SANDPLAY THERAPY AND THE INDIVIDUATION PROCESS IN ADULTS WITH MODERATE TO SEVERE TRAUMATIC BRAIN INJURY: AN EXPLORATORY QUALITATIVE STUDY

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Abstract

Sandplay Therapy and the Individuation Process in
Adults with Moderate to Severe Traumatic Brain Injury:
An Exploratory Qualitative Study

by

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Employing a collective case study qualitative approach, sandplay therapy (sandplay) was utilized to study the phenomenological experiences of four adults with moderate to severe Traumatic Brain Injury (TBI) and to explore the process of individuation as defined by Carl Jung in these individuals. Participants ranged in age from 22 to 36, completed 12 to 18 sand trays, and were seen in an outpatient neurorehabilitation center. Results indicated that the participants could express themselves through sandplay in ways previously unavailable to them verbally. The contents of psychotherapy for all of the participants centered on their TBI experiences and its devastating impact on their lives, as well as a quest for deeper psychological goals such as wholeness, purpose, connection to life, and acceptance. Furthermore, a sandplay sensory feedback loop was developed to describe how these four participants progressed through seven phases of psychological development. The process that emerged was likened to an individuation journey wherein unconscious contents are made conscious, there is confrontation of shadow material, and the Self is manifested. Implications for using multisensory forms of psychotherapy with persons with TBI, and for applying similar research designs in future studies of sandplay and the individuation process are discussed.

Key Words: Sandplay, TBI, Individuation, Psychotherapy, Multisensory

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Sandplay Therapy and the Individuation Process in Adults with Moderate to Severe Traumatic Brain Injury: An Exploratory Qualitative Study

CHAPTER ONE

Introduction

Persons with traumatic brain injury (TBI) face a complex sequelae of physical, cognitive, emotional, behavioral, and social impairments after the injury (Kersel, Marsh, Havill, & Sleigh, 2001). The person and his or her family experience multiple levels of crises ranging from the trauma of being in a life-threatening situation, to the ebb and flow process of recovery in hospitals and/or rehabilitation centers, to the challenges of returning to everyday life (Talbott, 1989). Additionally, many have a high level of psychiatric distress, including depression and anxiety, even more than a decade after injury (Hoofien, Gilboa, Vakil, & Donovick, 2001).

Despite evidence that brain injury causes significant and long lasting psychological complications, rehabilitative efforts have primarily focused on the restoration of physical, cognitive, and sensory deficits, with considerably less attention paid to addressing psychological consequences (Begali, 2001). In fact, some professionals today question the legitimacy of psychotherapeutic interventions with persons with brain injury altogether (Begali, 2001; Miller, 1999). When psychotherapy is offered, it can take a variety of forms, and may also occur at different times, intensity levels, and frequencies throughout the rehabilitation process (Pepping & Prigatano, 2003). Furthermore, persons with TBI often exhibit a variety of neuropsychological

impairments, including decreased self-awareness, poor self-regulation, mental inflexibility, and problems with attention, memory, and decision making that pose further barriers to the application of psychotherapeutic interventions and the resolution of psychological issues (Langer, Laatsch, & Lewis, 1999). Regardless of these barriers, psychotherapy has been shown to yield multiple benefits for persons with TBI and their family members (Pepping & Prigatano, 2003), and is predictive of overall outcome in the rehabilitation process (Langer et al., 1999).

Several models of psychotherapeutic intervention for people with TBI exist, including behavioral treatments, cognitive rehabilitation, and neuropsychologically oriented psychotherapies. Behavioral treatment involves the application of behavioral techniques to replace problem behavior with more adaptive behavior (Corrigan & Jakus, 1994). Cognitive rehabilitation involves activities designed to remediate higher-level cognitive and interpersonal deficits (Gouvier et al.,1997). Neuropsychologically oriented psychotherapy involves individual, group, or family psychotherapy that is based not only on understanding a person's neuropsychological deficits, but also on understanding the significant emotional effects that brain injury has imposed (Langer et al., 1999). For example, persons with TBI experience losses, sudden adaptations, and changes in cognition, emotion, and action that lie at the very core of their concept of selfhood (Langer et al., 1999). Researchers have concluded that psychotherapeutic interventions that emphasize cognition and behavior at the neglect of emotion and selfhood omit the important function of helping individuals with TBI to redefine and integrate a new identity and find meaning in their lives (Ben-Yishay & Diller, 1993; Miller, 1999; Prigatano, 1991, 1999; Pepping & Prigatano, 2003).

Prigatano (1991, 1999) offers a conceptual model of psychotherapy with brain-injured people that emphasizes the importance of both the scientific and phenomenological approaches to helping individuals with TBI learn to act in their own best interest in the face of their unique neuropsychological deficits and to find meaning and purpose in their lives. Prigatano underscores two essential responsibilities of the therapist: understanding the cognitive and personality characteristics of the individual in order to develop techniques that "make sense," and having a full appreciation for the individual's need to enter the individuation process as defined by Carl Jung. Individuation can be defined as a spiritual journey toward wholeness, whereby paying attention to the voice within, the individual achieves a new synthesis between conscious and unconscious, a sense of calm acceptance and detachment, and a realization of the meaning of life (Storr, 1983).

Jung described the individuation process as a systematic confrontation, step-by-step, between the ego and the contents of the unconscious (Jacobi, 1965)-- successive assimilations that lead to the distant goal of a complete actualization of the whole human being (Jung, 1954). The psyche becomes whole by coming to terms with and integrating its unconscious contents (e.g., complexes, shadow, archetypes, and other personal and collective unconscious contents) into consciousness (de Laszlo, 1993). Jung emphasized that assimilation is never a question of "this *or* that," but always of "this *and* that" (Jung, 1954, p. 156).

The process of individuation, although systematic, is not linear. It is described by Jung as multifaceted and "labyrinthine" (Jacobi, 1965). Jung (1954) likened what is produced by the individual during the process of individuation to "the archaic world of

fable" wherein inner psychic content is expressed through mythological ideas and symbolism that emerge from the depths of the human psyche and are then confronted by consciousness. Jung believed that the individuation process is more clearly discernable in dream images than in the conscious mind. He often used dream analysis in psychotherapy to both facilitate and track the individuation process (Jung, 1954).

Individuation may be a natural process, occurring throughout the course of human development more or less autonomously without the participation of consciousness, or may be aided through analysis, developed by definite methods, and consciously experienced (Jacobi, 1965). In either instance Jung (1954) believed that the process of individuation was ruled by nature, and that in the process of analysis the analyst should provide "generous attention to the individual" such that the process of individuation can be brought forth.

Jung described two phases of individuation. The first phase involves the development and differentiation of one's predominant "attitude" and main "function" and is, by nature, ego-centered (Jacobi, 1965). The second phase of individuation involves a "change in dominance" wherein the consolidated ego takes stock of one's assets in life, cries out for readjustment, and seeks a re-rooting in the Self. It is, by nature, spiritual and ego transcending (Jacobi, 1965). Jung asserted that this second phase of individuation begins with a turning point that naturally arises in midlife when people seek answers to the question, "What is all of this leading to?" (Jacobi, 1965). Normally, the physical and psychological changes that occur at midlife such as the physical aging process, awareness of mortality, changes in relationships, and differences in interests and preferences, require an individual to address psychologically deeper issues that possess both idiographic and

universal meaning (Battey, 1995). Jung reminded us, however, that the individuation process cannot be pinned down to a definitive year or time period, and can vary from individual to individual (Jacobi, 1965). Furthermore, the turning point that leads to the second phase of individuation may be brought about forcibly by serious upheaval such as sudden and significant loss or physical illness (Jacobi, 1965).

Persons with TBI face issues of mortality, the meaning and purpose of life, and changes in work, play, and love as a result of their brain injury. Consequently, they are often faced with a pressing need to address deeper psychological issues and to seek psychological wholeness (Miller, 1993; Prigatano, 1991, 1999). Although clinicians and researchers now concur that psychotherapy is a vital element in the rehabilitation of persons with TBI in addressing these psychological and existential issues (Ben-Yishay & Daniels-Zide, 2000; Christensen & Rosenberg, 1991; Cicerone, 2000; Langer, Laatsch, & Lewis, 1999; Miller, 1991, 1993; Pepping & Prigatano, 2003; Prigatano, 1991, 1999), studies on psychotherapy with persons with TBI are significantly lacking. None could be found that empirically examine the actual process of psychotherapy in persons with TBI. Researching the actual content of psychotherapy, as well as what occurs during the course of psychotherapy would enhance understanding of this essential intervention, especially as it pertains to examining existential issues and psychological processes in persons with TBI.

The work of George Prigatano provides a conceptual framework for psychotherapy with persons with TBI. His model, grounded in Jungian theory, predicts that symbols will help persons with TBI access and express their phenomenological experiences; that content themes including conflict regarding normalcy, individuality,

and spirituality will emerge in psychotherapy with persons with TBI; that self-expression through symbols will help persons with TBI to further their psychological development; and that a person with TBI will enter Jung's process of individuation to find meaning and purpose in his or her life. Thus, this exploratory study sought to provide confirmation of selected Jungian constructs and Prigatano's application of these to persons with TBI.

