses
Homeyer & Sweeney (2011)	79	PTSD – focus on sensory elements
Homeyer & Sweeney (2011)	79	PTSD – persistent re-experiencing of the traumatic event
Homeyer & Sweeney (2011)	79	PTSD – avoidance of cues associated with trauma
Homeyer & Sweeney (2011)	79	PTSD – persistent physiological hyper-reactivity or arousal
Homeyer & Sweeney (2011)	79	sensory elements natural fit for therapeutic response to trauma
Homeyer & Sweeney (2011)	79	sand tray therapy natural fit
Homeyer & Sweeney (2011)	79	provides sense of therapeutic distance
Homeyer & Sweeney (2011)	79	provides an experience of safety
Homeyer & Sweeney (2011)	79	symbolisation
Homeyer & Sweeney (2011)	79	miniature to represent abuser or victimising situation
Homeyer & Sweeney (2011)	79	safer for client to use a predatory animal to represent abuser
Homeyer & Sweeney (2011)	79	jail or building with barred windows to represent captivity or inescapability
Homeyer & Sweeney (2011)	79	as if quality
Homeyer & Sweeney (2011)	79	pretend quality
Homeyer & Sweeney (2011)	79	act out events as if not real life
Homeyer & Sweeney (2011)	79	challenging enough to process trauma verbally
Homeyer & Sweeney (2011)	79	clients can manage the unmanageable
Homeyer & Sweeney (2011)	79	clients can control in the “as if space” what has been uncontrollable
Homeyer & Sweeney (2011)	79	projection of intense emotions onto miniature
Homeyer & Sweeney (2011)	79	safely act out feelings

Appendix F – Example: 1st Order Themes – Excel Work Sheet

Author (year)	Page	Code	Total number of codes	1 st Order Themes											
				Projection / externalisation	Experience / express emotions	Recreation of trauma	Safety	Distance / closeness	Therapeutic relationship	Internal world	Diagnostic / assessment tool	Sandplay method	Body	Trauma / PTSD	Resistance / defense
			33	3	1	2	3	3	4	1	2	3	6	4	1
Homeyer & Sweeney (2011)	79	projective intervention	1	1											
Homeyer & Sweeney (2011)	79	expressive intervention	2		1	1									
Homeyer & Sweeney (2011)	79	therapeutic distance – invaluable tool for trauma work	3				1	1	1						
Homeyer & Sweeney (2011)	79	therapeutic distance – automatically provided in sand tray therapy	3				1	1	1						
Homeyer & Sweeney (2011)	79	intra-psychic issues of pain and chaos projected into sand	3	1						1	1				
Homeyer & Sweeney (2011)	79	interpersonal issues of pain and chaos projected into sand	3	1					1		1				
Homeyer & Sweeney (2011)	79	psychological benefits of sand tray with trauma	1									1			
Homeyer & Sweeney (2011)	79	neurobiological benefits of sand tray with trauma	1										1		
Homeyer & Sweeney (2011)	79	all ages	1									1			
Homeyer & Sweeney (2011)	79	fundamentally sensory nature of trauma	1										1		
Homeyer & Sweeney (2011)	79	car accident/combat trauma/sexual abuse – impact on the senses	1										1		
Homeyer & Sweeney (2011)	79	PTSD – focus on sensory elements	2										1	1	
Homeyer & Sweeney (2011)	79	PTSD – persistent reexperiencing of the traumatic event	2			1								1	
Homeyer & Sweeney (2011)	79	PTSD – avoidance of cues associated with trauma	2											1	1
Homeyer & Sweeney (2011)	79	PTSD – persistent physiological hyper- reactivity or arousal	2										1	1	
Homeyer & Sweeney (2011)	79	sensory elements natural fit for therapeutic response to trauma	1										1		
Homeyer & Sweeney (2011)	79	sand tray therapy natural fit	1									1			
Homeyer & Sweeney (2011)	79	provides sense of therapeutic distance	2					1	1						
Homeyer & Sweeney (2011)	79	provides an experience of safety	1				1								