The work of Dora Kalff offers sandplay therapy as a nonverbal, symbolic means to facilitate psychological healing and transformation. Sandplay worlds provide a window into a person's inner state, including psychological conflicts and potentialities (Kalff, 1980). By creating a series of sandplay worlds the client submits to a process whereby aspects of the psyche interrelate and move toward resolution and healing (Kalff, 1980). In creating a series of sandplay worlds, fundamental process themes emerge such as confrontations with shadow, union of opposites, transformation of the feminine, encounters with Self as the image of God, relativization of the ego, and the emergence of a new worldview (Ammann, 1991; Weinrib, 1983). These confrontations both facilitate and represent the process of individuation (Ammann, 1991).

Sandplay may have particular implications for persons with brain injury to assist in accessing and expressing their phenomenological experiences, working through grief and loss, improving self-awareness and acceptance, exploring identity and selfhood, and in finding meaning in their lives. Sandplay may also provide researchers with a window into the phenomenological experiences of persons with TBI, and the general process of psychotherapy with this population.

In this study, the process of sandplay therapy was utilized (a) to study the phenomenological experiences of persons with traumatic brain injury, and (b) to explore

the processes of individuation (as defined by Carl Jung) in persons with TBI. It was anticipated that through the study of themes that emerge in a series of sandplay worlds, a greater understanding about both the *content* of psychological issues and the *process* of individuation in persons with TBI would be gained.

CHAPTER TWO

Literature Review

This review of the literature is divided into seven parts: The first section discusses traumatic brain injury, its epidemiology, and its physiological and psychosocial effects. The second section reviews psychotherapeutic interventions for persons with traumatic brain injury including behavioral treatments, cognitive rehabilitation, and neuropsychologically oriented psychotherapies. The third section presents an overview of Jung's personality theory and associated terminology. The fourth section discusses Jungian psychotherapy. The fifth section specifically describes Jung's individuation process, its phases, and its importance for persons with traumatic brain injury. The sixth section contains a general overview of the work of George Prigatano who offers a neuropsychologically oriented model of psychotherapy with brain-injured persons. The final section describes sandplay therapy, its key tenets, and its implications for use with persons with traumatic brain injury.

Traumatic Brain Injury

TBI occurs when a sudden force is applied to the brain which disrupts its anatomy and physiology. TBI can result in permanent damage and includes various processes that may damage the brain after brain injury, singly or in combination (Gennarelli & Graham, 2005). Traumatic brain injury may be the consequence of an open head injury, wherein the skull is penetrated and there is contact between brain tissue and the outside environment, or a closed head injury, where there has been no such penetration, and the force of the trauma is transferred almost directly to the brain within the closed, bony space of the skull (Miller, 1993). TBI can result in primary damage, occurring at the time

of injury, induced by mechanical forces such as damage from contact or acceleration/deceleration effects. The brain may be bruised, neurons may be killed, nerve fibers may be stretched or torn, or blood vessels damaged. TBI can also result in secondary or delayed damage, due to the effects of physiological processes (such as swelling, pressure, or reduced blood flow) set in motion by the primary injury, and superimposed on the already damaged brain (Gennarelli & Graham, 2005; Lezak, 1995). Focal damage may affect specific brain functions and behaviors (such as the production of speech, a blind spot in the visual field), and often can be localized to a particular part of the brain, while diffuse damage usually is associated with impairments in general neuropsychological functions such as memory, attention and concentration, and speed of processing (Lezak, 1995). The various processes that damage a brain after brain injury, including primary and secondary damage processes, are considered to be dynamic and multidimensional.

According to the epidemiology literature review conducted by Kraus and Chu (2005), the most frequently occurring external exposure factor associated with brain injury is transport--including automobiles, bicycles, motorcycles, aircraft, watercraft, and other (e.g., farm equipment)--with motor vehicle accidents being the most common transport-related cause. Falls, which are associated most with older age, are the second most frequently occurring external exposure factor, followed by assault or gun-related injuries, with gunshot wounds accounting for most penetrating head injuries, and then sports-related injuries. It was noted, however, that statistics on sports-related injuries probably under-represent sports as a significant exposure factor because sports-related injuries are not categorized uniformly (e.g., sometimes subsumed under transport-related

or “other” category). Another external exposure factor includes child abuse, which is a major cause of TBI in infants (Gennarelli & Graham, 2005).

Kraus and Chu (2005) further report that people between the ages of 15 and 24 and people over the age of 64 are identified as the two highest risk age groups for traumatic brain injury respectively. Furthermore, men are at higher risk due to the higher proportion of brain injuries connected to motor vehicle accidents, and females are at higher risk due to falls in the home. Lower income families have been linked to higher incidence of brain injury, and some studies show higher incidence of brain injury in persons of color compared to Whites. However, Kraus and Chu (2005) denote concern over the quality of data used to derive these rates and assert that racial and ethnic differences in brain injury rates have yet to be determined accurately.

Other key factors from the epidemiology literature on TBI include its positive association with alcohol and the increased likelihood of TBI in persons who have had a prior head injury. Kraus and Chu (2005) report that the risk of a second TBI among those with an earlier TBI is approximately 2.8 – 3.0 times that of the general noninjured population, and the risk of a third TBI given a second is between 7.8 and 9.3 times that of an initial head injury. Repeated exposure to risk factors, as well as ongoing alcohol abuse in persons with TBI, was associated with increased risk of recurrence. The positive relationship between blood alcohol concentration and risk of injury in general is well-established to include injuries caused from motor vehicle accidents, general aviation crashes, drownings, and violence (Kraus & Chu, 2005). Hence, keeping in mind that

persons with TBI include a wide variety of people from all ages and backgrounds, the most probable victim of a head injury is a young, adult male, involved in a motor vehicle accident, who was using alcohol at the time of the injury.

Traumatic brain injuries are generally classified as mild, moderate, or severe for the purposes of acute treatment and outcome prediction (Lezak, 1995). There are many criteria and combinations of criteria used to classify brain injuries, with the predominant three criteria including length of time of loss of consciousness, length of time of posttraumatic amnesia, and rating from the Glasgow Coma Scale (GCS); (Lezak, 1995; Silver, McAllister, & Yudofsky, 2005). There are problems inherent in using each of these measures to accurately and uniformly classify brain injury, as well as disagreement in the literature regarding exactly where to draw the lines for each of these measures in classifying brain injury (Lezak, 1995; Silver et al., 2005). Regardless, it should be highlighted that severity of brain injury is most predictive of functional outcomes (Lezak, 1995; Reeder, Rosenthal, Lichtenberg, & Wood, 1996), but these outcomes can be moderated by other factors such as age at the time of injury, premorbid functioning, general physical status, family support, and other psychosocial factors (Lezak, 1995). Furthermore, even brain injuries classified as mild may result in lasting cognitive and behavioral effects (Bennett, 1989; McAllister, 2005).

Persons with traumatic brain injury (TBI) face a complex sequelae of physical, cognitive, emotional, behavioral, and social impairments after the injury (Kersel et al., 2001). The person and his or her family experience multiple levels of crises ranging from the trauma of being in a life-threatening situation, to the ebb and flow process of recovery

in hospitals and/or rehabilitation centers, to the challenges of returning to everyday life (Talbott, 1989).

At the time a person sustains a TBI they may be in a life or death situation requiring extensive medical intervention for stabilization such as to stop the bleeding, to reduce intracranial pressure, and to otherwise minimize the potentially fatal damage to the brain (Hartl & Ghajar, 2005). In the long run, a survivor of TBI may suffer from persistent problems such as headaches, chronic pain, dizziness, fatigue, seizures, motor problems, and other complications (Silver et al., 2005).

Cognitively, a person with TBI is likely to experience impairments in attention and concentration, learning and memory, speed of processing, and executive functioning (e.g., goal setting and planning, initiation, behavioral inhibition, abstract reasoning and problem solving, mental flexibility, and self-monitoring and regulation) (Gouvier, Ryan, O'Jile, Parks-Levy, Webster, & Blanton, 1997; Lezak, 1995; McCullagh & Feinstein, 2005). They may lack insight, self-awareness, and motivation (Prigatano & Schacter, 1991). They may also experience impairments in communication and language production and/or processing (McCullagh & Feinstein, 2005).

Bennett (1989) presents a “comprehensive list” of personality disturbances, including emotional and behavioral aspects, that may arise in even mild brain injury: increased irritability, decreased temper control, decreased tolerance to frustration, impulsivity, acting socially inappropriate, being unaware of one’s personal impact on others, decreased motivation, emotional lability, anxiety and catastrophic reactions, a fear of going crazy, denial of illness or symptoms, suspicion and paranoia, depression and social withdrawal, and learned dependency. He cautions therapists working with persons

with brain injury to assess psychological issues in the context of cognitive deficits as well as premorbid psychological functioning and current significant issues of loss and change. Gouvier et al. (1997) report that the most significant behavioral problems resulting from TBI involve the ability to get and keep a job, make constructive use of one's time, and develop and maintain satisfying interpersonal relationships.

Hence, persons with TBI present with a complex clinical picture regardless of severity of injury. During the early phases of post-injury recovery, these persons generally experience notable improvements in physical status and many aspects of cognitive functioning that later plateau (Lezak, 1995). Neuropsychological recovery after TBI though, is not uniform across individuals (Millis, Rosenthal, Novack, Sherer et al., 2001). Regardless of the varying rate and course of recovery, most persons who experience a moderate or severe TBI never fully recover (Pollack, 2005), and several studies have shown that the most distressing postinjury deficits occur in the psychosocial domain (Corrigan, Whiteneck, & Mellick, 2004; Kersel, et al., 2001; Lezak & O'Brien, 1990; McKinley & Watkiss, 1999). Furthermore, many of these individuals have a high level of psychiatric distress, including depression and anxiety, more than a decade after injury (Hoofien et al., 2001).