Appendix G – 1st Order Themes

No.	1 st Order Themes	Codes	No.	1 st Order Themes	Codes
1	Case material	382	36	Identification	29
2	Experience /express emotions	254	37	Wholeness / spirituality	29
3	Symbolism	251	38	Distance / closeness	27
4	Language / communication	159	39	Process	26
5	Change / transformation	141	40	Containment	25
6	Trauma recreation	132	41	Abreaction	21
7	Active work with sandtray	130	42	Witness	20
8	Healing	117	43	New perspective	20
9	Reflection	102	44	Play	18
10	Safety	99	45	Questions	17
11	Body	88	46	Childhood	16
12	Consciousness / insight	88	47	Tray	16
13	Tangible	81	48	Fantasy	14
14	Therapist's role	81	49	Adjunctive therapy	13
15	PTSD	78	50	Distortion of traumatic event	12
16	Different parts of the client	77	51	Counter-transference	12
17	Outcomes	69	52	Resolve / resolution	12
18	Unconscious	66	53	Shadow side	11
19	Strengthening	66	54	Adult vs. child sandplay	11
20	Traumatic nightmare	65	55	Free and protected space	11
21	Wounding	62	56	Confrontation	10
22	Sandplay method	61	57	Release	10
23	Miniatures	57	58	Shame / guilt	9
24	Control / boundaries	52	59	Inner child	9
25	Diagnostic / assessment tool	51	60	Therapeutic relationship	9
26	Therapist's thoughts	44	61	Transitional object /space	8
27	Passive work	42	62	Moving on	8
28	Resistance / defense	40	63	Creativity	8
29	Projection / externalisation	40	64	Re-traumatising	6
30	Integration	40	65	As if / in-between quality	6
31	Sand	34	66	Language / culture	6
32	Other theory	34	67	Regression	5
33	Couple/family therapy	33	68	Acceptance	5
34	Internal world	32	69	Issue unrelated to trauma	5
35	Group therapy	31	70	Sandtray scene	4

Total amount of Codes

3647

Total amount of Themes

70

Appendix H – 2nd Order Themes

2 nd Order Themes		1st Order Themes													
1	Case Material	Case	Traumatic nightmare												
Codes	447	382	65												
2	Trauma	PTSD	Wounding	Resistance / defence	Distortion of traumatic event	Shadow side	Shame / guilt	Retraumatizing							
Codes	218	78	62	40	12	11	9	6							
3	Inner client world	Different parts of the client	Unconscious	Internal world	Identification	Inner child									
Codes	213	77	66	32	29	9									
4	Physical	Body	Tangible												
Codes	169	88	81												
5	Sandtray method	Sandplay method	Miniatures	Diagnostic / assessment tool	Sand	Couple/ family therapy	Group therapy	Tray	Childhood	Adult vs. child sandplay					
Codes	310	61	57	51	34	33	31	16	16	11					
6	How to work	Trauma recreation	Active work with sandtray	Passive work	Projection / externalisation	Play	Sandtray scenes								
Codes	366	132	130	42	40	18	4								
7	Therapist	Therapist's role	Therapist's thoughts	Witness	Questions	Counter-transference	Therapeutic relationship								
Codes	183	81	44	20	17	12	9								
8	Safe space	Safety	Control / boundaries	Distance / closeness	Containment	Free and protected space	Transitional object / space	As if / in-between quality							
Codes	228	99	52	27	25	11	8	6							
9	Client's expressive work with trauma	Experience /express emotions	Symbolism	Language / communication	Reflection	Process	Abreaction	Fantasy	Confrontation	Language / culture	Regression				
Codes	848	254	251	159	102	26	21	14	10	6	5				
10	Development through therapy	Change / transformation	Healing	Consciousness / insight	Outcomes	Strengthening	Integration	Wholeness / spirituality	New perspective	Resolve / resolution	Release	Moving on	Creativity	Acceptance	Issue unrelated to trauma
Codes	618	141	117	88	69	66	40	29	20	12	10	8	8	5	5
11	Other Theory	Other theory	Adjunctive therapy												
Codes	47	34	13												
Total Codes	3647														