Psychotherapeutic Interventions for Persons with TBI

Several models of psychotherapeutic intervention for persons with TBI exist to address psychosocial maladjustment, including behavioral treatments, cognitive rehabilitation, and neuropsychologically oriented psychotherapies. Many behavior problems exist in persons with TBI that interfere with their ability to work, enjoy recreational activities, and relate to others. Problems may include, but are not limited to

aggressive behavior, poor self-care skills, poor communication skills, problems coping, lethargy, and problems with cognitive-related skills such as maintaining attention, comprehending social cues, and learning new things (Corrigan & Bach, 2005). These behaviors may occur as a direct result of injury, and/or may be due to environmental factors, premorbid patterns, or other psychological causes, such as depression (Yody, Schaub, Conway, Peters et al., 2000). Behavioral treatment involves the application of behavioral techniques (e.g., skills training, conditioning, applied behavioral analysis) to replace problem behavior with more adaptive behavior (Corrigan & Jakus, 1994; Yody et al., 2000). Corrigan and Bach (2005) reviewed the many applications of behavioral treatments and effectiveness literature, and concluded that behavioral treatments can have significant effects on helping persons with TBI reduce problematic behavior and recover some functional social and independent living skills, when used in combination with other treatments including medications and cognitive rehabilitation.

Cognitive rehabilitation, also known as cognitive retraining or cognitive remediation, consists of therapeutic activities designed to ameliorate post-injury cognitive deficits (Cicerone, 1999; Gordon & Hibbard, 2005). Distinctions among cognitive approaches are not always clearly delineated in the literature, and approaches may involve activities ranging from teaching compensatory strategies for memory, to practice sessions on computer software for attention, to more holistic approaches (Kreutzer, Gordon, & Wehman, 1989). Although researchers have called for more emphasis on functionally-based interventions and outcome measures, increased empirical support for short-term and long-term effectiveness of interventions, and better theoretical models (Carney, Chesnut, Maynard, & Mann, 1999; Kreutzer et al., 1989; Ben-Yishay &

Prigatano, 1990; Ylvisaker, Hanks, & Johnson-Greene, 2002), findings generally support the effectiveness of compensatory cognitive rehabilitation strategies on improved cognitive functioning in persons with TBI (Carney et al., 1999; Cicerone, Dahlberg, & Kalmar, 2000). Researchers consistently recommend, however, that cognitive interventions take place in the context of a more comprehensive treatment program that also addresses psychosocial factors (Cicerone et al. 2000; Gordon & Hibbard, 2005; Ben-Yishay & Prigatano, 1990).

Ben-Yishay and Daniels-Zide (2000) recognize that functional gains are important outcomes for persons with TBI, but argue that focusing on acquisition of compensatory cognitive or behavioral skills at the exclusion of concerns with an individual's personhood and ability to derive satisfaction from his or her new and different life, misses the bigger picture of wellness. In their pilot study, Ben-Yishay and Daniels-Zide posited that optimal outcomes require that an individual achieve an "examined self" or a reconstitution of his or her ego identity that includes an internalized acceptance of his or her disability. They selected approximately two dozen graduates from their holistic brain injury recovery program that were designated "self-examined" and an equal number of graduates that were designated "adjusted." All of the individuals were known to have uninterrupted work adjustment since discharge. Self-examined individuals were program graduates who, by their over all attitude, behavior, and explicit verbal assertions (as per videotape reviews of graduation speeches), demonstrated that they had reflected upon their post-rehabilitation sense of self and arrived at a subjectively satisfying self-definition. Adjusted individuals were program graduates who had responded well to remedial interventions of the program, endorsed recommendations

concerning post discharge work choice, and adjusted well to their disability, but showed no overt signs of defining themselves in a satisfactory way, and their graduation speeches contained no explicit, self-defining assertions. Comparisons were then made between the two groups on six areas of wellness. Results indicated that the self-examined individuals rated themselves significantly higher on five of the six indicators of wellness: (a) meaningfulness of life, (b) productivity, (c) being at peace, (d) social life, and (e) capacity for intimacy. The only variable on which the two groups did not differ involved effort to overcome one's deficits. The two groups also differed significantly in terms of two overarching variables measured: level of acceptance of their disability at the time of discharge and level of vocational success attained. Self-examined individuals achieved higher levels of both acceptance of their disability and successful vocational adjustment. The study links self-examined individuals to higher levels of wellness and acceptance of their disability and more successful vocational adjustment, and it emphasizes the need to provide a holistic approach to rehabilitation that includes psychotherapy to address these fundamental issues.

Ben-Yishay and Daniels-Zide's (2000) conclusions are supported by other researchers and clinicians who have asserted that psychotherapeutic interventions that emphasize cognition and behavior at the neglect of emotion and selfhood omit the important function of helping persons with TBI to redefine and integrate a new identity and find meaning in their lives (Ben-Yishay & Diller, 1993; Ben-Yishay, Silver, Piasetsky, & Rattok, 1987; Miller, 1993; O'Hara, 1988; Pepping & Prigatano, 2003; Prigatano, 1991, 1999). For example, O'Hara (1988) makes a distinction between cognitive and emotional symptoms that must be addressed differently following brain

injury, and Ben-Yishay and Diller (1993) further argue that factors such as awareness, self-concept, and self-efficacy in persons with brain injury call for an integrative (holistic) approach that extends beyond cognitive remediation strategies alone. Ben-Yishay et al. (1987) examined vocational outcomes of a special holistic (cognitive, interpersonal, and vocational) neuropsychological rehabilitation program and showed program effectiveness in restoring an overwhelming percentage of the participants to productive lives, with the majority in competitive employment. Miller (1993) and Prigatano (1991, 1999) also recommend psychotherapeutic strategies that extend beyond cognitive rehabilitation and behavioral treatment based on their clinical experience with the population. They assert that individuals with brain injuries need to feel whole again and find meaning in their lives, and that neuropsychologically oriented psychotherapy (NP) can best assist with these particular psychological tasks.

"Neuropsychologically oriented psychotherapy" (NP) is a term introduced here to capture and unify what is defined in the literature as individual, group, or family psychotherapy based not only on understanding a person's neuropsychological deficits but also understanding the significant emotional effects that brain injury has imposed (Langer, Laatsch, & Lewis, 1999). NP was founded on principles developed by Leonard Small in 1980 who asserted that (1) Individuals with brain injuries should not automatically be lumped together as "organic," but rather, treated as individuals with differences, and (2) treatment of individuals with brain injuries requires a truly multi-modal psychotherapeutic approach (Small, 1980). NP aims to help individuals with TBI improve their capacity for self-observation (Cicerone, 1989), and to face losses, sudden adaptations, and changes in cognition, emotion, and action that lie at the very core of the

concept of selfhood (Langer et al., 1999). NP emphasizes that therapists are knowledgeable of and attuned to individual variables (e.g., the aforementioned complex sequelae of TBI as it relates to the individual), irrespective of the specific techniques utilized, and it also emphasizes the importance of the therapist remaining flexible and adaptable in his or her approach (Carberry & Burd, 1986; Cicerone, 1989, 2000; Langer, 1992; Miller, 1993; Pollack, 2005; Small, 1980).

NP recognizes the central role the therapist plays in helping persons with TBI. Cicerone (1989) highlighted the importance of the therapist's attitude and asserted that an attitude of caring and empathic understanding toward making the person whole is probably of the greatest therapeutic value to the survivor of a traumatic brain injury. Miller (1993) stated, "In some cases, the self has been shattered by acquired brain injury; in others, it never fully developed due in part to the vagaries of individual early experience, but also in some measure to neurodevelopmental processes that we are only beginning to understand. In all cases, however, it requires our sharpest clinical and empathic skills to evaluate and treat these challenging patients, and our efforts must respectfully bow to diversity even as we breathlessly pursue unity" (p. 229).

NP also recognizes that not all persons with TBI are good candidates for psychotherapy. Prigatano (1991, 1999) stated that many of the failures in psychotherapy with persons with TBI are the result of the patient's major psychiatric problems prior to the injury. In contrast, those who benefit most are committed to becoming independent, can take a realistic view of themselves, can see their strengths and weaknesses, and can work at cognitive remediation. Prigatano (1999) further offers that the role of

psychotherapy emerges when good candidates for psychotherapy begin to struggle with the long-term, personal impact of disturbances in higher cerebral functioning.

Bennett (1989) offered three "criteria" for persons with TBI to determine who could benefit from psychotherapy. First, they must demonstrate with reasonable probability the cognitive ability to communicate their needs. Second, they must be aware of their cognitive deficits and specific distressing emotional or behavioral problems. Third, they must be highly motivated to participate in the process. Although not all persons with TBI are good candidates for psychotherapy, many are, and for these individuals, psychotherapy after brain injury can be essential in their pursuit of adaptation and wellness (Ben-Yishay & Daniels-Zide, 2000; Prigatano, 1991, 1999).