Appendix I – Initial Version of 3rd Order Themes

	Initial 3 rd Order Themes	1st Order Themes													
1	Traumatised client	Case	Body	PTSD	Different parts of the client	Un-conscious	Wounding	Resistance / defence	Internal world	Identification	Distortion of traumatic event	Shadow side	Inner child	Shame / guilt	Retraumatising
Codes	901	382	88	78	77	66	62	40	32	29	12	11	9	9	6
2	Sandtray as a tool	Trauma recreation	Active work with sandtray	Therapist's role	Traumatic nightmare	Sandplay method	Miniatures	Diagnostic / assessment tool	Therapist's thoughts	Passive work	Projection / externalisation	Other theory	Sand	Couple/ family therapy	Group therapy
Codes	951	132	130	81	65	61	57	51	44	42	40	34	34	33	31
		Play	Questions	Tray	Childhood	Adjunctive therapy	Counter-transference	Adult vs. child sandplay	Therapeutic relationship	Sandtray scenes					
Codes		18	17	16	16	13	12	11	9	4					
3	Safe space	Safety	Control / boundaries	Distance / closeness	Containment	Witness	Free and protected space	Transitional object/ space	As if / in-between quality						
Codes	248	99	52	27	25	20	11	8	6						
4	From internal silent trauma world to external expressive trauma work	Experience / express emotions	Symbolism	Language / communication	Reflection	Tangible / visible	Process	Abreaction	Fantasy	Confrontation	Language / culture	Regression			
Codes	929	254	251	159	102	81	26	21	14	10	6	5			
5	Resourceful client	Change / transformation	Healing	Consciousness / insight	Outcomes	Strengthening	Integration	Wholeness / spirituality	New perspective / transformed into memory	Resolve / resolution	Release	Moving on	Creativity	Acceptance	Issue unrelated to trauma
Codes	618	141	117	88	69	66	40	29	20	12	10	8	8	5	5
Total Codes	3647														

Appendix J – Example: 1st Order Theme Content List

3 Symbolism

251 codes in 13 articles

- concrete symbols / miniatures (198 codes)
 - healing / transformation (69)
 - wounding (55)
 - abuser / victimising situation (18)
 - client's emotions (17)
 - client as victim (16)
 - client's strength (10)
 - other people affected by the trauma (6)
 - prescriptive roles (Observing Ego) (4)
 - using sand to create (emotional) landscape (3)
- using symbols to create / express (16)
- symbolic meaning of sandtray as a whole (9)
- “universal” meaning of individual symbols (8)
- exploration of symbolism (5)
- sand itself as a symbol for the forces that have formed the client (4)
- sandtray creation as a metaphor (3)
- symbols change and develop over time (3)
- symbolisation of painful experience less difficult (2)
- emergence of new symbolic forms as a sign of growth (2)
- symbol-shattering experience of pain (1)

4 Language / Communication

159 codes in 14 articles

- creation of sand-scene often predecessor for verbal description (27)
- verbal narrative is the channel most often blocked or damaged by trauma (21)
- need to develop trauma narrative (11)
- items “speak” (11)
- left brain / right brain (9)
- non-verbal way to express emotions, thoughts and internal world (8)
- “talking” by showing often easier (7)
- creation of sand-scenes can hold themes without further verbal processing (6)
- understanding the language of the body (6)
- sand-scene is closer to internal reality (pictures) than language (6)
- talking therapy often not effective with veterans/trauma (6)
- some things (e.g. horror, pain) cannot be expressed through words (6)
- the absence of language allows the development of a new creative process (5)

Appendix K – Example: Content Items Sorted into Revised 3rd Order Themes

	1 st Order Theme	Content Items	Codes	3 rd Order Theme							
				1	2	3	4	5	6	7	8
				Traumatised Client	Wounded Client in the Sandtray	Sandtray Process	Healing Client in the Sandtray	Resourceful Client	Sandtray	Therapist	Theory
3	Symbolism	healing / transformation	69				1				
3	Symbolism	wounding	55		1						
3	Symbolism	abuser / victimising situation	18		1						
3	Symbolism	client's emotions	17			1					
3	Symbolism	client as victim	16		1						
3	Symbolism	clients's strength	10				1				
3	Symbolism	other people affected by the trauma	6			1					
3	Symbolism	prescriptive roles (Observing Ego)	4				1				
3	Symbolism	using sand to create (emotional) landscape	3			1					
3	Symbolism	using symbols to create / express	16			1					
3	Symbolism	symbolic meaning of sandtray as a whole	9						1		
3	Symbolism	'universal' meaning of individual symbols	8						1		
3	Symbolism	exploration of symbolism	5			1					
3	Symbolism	sand itself as a symbol for the forces that have formed the client	4						1		
3	Symbolism	sandtray creation as a metaphor	3			1					
3	Symbolism	symbols change and develop over time	3				1				
3	Symbolism	symbolisation of painful experience less difficult	2		1						
3	Symbolism	emergence of new symbolic forms as a sign of growth	2				1				
3	Symbolism	symbol-shattering experience of pain	1	1							
4	Language / Communication	creation of sand-scene often predecessor for verbal description	27				1				
4	Language / Communication	verbal narrative is the channel most often blocked or damaged by trauma	21	1							
4	Language / Communication	items "speak"	11			1					
4	Language / Communication	need to develop trauma narrative	11					1			
4	Language / Communication	left brain / right brain	9			1					
4	Language / Communication	non-verbal way to express emotions, thoughts and internal world	8		1						
4	Language / Communication	"talking" by showing often easier	7		1						
4	Language / Communication	talking therapy often not effective with veterans/trauma	6	1							
4	Language / Communication	some things (e.g. horror, pain) cannot be expressed through words	6	1							
4	Language / Communication	creation of sand-scenes can hold themes without the need for further verbal processing	6		1						
4	Language / Communication	to enter rather inarticulate world of the body	6		1						
4	Language / Communication	sand-scene is closer to internal reality (pictures) than language	6		1						
4	Language / Communication	the absence of language allows the development of a new creative process	5			1					
4	Language / Communication	communication with group/family to foster healing process	5			1					
4	Language / Communication	words cannot integrate the disorganised sensations/patterns of trauma	4	1							
		Total content items		5	9	10	6	1	3	0	0

Appendix L – All Themes in an Overview

1 st Order Themes	2 nd Order Themes	1 st version 3 rd Order Themes	2 nd version 3 rd Order Themes	4 th Order Themes
Case				
Traumatic nightmare	Case material			
PTSD				
Wounding				
Resistance / defense				
Distortion of traumatic event	Trauma			
Shadow side				
Shame / guilt		Victim	Traumatised Client	
Re-traumatising				
Different parts of the client				
Unconscious				
Internal world	Inner client world			
Identification				
Inner (traumatised) child				
Body				
Tangible	Physical			
Sandplay method				
Miniatures				
Diagnostic / assessment tool				
Couple/family therapy	Sandtray method			
Sand				
Group therapy				
Childhood				
Tray				
Adjunctive therapy				
Adult vs. child sandplay		Sandtray as a tool	Sandtray	
Active work with Sandtray				
Trauma recreation				
Passive work	How to work			
Projection / externalisation				
Play				
Questions				
Sandtray scene				
				Communication
Therapist's role				
Therapist's thoughts				Active work
Witness	Therapist		Therapist	
Countertransference				Safety
Therapeutic relationship				
Safety				
Control / boundaries				
Distance / closeness	Safe space	Safe space		
Containment				
Free and protected space				
Transitional object /space				
As if/ in-between quality				
Experience /express emotions				
Symbolism				
Language / communication			Wounded Client in the Sandtray	
Reflection				
Process				
Abreaction	Client's expressive work with trauma	From internal silent trauma world to external expressive trauma work		
Fantasy			Sandtray Process	
Confrontation				
Language / culture				
Regression				
			Healing Client in the Sandtray	
Change / transformation				
Healing				
Consciousness / insight				
Outcomes				
Strengthening				
Integration	Development through therapy	Survivor	Resourceful Client	
Wholeness / spirituality				
New perspective				
Resolve / resolution				
Release				
Moving on				
Creativity				
Acceptance				
Issue unrelated to trauma				
Other theory	Other theory		Theory	