Although clinicians and researchers concur that psychotherapy is a vital element in the rehabilitation of persons with TBI with regard to addressing psychological and existential issues (Ben-Yishay & Daniels-Zide, 2000; Christensen & Rosenberg, 1991; Cicerone, 2000; Langer, Laatsch, & Lewis, 1999; Miller, 1991, 1993; Pepping & Prigatano, 2003; Prigatano, 1991, 1999), actual studies on psychotherapy with persons with TBI are lacking, and limitations on research methods and design in existing studies are consistently problematic (Carney et al., 1999; Langer, 1992). Support for psychotherapy in the literature is gained primarily from reports of clinical experience that use the literature in neuropsychology as a foundation and offer theoretical rationales, clinical guidelines, and case material (e.g., Bennett, 1989; Cicerone, 2000; Langer et al., 1999; Miller, 1991, 1993; Prigatano, 1991, 1999), or from research that highlights problems in persons with TBI such as depression, anxiety, or other psychiatric symptoms that are deemed the purview of psychotherapy (e.g., Hibbard, Uysal, Kepler, Bogdany, &

Silver, 1998; Hoofien, Gilboa, Vakil, & Donovick, 2001). There are also some studies showing the effectiveness of holistic rehabilitation programs that include psychotherapy as a component of rehabilitation (e.g., Ben-Yishay et al., 1987; Ben-Yishay & Daniels-Zide, 2000).

However, no studies could be found that empirically examine the actual process of psychotherapy in persons with TBI. Researching the actual content of psychotherapy, as well as what occurs during the course of the psychotherapy process would enhance understanding of this essential intervention, especially as it pertains to examining existential issues and psychological processes in persons with TBI.

The works of Carl Jung, George Prigatano, and Dora Kalff provide a conceptual framework used as a basis for this exploratory research. In the following pages, Jung's personality theory and process of individuation as they pertain to psychotherapy is described. Next, the work of George Prigatano is reviewed. Prigatano applied some of Jung's theories to his benchmark work in the field of psychotherapy with persons with TBI and established many of the principles of neuropsychologically oriented psychotherapy. He also incorporated the work of Dora Kalff into his model of psychotherapy, particularly the aspect of her work that applies to the advancement of psychological development through the externalization of oneself through symbols. Lastly, the work of Dora Kalff, founder of Jungian-oriented sandplay therapy, and its applications with persons with TBI is reviewed.

Jung's Personality Theory

In Jungian psychology the personality as a whole is synonymous with the psyche, and the psyche contains the totality of all thought, feelings, and behaviors, both conscious

and unconscious, personal and collective (Jung, 1989). An individual is born with wholeness of personality, and may become disconnected from this wholeness and develop splintered and conflicting systems as life in the outer world is experienced (Jacobi, 1965).

Jung contended that the goal of personality development is individuation, or the growth of a more inclusive sense of self by identifying opposite elements of one's personality and integrating them for inner unity (Jung, 1989). Jung described the process of individuation as follows: "The process by which a person becomes a psychological 'individual,' that is, a separate, indivisible unity or 'whole.' Individuation does not shut one out from the world, but gathers the world to one's self" (Jung, 1989, p. 396). Jung (1960) believed that the uniqueness of personality holds only for one's individual nature, but the process of personality development—individuation—is inborn in every individual. In the following paragraphs Jung's primary structures of the personality, or psyche, are presented, followed by a discussion of the transcendent function. This information will provide a context for the further exploration of Jung's concept of individuation.

Ego

Jung defined the ego as the psychological organ of individual awareness (Weinrib, 1991). It is the center and gatekeeper of the field of consciousness (Jung, 1971), the part that wills and chooses. The ego connects to the outer world through the persona (the social roles we play, one's protecting "face"), but it also plays a vital role in connecting us to our inner world (Jacobi, 1965; Weinrib, 1991). Unless the ego acknowledges an idea, it will not enter consciousness. In Jungian theory, it is important

for the ego to allow more and more things from the unconscious to become conscious, rather than to be limited by dominant personality functions (Campbell, 1976). In the process of individuation, relativization of the ego is essential (Jung, 1989). A relativized ego is capable of relating to both the inner and outer worlds (Weinrib, 1991).

Consciousness

The ego rests entirely in the field of consciousness (Campbell, 1976; Weinrib, 1991). Jung (1971) contended that consciousness streams into us in the form of sense perceptions that become apperceptions when we ascribe meaning to them. This aspect of consciousness is at the disposal of so-called free will (Campbell, 1976). Jung also contended that the contents of consciousness include instinctual impulses that originate in the unconscious or directly in the body, and are characterized by lack of freedom and compulsiveness (Campbell, 1976). Jung (1954) wrote, "We can only correct what is in our consciousness; what is unconscious remains unchanged. Consequently, if we wish to produce a change we must first raise these unconscious contents to consciousness, so as to submit them to correction" (p. 153).

Personal Unconscious

Jung (1971) defined the personal unconscious as all of the acquisitions of personal existence, including what has been forgotten, repressed, perceived, thought, and felt. When an experience fails to be recognized by the ego, it falls into the personal unconscious (Campbell, 1976). The personal unconscious adjoins the ego in the structure of the psyche (Weinrib, 1991). Theoretically speaking, Freud was concerned primarily with the personal unconscious.

Complexes

Complexes are emotionally charged psychic entities, located in the personal unconscious, that consist of a nuclear theme or core, surrounded by related ideas and associations from an individual's personal experience (Weinrib, 1991). The term "complex" has become part of our everyday language. A person is said to have an "inferiority complex" or a "father complex" if he or she appears hypersensitive regarding such subjects. A complex may not be apparent to the individual, but is often noticed by others. Jung recognized that complexes were deeply implicated in the neurotic condition. He clarified that, "a person does not have a complex; the complex has him" (Hall & Nordby, 1973, p. 37). Jung came to recognize, however, that a complex may be a hindrance as well as an asset in an individual. Complexes may provide positive psychic energy such as when a person is compelled to creativity or productivity.

Collective Unconscious

Jung originated the idea of collective unconscious. Consistent with his belief that we are born psychologically "whole," the collective unconscious is considered that part of the unconscious that is not personally acquired through life experience, but rather is inherited as a psychic existence that is common in everyone. Jung described the collective unconscious as a part of the psyche which can be negatively distinguished from the personal unconscious by the fact that it does not, like the latter, owe its existence to personal experience, and consequently is not a personal acquisition (Campbell, 1976). Unlike the contents of the personal unconscious, the contents of the collective unconscious were never conscious to the individual. Jung (1971) described the collective unconscious as a reservoir of primordial images and archetypes--mythological

associations, motifs, and images that can spring up anew anytime. It contains both predispositions and potentialities.

Shadow

Jung described the shadow as "the inferior part of the personality; sum of all personal and collective psychic elements which, because of their incompatibility with the chosen conscious attitude, are denied expression in life and therefore coalesce into relatively autonomous splinter personality with contrary tendencies in the unconscious. The shadow behaves compensatory to consciousness; hence its effects can be positive as well as negative" (Jung, 1989, p. 399). Since the shadow exists in both the personal and collective unconscious, it may, for example, exist as rage toward another on the level of the personal unconscious and as the chill of evil itself on the level of the collective unconscious.

Erich Neumann (1973) stated that the shadow contains all of those elements in the personality that were condemned by the ego, and it is the paradoxical secret of transformation itself. The shadow is the guardian of the threshold to the Self, because behind the dark aspect represented by the shadow stands wholeness. Due to the dynamic relationship between the shadow and the Self, a Jungian therapist must be comfortable with holding a therapeutic space in the face of human suffering. The therapist must allow clients to journey through the shadow to a place of transformation; there can be no detours (Macnofsky, 1997). Jung asserts that one gains power over the shadow, also known as the ego's antagonist, when one accepts it completely and integrates it into the personality as one's own (Jacobi, 1965). Additionally, although the shadow is often perceived as darkness, it is also unrealized potential (Jung, 1989). Hence, in many cases

shadow work consists of helping an individual realize goodness within oneself, especially if one's ego identifies too strongly with suffering and shame. This goodness may manifest in the personal unconscious as forgiveness, and in the collective unconscious as an experience of the mercy and grace of God.

Self

The Self is the totality of the personality (conscious and unconscious) and its directing center. It is the innate drive toward meaning and wholeness. The Self is the unconscious preconfiguration of the ego that resides deep in the unconscious (Jung, 1989), and represents the unity in which all psychic opposites appear (Jacobi, 1965). To experience the Self is profoundly numinous. It involves the union of opposite energies and a state of grace and psychic harmony (Amatruda & Helm-Simpson, 1997). Although Jung contends that the Self archetype generally does not become truly evident through individuation until about middle age, Self manifestations can appear in the therapeutic process of people young and old (Kalff, 1980). Manifestation of the Self can also be found in the world around us: in a child's play, mandala symbolism, or in breathtaking architectural structures.

Archetypes

Archetypes are to the psyche what physiological instincts are to the body. As contents of the collective unconscious, they are part of our inherited and collectively shared psychic existence (Jung, 1989). They are universal images of human experience (i.e., mythical symbols, tribal lore, characters in our dreams) that occur across cultures. Some more commonly recognized archetypes are the Great Mother, rebirth, the trickster, or the wise old man (Campbell, 1976).

Jung (1969) noted that archetypes are transmitted from the collective unconscious and cannot be fully integrated into personality by rational means. When archetypes are experienced, a "coming to terms" process ensues with many ups and downs before psychic transformation takes place. Jung (1969) believed that archetypes are symbols of all of the inner forces that work toward psychic unity, fullness of life, and purposeful conscious development.

Anima/animus

Jung (1971) defined anima/animus as the "inward face," complementary to the outer persona. The anima/animus are the contra-sexual elements in the unconscious. The anima contains the feminine side of the male, while the animus contains the masculine side of a female. The anima and animus are archetypes that develop and operate as complexes within the individual personality (Weinrib, 1991). Jung contends that energy directed toward a particular persona in consciousness is met by an equal, but opposing force in the anima/animus of the unconscious. For example, a man that exhibits a strong persona of machismo has an equally strong unconscious anima. This circumstance may create psychic tension for such a man until he is able to make conscious and integrate his feminine energy (Jung, 1989).

Transcendent Function of Symbols

Central to Jung's personality theory is the "transcendent function" of symbols. Jung believed that symbols are the very material of the psyche—transcending time and dissolution, and alive with meaning (Jung, 1971). Symbols contain the activated residues of our personal and collective history and make the crossing of boundaries between the rational and the irrational, and the consciousness and unconsciousness feasible (Jung,

1953). In this way it can be said that "the transcendent function is synonymous with progressive development toward a new attitude" (Jung, 1953, p. 97).

In essence, Jung believed that symbols were the seeds of the individuation process--creative energies that spring from the tension of opposites and lead to the unfolding of wholeness and the transformation of attitude (Jung, 1953). Monte (2003) described individuation and the transcendent function as "opposite sides of the same coin" wherein "individuation refers to the attainment of full development of all sides of oneself into a unique configuration, and the transcendent function is the guiding force in the achievement of this 'idiosyncratic' wholeness" (p. 440). Jung asserted that the remarkable capacity of the human soul for change is expressed in the transcendent function (Jung, 1953). The transcendent function has far reaching effects on the conscious mind and is the essential aim of analysis (Jung, 1953).

Jung (1953) described how the transformation of personality proceeds as follows: "Continual conscious realization of unconscious fantasies, together with active participation in the fantastic events, has, as I have witnessed in a very large number of cases, the effect of first extending conscious horizon by the inclusion of unconscious contents; secondly of gradually diminishing the dominant influence of the unconscious; and thirdly of bringing about change in personality" (p. 217).

Jung (1953) described this process in a particular case as follows: "Through her active participation the patient merges herself in the unconscious processes, and she gains possession of them by allowing them to possess her. In this way she joins the conscious to the unconscious. The result is the ascension in the flame, transmutation in the alchemical heat, the genesis of the 'subtle spirit.' This is the transcendent function born

of the union of opposites (p. 221). The way of the transcendent function is an individual destiny" (p. 222).

Jungian Psychotherapy

The therapist's role in Jungian psychotherapy is to facilitate psychological wholeness by allowing the client to be guided by his/her unconscious totality in the presence of the therapist (Kalff, 1980). Jung believed that the therapist must pay close attention to the individual's unique experiences as revealed in unconscious material (Jung, 1954). Unconscious material may be shared through such things as dreams, art work, and active imagination, and may also be revealed through transference and counter transference. The therapist has knowledge of the structures of the psyche and the psyche's innate tendency toward equilibrium. The therapist also has knowledge of what feelings, thoughts, and images may surface as the client encounters various components of the psyche. The therapist, however, must always remain "fully present" with the individual (Kalff, 1980), "let nature rule" (Jung, 1954), and act as a container of the healing process as the individual experiences these psychic energies (Kalff, 1980).

Jungian psychotherapy can be viewed as a process whereby the ego throws a fishing line into the depths of the unconscious and brings to consciousness psychological treasures, archetypes, and shadows of what was previously unconscious. As these are encountered, experienced fully, and integrated, the fishing trip continues, albeit on a deeper level. As one descends into the depths of the unconscious, one eventually encounters manifestations of the Self. During these encounters, wholeness is experienced through the union of opposites and a sense of profound grace. Self-manifestations can also occur as a new relationship develops between oneself and one's suffering that

reveals a “glimpse” of the totality of one’s being. Such encounters with the Self must then be integrated with the reality of the outer world. After all, it is the ego--not the Self --that interfaces with the outer world (Kalff, 1980).

Jung adopted an eclectic model of psychotherapy and purposely did not restrict the exact methods used in analytical psychology, providing they were consistent with his philosophy. In fact, Jung himself used techniques he adopted from Breuer, Freud, and Adler in a progressive manner culminating in his unique methods of facilitating transformation (Aiken, 2000). Jung’s primary focus, however, was on helping his patients to develop a new philosophical orientation and to attain balance and wholeness in their life through a process he termed “individuation” (Hall & Norby, 1973).

Individuation

“Individuation means becoming a single, homogenous being, and in so far as ‘individuality’ embraces our innermost, last, and incomparable uniqueness, it also implies becoming one’s self. We could therefore translate individuation as ‘coming to selfhood’ or ‘self realization’” (Jung, 1989, p. 395). In Jungian psychology gaining awareness of your uniqueness as an individual also involves gaining awareness of what you share with all of humankind (Storr, 1983). Individuation expresses a successful adaptation to the universal conditions of existence coupled with the greatest possible freedom for self-determination (Jacobi, 1965). Jung’s idea of individuation is one of boundaries as well as affiliation (Battey, 1995).

Jung described the individuation process as a systematic confrontation, step-by-step, between the ego and the contents of the unconscious (Jacobi, 1965)--successive assimilations that lead to the distant goal of the complete actualization of the whole

human being (Jung, 1954). The psychic human being becomes whole by coming to terms with and integrating these unconscious contents (e.g., complexes, shadow, archetypes, and other personal and collective unconscious contents) into consciousness (de Laszlo, 1993). Jung emphasized that assimilation is never a question of "this *or* that," but always of "this *and* that" (Jung, 1954, p. 156).

The process of individuation, although systematic, is not linear, but rather, described by Jung as multifaceted and "labyrinthine" (Jacobi, 1965). Jung (1954) likened what is produced by the individual during the process of individuation to "the archaic world of fable" wherein inner psychic content is expressed through mythological ideas and symbolism that emerge from the depths of the human psyche and are then confronted by consciousness. Jung believed the individuation process is more clearly discernable in dream images than in the conscious mind, and often used dream analysis in psychotherapy to both facilitate and track the individuation process (Jung, 1954).

Individuation may be a natural process, occurring throughout the course of human development autonomously without the participation of consciousness, or it may be aided through analysis, developed by definite methods, and consciously experienced (Jacobi, 1965). In either instance Jung (1954) believed that the process of individuation was ruled by nature, and that in the process of analysis the analyst should provide "generous attention to the individual" such that the process of individuation can be brought forth.

Jung contended that in order to discover what is authentically individual in oneself, profound reflection is needed. With such reflection comes the realization of how uncommonly difficult the discovery of individuality in fact is (de Laszlo, 1993). Jung stated that there is no light without shadow, and no wholeness without imperfection

(Jacobi, 1965). Jung emphasized the process of individuation over an end point per se, and believed that in the actions of self-reflecting and striving toward the goals of individuation, one finds content and meaning in one's life (Jacobi, 1965).

Individuation is best understood as an ever-evolving journey with transformative results; that is, when unconscious components are made conscious, they not only assimilate into the already existing ego personality, but they transform ego personality (de Laszlo, 1993). In order for individuation to take place, the structure of the ego must be strong enough to withstand the assault of these unconscious contents (de Laszlo, 1993). Often psychotherapy must involve first strengthening a wounded ego. The transformative aspects of individuation come later (Bradway, 1994). When the strong ego is ready for encounters with the unconscious, it becomes temporarily paralyzed and takes on the role of passive observer (de Laszlo, 1993). In this way, the will as disposable energy gradually subordinates itself to the stronger factor, namely, the new totality of the Self, and transformation takes place. The transformation is spiritual in nature as the ego becomes relativized and assumes a new relationship with the Self (de Laszlo, 1993).

Jung described two phases of individuation. The first phase involves the development and differentiation of one's predominant "attitude" and main "function" (e.g., persona) and is, by nature, ego-centered (Jacobi, 1965). This first phase, although considered one-sided by Jung, is a necessary and valuable process for the maturation of the psyche. It gives a young person the vigor and initiative s/he needs to attain independence and to weather the inner and outer storms which accompany psychic growth (Jacobi, 1965). This first phase involves the development of consciousness and

the growth of the ego, and properly comes to an end with the crystallization of the ego (Jacobi, 1965). Jung asserted that most of psychology is concerned with this first phase of individuation, where analysis of the repressed "ontogenic" contents (that which pertains to one's personal life history) is sufficient in helping one adapt to his/her circumstances (Jacobi, 1965).

The second phase of individuation involves a "change in dominance" or relativization of the ego wherein the consolidated ego takes stock of one's assets in life, cries out for readjustment, and seeks a re-rooting in the Self. It is, by nature, spiritual and ego transcending (Jacobi, 1965). The second phase of individuation involves self-knowledge and rebirth through expanded consciousness, "death" of the ego, and the development of a permanent relationship between the ego and the Self (Jacobi, 1965). Self-knowledge by way of expanded consciousness occurs as one brings unconscious material into consciousness--moving through the layer of the personal unconscious into the collective unconscious until the Self is experienced. One is no longer imprisoned by the personal world of the ego, but now capable of communing with the world at large (Campbell, 1976).

Jung asserted that this second phase of individuation begins with a turning point that naturally arises in midlife when people seek answers to the question, "What is all of this leading to?" (Jacobi, 1965). There are physical and psychological changes that occur at midlife. Psychological changes include awareness of mortality, changes in relationships, and changes in interests and preferences. Normally, these physical and psychological changes require an individual to address psychologically deeper issues that possess both idiographic and universal meaning (Battey, 1995). Jung reminded us,

however, that the individuation process cannot be pinned down to a definitive year or time period, and can vary from individual to individual (Jacobi, 1965). Furthermore, the turning point that leads to the second phase of individuation may be brought about forcibly by serious upheaval such as sudden and significant loss or physical illness (Jacobi, 1965).