Appendix M – Example: Content Items sorted under 3rd Order Themes

	1 st Order Themes	Content Items	Codes	3 rd Order Theme
				Sandtray Process
2	Expression of Emotions	confrontation of trauma related emotions only after boundaries have been discussed and coping mechanism have been developed (e.g. Ego-strength)	38	1
2	Expression of Emotions	opportunity to safely experience emotions	29	1
2	Expression of Emotions	opportunity to play out emotions (non-verbal)	28	1
2	Expression of Emotions	figures to express emotion	28	1
2	Expression of Emotions	therapist asks client about emotions attached to figures	10	1
2	Expression of Emotions	creation with sand and figures activates feelings	7	1
2	Expression of Emotions	connection of repressed feelings and consciously experienced ones slowly possible	5	1
2	Expression of Emotions	emotional distance to the trauma allows client to talk about it	4	1
2	Expression of Emotions	therapist need to be able to contain client's emotional experience	4	1
2	Expression of Emotions	safely experiencing painful emotions in the presence of a witness	2	1
2	Expression of Emotions	focus on the wholeness of the experience	1	1
2	Expression of Emotions	stuck emotional energy gets moved with the movement of the sand	1	1
3	Symbolism	client's emotions	17	1
3	Symbolism	using symbols to create / express	16	1
3	Symbolism	other people affected by the trauma	6	1
3	Symbolism	exploration of symbolism	5	1
3	Symbolism	using sand to create (emotional) landscape	3	1
3	Symbolism	sandtray creation as a metaphor	3	1
4	Language / Communication	items "speak"	11	1
4	Language / Communication	creating link between left brain / right brain	9	1
4	Language / Communication	the absence of language allows the development of a new creative process	5	1
4	Language / Communication	communication group/family to foster healing process	5	1
4	Language / Communication	communicate across different languages	4	1
4	Language / Communication	mimetic expression as part of verbal therapy	3	1
5	Change / Transformation	traumatic nightmare story-line alteration	11	1
5	Change / Transformation	directed trauma tray: Change scene in a way that would make it "better" (e.g move wounded self figure to a safe place, change agent)	7	1
5	Change / Transformation	changes can be captured (photos)	2	1
6	Active Work	re-enact trauma /dream in the sandtray	25	1
6	Active Work	play / interact with figurines	24	1
6	Active Work	follow a safe structure for trauma re-enactment	23	1
6	Active Work	change trauma / dream scene in accordance with therapeutic process	16	1
6	Active Work	include partner / family in the client's work	12	1
6	Active Work	amplify area/part that needs further exploration	6	1
6	Active Work	using two trays for dream and actual trauma	2	1
6	Active Work	spontaneous tray as predecessor for directed tray	1	1
6	Active Work	sandworlds build on sandworlds	1	1
7	Trauma recreation	recreation of original traumatic event	54	1
7	Trauma recreation	recreation of trauma material only when safe (e.g Enough Ego-strength, coping mechanism)	11	1

Appendix N – Example: Highlighted Content Items in 3rd Order Themes

	1 st Order Themes	Content Items	Codes	3 rd Order Theme
				Sandtray Process
2	Expression of Emotions	confrontation of trauma related emotions only after boundaries have been discussed and coping mechanism have been developed (e.g. Ego-strength)	38	1
2	Expression of Emotions	opportunity to safely experience emotions	29	1
2	Expression of Emotions	opportunity to play out emotions (non-verbal)	28	1
2	Expression of Emotions	figures to express emotion	28	1
2	Expression of Emotions	therapist asks client about emotions attached to figures	10	1
2	Expression of Emotions	creation with sand and figures activates feelings	7	1
2	Expression of Emotions	connection of repressed feelings and consciously experienced ones slowly possible	5	1
2	Expression of Emotions	emotional distance to the trauma allows client to talk about it	4	1
2	Expression of Emotions	therapist need to be able to contain client's emotional experience	4	1
2	Expression of Emotions	safely experiencing painful emotions in the presence of a witness	2	1
2	Expression of Emotions	focus on the wholeness of the experience	1	1
2	Expression of Emotions	stuck emotional energy gets moved with the movement of the sand	1	1
3	Symbolism	client's emotions	17	1
3	Symbolism	using symbols to create / express	16	1
3	Symbolism	other people affected by the trauma	6	1
3	Symbolism	exploration of symbolism	5	1
3	Symbolism	using sand to create (emotional) landscape	3	1
3	Symbolism	sandtray creation as a metaphor	3	1
4	Language / Communication	items "speak"	11	1
4	Language / Communication	creating link between left brain / right brain	9	1
4	Language / Communication	the absence of language allows the development of a new creative process	5	1
4	Language / Communication	communication group/family to foster healing process	5	1
4	Language / Communication	communicate across different languages	4	1
4	Language / Communication	mimetic expression as part of verbal therapy	3	1
5	Change / Transformation	traumatic nightmare story-line alteration	11	1
5	Change / Transformation	directed trauma tray: Change scene in a way that would make it "better" (e.g. move wounded self figure to a safe place, change agent)	7	1
5	Change / Transformation	changes can be captured (photos)	2	1
6	Active Work	re-enact trauma / dream in the sandtray	25	1
6	Active Work	play / interact with figurines	24	1
6	Active Work	follow a safe structure for trauma re-enactment	23	1
6	Active Work	change trauma / dream scene in accordance with therapeutic process	16	1
6	Active Work	include partner / family in the client's work	12	1
6	Active Work	amplify area/part that needs further exploration	6	1
6	Active Work	using two trays for dream and actual trauma	2	1
6	Active Work	spontaneous tray as predecessor for directed tray	1	1
6	Active Work	sandworlds build on sandworlds	1	1
7	Trauma recreation	recreation of original traumatic event	54	1
7	Trauma recreation	recreation of trauma material only when safe (e.g. Enough Ego-strength, coping mechanism)	11	1