In general, there is little research support for the Jungian concepts of personality structures and the individuation process. Monte and Sollod (2003) note that these Jungian concepts are considered a nomothetic basis for understanding human experience, but they have no observable, empirical referents that permit the making of predictions about human behavior. Battey (1995) conducted an empirical study of individuation and shadow examination in midlife women. Individuation was operationalized as ego development, and shadow examination was operationalized by measures of projection and cognitive complexity. Battey hypothesized that midlife women who report less projection and greater cognitive complexity would show greater individuation than women who use projection more and who are less cognitively complex. Battey did not find empirical support for her hypothesis and speculated, among other things, that Jungian concepts such as individuation and shadow examination are difficult to quantify. She recommended further research on these concepts using qualitative methods.

Mitchell and Friedman (1994) conducted a review of the literature on empirical support for Jungian concepts in sandplay therapy. They reported that research in this area has been widely scattered and difficult to access. They did locate an unpublished study by Sandu written in 1978 that found support for the appearance of Jungian archetypal themes in sandplay such as the masculine, the feminine, the Self, and the way (or

journey). Furthermore, Sandu's findings indicated that concretizing inner archetypal images often led to new perspectives or attitudes. In general, however, support for Jungian concepts as they appear in sandplay has been derived primarily from idiographic case presentations that track encounters with various aspects of personality that appear in sandplay (e.g., the shadow, the Self) that are believed to reflect the individuation process (Mitchell & Friedman, 1994).

Persons with TBI face issues of mortality, the meaning and purpose of life, and changes in work, play, and love as a result of their brain injury. Consequently, like persons in midlife, they are faced with a pressing need to address deeper psychological issues and to seek psychological wholeness (Miller, 1993; Prigatano, 1991, 1999). In their search for meaning, purpose, and psychological wholeness, persons with TBI are often thrust into the individuation process (Prigatano, 1991, 1999). Prigatano urged that therapists working with persons with TBI maintain a deep appreciation for the need to enter into this process and to address the existential aspects of their healing process.

The Work of George Prigatano

Prigatano (1991, 1999) offers a neuropsychologically oriented model of psychotherapy with brain-injured persons that emphasizes the importance of both the scientific and phenomenological approaches to helping individuals with TBI learn to act in their own best interest in the face of their unique neuropsychological deficits and to find meaning and purpose in their lives. In his article, *Disordered Mind, Wounded Soul: The Emerging Role of Psychotherapy in Rehabilitation after Brain Injury* (1991), he underscored two essential responsibilities of the therapist: understanding the cognitive and personality characteristics of the individual in order to develop techniques that "make

sense," and having a full appreciation for the individual's need to develop individuality. Prigatano (1991) discussed individuality as a process unique to each individual and, consistent with Jung's philosophy of individuation, that the human soul seeks meaning or purpose for its existence.

Prigatano (1991) further stated that persons with TBI have many questions after their injury. They not only ask, "Will I be normal?" but also repeatedly ask, "Why did this (injury) happen to me?" and "Is life worth living after this brain injury?" These are personal, existential questions. According to Prigatano, they are only answerable by entering the phenomenological experience of the TBI patients (Prigatano, 1991, p. 3). As persons with TBI struggle to cope with these questions, they recognize that their lives have been permanently changed by the brain injury, and eventually come to grip with the problem of lost normality and begin to rebuild their lives (Prigatano, 1999). However, this process is very difficult for persons with TBI who face cognitive challenges, impaired self-awareness, and difficulties articulating their experiences (Prigatano, 1991, 1999).

Hence, Prigatano also asserted that many individuals with brain injuries need avenues beyond verbal therapy, such as art, music, stories, and symbols, through which to express their phenomenological experiences, to gain necessary understanding, and to adjust psychologically to their circumstances (Prigatano, 1991). Prigatano applied Jung's theory on the transcendent function of symbols to psychotherapy with persons with TBI: He believed that one's psychological functioning is reflected in living symbols that interact with the effects of brain damage to motivate and change behavior (Prigatano, 1999). Prigatano also incorporated the work of Dora Kalff, a Swiss Jungian analyst and

founder of sandplay therapy, into his conceptual model--recognizing that by having individuals produce some external representation of what they feel internally, their understanding of what they are experiencing improves, and the next step in their psychological development becomes clear (Prigatano, 1999). Hence, in Prigatano's model, the use of symbols, art, or some other means of external expression helps brain injured persons not only to express themselves, but also to better understand themselves and to further psychological development. Prigatano shared the essence of Dora Kalff's theory but has never utilized sandplay therapy with brain injured persons. However, it appears that Kalff's model of sandplay therapy would be beneficial to persons with TBI by providing a means of external expression through symbols to advance their psychological development as they face a multitude of life's challenges following brain injury. Kalff's model of sandplay therapy is founded on Jungian principles, and like Prigatano's work, affirms the transcendent function of symbols, Jung's personality theory, and the process of individuation.

Sandplay Therapy

General Description

Play therapists and art therapists alike may utilize sand trays and miniatures as part of the therapeutic process of creativity, play, and dramatization; however, the focus of this dissertation is on sandplay, a specific Jungian-oriented, depth psychotherapy founded by Dora Kalff, and endorsed by the International Society for Sandplay Therapy (ISST). Kalff was interested in Margaret Lowenfeld's work in using miniatures and sand trays to help children express themselves through play. Kalff began studying with Lowenfeld in 1956 and later developed her own application called sandplay. Kalff's

sandplay is influenced by her studies with Jung, her Christian-Tibetan practice, and her interest in Neumann's developmental theory (Bradway, Signell, Spare, Stewart, Stewart, & Thompson, 1990; Shaia; Turner, 2005). Kalff's sandplay is practiced internationally, with heavier concentrations of practice occurring in Europe, the United States, and Japan. Kalff's sandplay is a cross-cultural, depth model of psychotherapy which combines active imagination, play, meditation, and the development of consciousness through the experience of myth and symbols.

Shaia describes sandplay as follows: "In Sandplay an individual is witnessed while creating a picture, with or without using miniatures, in a shallow, rectangular tray filled with sand. Individuals may create in any way they wish. A person simply does whatever comes, following his or her own inner prompting. Like all meditation, the fruit of this practice grows with repetition, and a patient ripening. Creating a short or long series of images in sandplay is like a personal, interior, labyrinth walk. Guided by an inner (not an ego) knowing, an individual wanders into her or his own deep center and back out. With the journey comes a growth in awareness, personal meaning, and renewed vitality" (p. 1).

In sandplay, the therapist provides a "free and protected space" as the individual arranges figures and sand within the boundaries of the sand tray; thereby setting up a world corresponding to his or her inner state (Kalff, 1980). Elements of one's psychological, emotional, physical, and spiritual health are created and experienced on conscious and unconscious levels through the use of symbols (Kalff, 1980). The meaning of symbols may vary according to one's subjective experiences, but the process of psychological development resulting from the transcendent function of symbols is

universal. According to Kalff (1980), through this process one surrenders to the law of the psyche and enters the process of individuation as defined by Jung.

There are different, yet interrelated, ways of conceptualizing the individuation process as it appears in sandplay. The sandplay process itself may function as a rite of passage or initiation (Henderson, 1993; Reece, 1999), and follow the path of the hero's journey as described by Joseph Campbell's (1973) *Hero with a Thousand Faces*, wherein a hero departs from the common world, progresses through a process of trial and initiation, and returns with the power to be of unique benefit to others. Several sandplay therapists have studied the individuation process through the lens of the path of Campbell's hero's journey (Jackson, 2000; Macnofsky, 1996). A diagram of Jackson's depiction of the sandplay process in the context of Campbell's hero's journey and Jungian theory can be found in Appendix A.

Similarly, the individuation process in sandplay often follows myths about death and rebirth (Johnson, 2000). This approach is consistent with Jung's assertion that the symbolism of birth, life, death, and rebirth is part of the pattern of the individuation process (Jacobi, 1965). A therapist may also view the process through the lens of Jungian personality theory and track the dynamic interface of the structures of the psyche (Ammann, 1991; Turner, 1999; Weinrib, 1991). In this approach the therapist identifies and tracks images representative of various psychic structures (e.g., complexes, ego, shadow, anima/animus, Self, and so on) as they are confronted and integrated into consciousness (Ammann, 1991). In viewing sandplay therapy through the lens of Jungian personality theory, Weinrib (1991) observed that sandplay appears to accelerate

the process of individuation and to move in a more direct line to the constellation of the Self and relativization of the ego.

Shaia (2006) studied the sandplay process and concluded that sandplay brought forth a universal, four-stage journey of spirit he termed "quadratos." He asserted that quadratos is a common pattern of psychological development and fulfillment that is evident across cultures, throughout time, and in various systems whether religious, spiritual, or psychological. Shaia noted, "The first stage (of quadratos) always called for 'entering,' and involved ignorance and loneliness. The second always held pitfalls or trickery. The third brought dawning understanding, even ecstasy; and the fourth held a process of transformation, which was carried back into the community in some way" (Shaia, 2006, p. 13). In his book *Beyond the Biography of Jesus: The Journey of Quadratos* Shaia explored quadratos as this journey is revealed in the sequence of the four chosen Christian gospels: Matthew, Mark, John, and Luke.

Sandplay therapists are trained to create the therapeutic space necessary to facilitate the process of individuation and recognize the stages and aspects of individuation, expanded consciousness, and the development of personality through analysis of images and sand trays (Bradway, 1994; Kalff, 1993). However, therapists "*do* nothing" at the time the sand tray is made, thereby allowing the person to experience the process, the images, and the resulting natural resolution of inner tensions without intrusion (Dean; Kalff, 1980). Furthermore, therapists recognize and honor the unknowable and mystical aspect of the sandplay therapy process (Kaplan, 2005).

Sandplay offers a nonintrusive, nonverbal, nonlinear, integrative, projective, cross-cultural, and experiential means of psychological healing. Sandplay is meant for

both healing and transformation--to strengthen a wounded ego and to grow and change through expanded consciousness (Ammann, 1991; Bradway, 2003). Sandplay provides researchers with a window into the phenomenological experiences of persons with TBI, and the general process of psychotherapy with this population.

Implications of Sandplay for Persons with TBI

Sandplay has particular implications for persons with brain injury to assist in (a) accessing and expressing their phenomenological experiences; (b) working through grief; loss, and trauma; (c) improving self-awareness and acceptance; (d) exploring identity and selfhood; and (e) finding meaning in their lives. Each of these potential impacts will be reviewed in turn.

Accessing and expressing phenomenological experiences.

Bennett (1989) reminded us that traditional psychotherapy places significant cognitive demands on persons with TBI that may frustrate and upset them. For such a person to be successful with traditional psychotherapy, s/he must possess good expressive and receptive language skills, be able to understand and communicate subtle language cues, maintain attention and the ability to track conversation for relatively extended periods of time, and possess good reasoning ability and self-insight. The nonverbal, hands-on nature of sandplay allows a person with TBI to access and express psychological issues without verbalization or higher order cognitive demands. For these same reasons, sandplay has particular utility with children who may not be attentive, insightful, and/or have the ability to access or express their feelings through words. For children, sandplay becomes both a therapeutic modality and the child's primary means of communication (Hunter, 1998).

Prigatano (1991) asserted that many individuals with brain injuries have difficulty articulating their experiences and need to be afforded creative means to use symbols to express themselves and to help adjust to their circumstances. Sandplay not only provides a creative way for individuals to "tell their story" with symbols, it also provides a means for the individual to experience the transcendent function of symbols naturally and spontaneously (Bradway & McCoard, 1997; Macnofsky, 1997). Jung viewed a symbol as a creation of an extremely complex nature, which is alive only in so far as it is pregnant with meaning (de laszlo, 1993). It is this pregnant quality of symbols that contributes to its transcendent function in sandplay--transforming consciousness, bridging opposites, helping one move from one stage to another, or from one perception to another. Perhaps Prigatano was referring to the transcendent quality of symbols when he described their role in helping persons with TBI give testimony to their phenomenological experience, as well as their role in helping the therapist enter the phenomenological world of the person with TBI.

Akimoto (1995) utilized sandplay in a "trial-and-error manner" with brain-injured elderly patients in a psychiatric hospital setting in Japan who suffered from disabling or dementing illnesses such as cerebro-cardiovascular disease, Parkinson's disease, and senile dementia of the Alzheimer's type, and who presented as severely disturbed intellectually and functionally. She suspected sandplay could be a helpful outlet with this population who, for either psychiatric and/or neurobiological reasons, had profound difficulty communicating verbally in a coherent manner. She reported that although some severely demented persons just "froze" beside the sandtray, for many, "the sandtrays seemed to reveal the patient's latent capacities, whereas intelligence testing

highlighted their deficits" (p. 62). In *Application of Sandplay Therapy in Brain-Injured Elderly* (1995) she presents two cases wherein sandplay mediated nonverbal communication and afforded these persons the opportunity to do work on a symbolic level that they could not accomplish verbally.

In the first case, a 74-year-old woman diagnosed with a cerebral hemorrhage in the left thalamus who presented with symptoms of disorientation, memory disturbance, attention deficit, constructional apraxia, hemispatial neglect, and severe depression with psychotic features created eight sand trays. These trays included images of transformation that helped her to integrate her lost self-image and to experience a rebirth of self-image following her brain injury. The second case involved an 82-year-old man who suffered from cerebral infarction of the brain stem and left side hemiparesis who presented as mostly somnolent, nonverbal, and intellectually quite low functioning. He required complete help in all aspects of his activities of daily living (ADLs). He also created eight sand trays. He utilized the sand trays to "plant flowers" with progressive mastery until he was noted to be more spirited, to mutter a few words, and to eventually return home (with assistance for ADLs). The images of plants and flowers, together with real sand and water, were thought to have awakened this patient's senses and to have helped him awaken to reality (Akimoto, 1995). Akimoto's study was the only study that could be located on the use of sandplay therapy with brain injured persons.

Working through grief, loss, and trauma.

Prigatano's work predicts themes of grief, loss, and trauma as individuals with TBI face what Prigatano termed lost normality, and may also face the traumatic circumstances surrounding their brain injury. In fact, grief is a common reaction in

persons with TBI as they may experience the sudden loss of physical functioning, cognitive functioning, independence, job or school status, sense of self, and the ability to meet the expectations of others (Bennett, 1989; Langer, Laatsch, & Lewis, 1999; Miller, 1993). In some cases, persons with TBI may go through reactions similar to that seen in bereavement or terminal illness, showing the stages of denial, anger, depression, and eventual acceptance (Miller, 1993).

There are numerous case studies presented in *The Journal of Sandplay Therapy* on the use of sandplay in helping persons work through grief and loss (e.g., Bradway, 1992; Macnofsky, 1996; Troudart, 2004). Although none of these cases involve persons with TBI, they speak to the possibility of what sandplay can offer in helping persons with TBI not only to work through the stages of grief, but also to address unresolved psychological issues that may surface during the grief process. Troudart (2004) summarizes the role of sandplay in helping two children move through the grief process after losing their father. He states, "Sandplay therapy facilitates the inner work of coping with the trauma, mourning, and grief, and also helps to bridge over the developmental gap that was there before the trauma" (p. 61).

Many persons with TBI have experienced trauma associated with their accident or sudden losses, and may show symptoms of dissociation in response to this (Gordon, 1999). These persons may also experience damage to neural circuitry from their brain injury that causes a "disconnect" and otherwise interferes with the brain's ability to communicate between its various functions (Lezak, 1995). Sandplay is a means of artistic expression that is postulated to tap multiple sensory pathways and memory systems (Shafarman, 1995). Hence, sandplay may serve to help persons with TBI access

and resolve traumatic events (and other psychological issues), by providing them a multi-sensory means of accessing, expressing, and integrating experience that does not depend on any one system or brain function to be realized. Sandplay may also assist persons with TBI in working through trauma by providing a means of working on trauma material at the sensory level through which it was originally experienced and imprinted.

Van der Kolk has studied the psychobiology of the effects of trauma for over two decades and has determined that traumatic memories are imprinted and experienced at the subcortical level of the brain (van der Kolk, 1997). Therefore, the successful treatment of trauma must move beyond verbalization and meaning making to help the survivors of trauma tolerate, reprocess, and reexperience the sensory reminders of the trauma that trigger feelings of fear and helplessness (van der Kolk, 2002b). Likewise, Johnson (1987) studied the use of art therapy with Vietnam veterans who were experiencing posttraumatic stress disorder and concluded that art therapy provided safe access to trauma material, and a more accurate means (than verbal) to project traumatic events as the persons recorded them in their memory. Johnson concluded that through creative art therapy, the traumatized veterans could gain access to traumatic memories, process the experience, and successfully rejoin the world of others.

Art and play therapy with sexually traumatized children and adults have been extensively researched and found effective in providing both reparative and corrective experiences (Johnston, 1997). Case studies in the use of sandplay with traumatized children (Grubbs, 1994; Miller & Boe, 1990) have described similar findings. Although there exists a need for more empirically-based research designs and the development of new perspectives and approaches for studying these modalities (Johnston, 1997; Morena,

2004), the research conducted thus far, along with van der Kolk's findings in the psychobiology of trauma, certainly provide an impetus for the use of sandplay in helping persons with TBI to address and resolve trauma-related issues.

Awareness and acceptance.

Cicerone (1989) stated that a critical goal of psychotherapy with persons with TBI is to increase their capacity for self-observation. This goal can be particularly challenging when persons with TBI often present with impaired self-awareness of both psychological and neuropsychological origins (Lewis, 1991). Cicerone (1989) suggested that therapists use both supportive and confrontational methods to help persons with TBI address the discrepancies between their perceived and actual competencies. Prigatano (1991, 1999) emphasized the use of symbols to help individuals expand their awareness, as well as more directive approaches on the part of the therapist. In sandplay, although the therapist is not confrontational, the client is directly and repeatedly confronted with the reality of the images he or she has externalized and created, on both the unconscious and conscious level. This aspect of sandplay can be viewed as conscious realization of unconscious contents, and frequently precedes modifications in the external sphere of life (Kalff, 1980). Expanded consciousness implies increased awareness of what one is feeling, thinking, and doing, and the capacity to make better choices on one's behalf (Weinrib, 1983). Although increased awareness does not always lead a person with TBI to accept his/her new and different life, self-examination has been linked to acceptance and wellness in this population (Ben-Yishay & Daniels-Zide, 2000).

Exploring identity and selfhood.

Miller (1993) referred to the loss of identity after brain injury as "the shattered self," and emphasized that psychotherapy must first focus on "shoring up the fragile ego--indeed the patient's core identity" before trying to resolve dynamic conflictual issues. Langer (1992) presented modifications to psychotherapy with persons with TBI that help to build greater identity and sense of self by focusing on preserved traits in order to restore a sense of continuity. She postulated that the success of dream analysis in persons with TBI is related to its building on unconscious/preconscious symbolism that has been preserved despite cognitive and language impairments. Shafarman (1995) hypothesized sandplay as a means of accessing and expressing private psychological experiences on multiple levels of brain functioning, including fragmented or idiosyncratic experiences. These experiences can then be shared in a symbolic form that holds the possibility for healing. Weinrib (1983) stated that, "In Sandplay one expresses through the act of doing, which in itself fosters a growing sense of creativity, which, in turn, reinforces the ego and improves the person's self image and self confidence" (p.68). She further reported, "The doing aspect of Sandplay seems particularly effective where the patient feels helpless in the face of reality" (p. 68).

Hence, sandplay may have particular implications in helping persons with TBI access and express what is preserved, and in doing so, to strengthen their ego identity at a time when they feel "shattered." Bradway (2003) refers to this aspect of sandplay therapy as the healing function of sandplay.

Finding meaning and purpose in their lives.

Prigatano (1991, 1999) emphasized that persons with TBI have a profound need

to not only function in this world, but to individuate and to discover the meaning and purpose of their lives. Sandplay serves not only a healing function, but also facilitates the process of transformation, individuation, or the creation of a new worldview (Ammann, 1991). Ammann (1991) presented in detail two case studies of adult sandplay processes to illuminate the process of individuation and the therapeutic value of sandplay in enhancing the self-regulation of the psyche toward balance and wholeness of personality. Ammann asserted that in creating a series of sandplay worlds, fundamental confrontations occur, such as confrontations with shadow, transformation of the feminine, encounters with Self as the image of God, and so forth; these confrontations both facilitate and represent the process of individuation.

Specifically, Ammann (1991) presented the cases of two 40-year-old women. The first woman was experiencing addictions and narcissistic personality disturbances. According to Ammann, she was able to develop her personality from a narcissistic focus to a collective one, and to heal from her addictions through sandplay. Her individuation series illustrated a descent into darkness as seen in dismembered and disconnected symbols, followed by constellation of the union of opposites, and an ascent into healing and rebirth as seen by transformation of energies in the sand trays and a constellation of the Self through mandala symbolism. Her process occurred primarily on an unconscious level, which was gradually brought to consciousness and manifested in her external life as evidenced by both behavioral changes and relationship changes that no longer centered on addiction and narcissism.

The second woman who had decided to return to school and was experiencing anxiety related to managing her marriage, family, and her studies. She frequently

doubted her intellectual abilities, to the degree that her abilities to take tests and perform academically were impaired, and she felt guilty about her changing role in her marriage and family. Her individuation process included encounters with a variety of strong feminine symbols and archetypes, such as those she readily identified with and those that were "wholly unknown" shadow aspects of her personality. As she encountered these energies she became consciously aware of her unrealized potential in all aspects of her life. She moved beyond a dominant identification with the "good mother" role that, for her, was based on false humility--toward wholeness of personality. She reported strengthened and more fulfilling relationships with her husband and children and completed school with success. Ammann (1991) used a case analysis approach to illustrate how the process of individuation is both facilitated and represented in sandplay. She also emphasized the individual nature of each person's process.

Kalff (1980) described the role of sandplay in facilitating individuation and notes that encounters with the Self lie at the core of transforming energies. In Jungian theory, the ego is the center of the conscious personality, and the Self is the central archetype and the totality of the personality—embracing both the conscious and the unconscious aspects of the psyche (Jung, 1989). Jung asserted that when the ego encounters the Self, consciousness is expanded and one is no longer imprisoned by the personal world of the ego, but can participate freely in a wider world of expanded consciousness, self-knowledge, and self-realization (de Laszlo, 1993). Jung stated that encounters with the Self are often represented through such symbols as a circle, quaternity, child, or mandala (Jung, 1989).

In sandplay, encounters with the Self and its transformative qualities can be directly observed and experienced by both sandplayer and therapist, but are not recognizable simply by the appearance of Self symbols (Cameron, 2003). Cameron (2003) studied the recognition of the appearance of Self in sandplay by interviewing experienced sandplay therapists. He found the most reliable way to recognize an appearance of the Self in sandplay is by feeling and sensing the numinous energy that is present in the session when the Self is accessed. The appearance of Self occurs after a period of struggle with traumas, complexes, and shadow material when a person descends into his/her unconscious (Cameron, 2003).

Amatruda and Helm-Simpson (1997) described the appearance of Self in sandplay as follows: "When the ego dies, the Self appears. The Self is the eternal center in each of us. The totality of wholeness, the Self can never be hurt, no matter how profound the trauma or disability an individual may face in life. Witnessing a Self tray is a deeply moving experience. The energy in the therapy room brightens. The client and the therapist are enlivened. There is often a tingling up and down the spine that happens in the presence of spirit, truth, and new birth. The air shimmers. The appearance of a Self tray is exactly that--a new birth" (p. 87).

The experience of Self through symbol is transformative and spiritual. Kalff (1980) stated, "The symbol embodies an image of a content transcending consciousness and points to the external foundation of our nature given us by God. Once recognized and experienced, it leads man (sic) to the actual dignity of his (sic) experience as a human being" (p. 31). Shaia (2001) states, "Image or symbol, directly experienced, witnessed, and devoid of explanation offers profound spiritual direction" (p. 19).

Hence, sandplay offers promise for persons with TBI in facilitating the process of individuation, in accessing and experiencing the Self, and in experiencing the symbolic representations necessary to expand consciousness and find meaning and purpose in their lives.

Possible barriers to use of sandplay with persons with TBI.

Barriers to the use of sandplay with persons with TBI also exist. Such barriers can relate to an array of possible cognitive manifestations of brain injury such as difficulties with abstraction, the tendency to perseverate on certain themes, and a lack of awareness of deficit. Akimoto (1995) found that some severely demented patients simply "froze" beside the sand tray. Physical problems commonly encountered by persons with TBI such as hemiplegia and/or problems with fine motor control may also make sandplay difficult. Dermott (2004) offers some possibility for adapting sandplay for persons with physical disabilities. Dermott describes what he terms "assisted sandplay" with an adolescent girl with severe cerebral palsy caused by damage to the brain at or near the time of her birth. Although this adolescent's receptive language abilities were intact, she was not able to engage in expressive verbal communication beyond a few functional sounds to indicate "yes" or "no," nor could she walk or use her hands in a consistently functional manner. Dermott assisted her in creating sand trays through a two-part technique they developed together. The technique involved first "finding/gathering" miniatures in a small basket she held on her lap, and then "placing" the miniatures that were gathered into the sand in their desired location and position. At the client's request, Dermott carefully sought and followed his client's choices for miniatures and placement, so that she could "play" in the sand and thereby derive benefit from the sandplay process.

Dermott presented his experiences with this client as a testimony to the process of co-transference in sandplay, wherein the client's and the therapist's psyches intersect on an unconscious level to facilitate healing. He concluded that sandplay can be used with the disabled to facilitate the involvement of imagination and creativity, and to offer through the surrogate use of the therapist's hands, a "magical potential for healing" (p. 13).

Persons with TBI may also need assistance with sandplay, especially related to fine motor movements. To the extent that such assistance was provided to participants in this study, it was thoroughly documented in the methods chapter.

Summary of the Literature Review

This exploratory research examined the phenomenological experiences of persons with traumatic brain injury (TBI), along with the processes of individuation as defined by Carl Jung, through exploring the themes that emerged in a series of their sandplay worlds. The definition, epidemiology, and physiological and psychosocial effects of traumatic brain injury have been presented. Psychotherapeutic interventions with persons with TBI have been explored with an emphasis on the utility of neuropsychologically oriented psychotherapies in addressing the practical as well as existential issues faced by persons with TBI. Jung's personality theory, approach to psychotherapy, and individuation process have been detailed. It was noted that persons with TBI often face deeper psychological issues such as mortality and meaning of life, and consequently, are thrust into the process of individuation.

Prigatano's benchmark work in the area of psychotherapy with brain-injured persons was also presented. Specifically, Prigatano promoted the use of symbols and nonverbal means of expression to help individuals with TBI to express their

phenomenological experiences and to advance their psychological development. Prigatano urged therapists to have an appreciation for the need for persons with TBI to enter into the individuation process as defined by Jung. Prigatano also incorporated the work of Dora Kalff, founder of sandplay, into his theories, but never utilized sandplay with persons with TBI.

Finally, the tenets of Jungian-oriented sandplay therapy were presented along with its implications for use with persons with TBI. It was conjectured that sandplay could offer a means for persons with TBI to express their phenomenological experiences and to advance their psychological development.

CHAPTER THREE

Purpose of the Study

Motivation

Persons with TBI face issues of mortality, the meaning and purpose of life, and changes in work, play, and love as a result of their brain injury. Consequently, they are often faced with a pressing need to address deeper psychological issues and to seek psychological wholeness (Miller, 1993; Prigatano, 1991, 1999). Although clinicians and researchers now concur that psychotherapy is a vital element in the rehabilitation of persons with TBI in addressing these psychological and existential issues (Ben-Yishay & Daniels-Zide, 2000; Christensen & Rosenberg, 1991; Cicerone, 2000; Langer, Laatsch, & Lewis, 1999; Miller, 1991, 1993; Pepping & Prigatano, 2003; Prigatano, 1991, 1999), studies on psychotherapy with persons with TBI are significantly lacking. None could be found that empirically examine the actual process of psychotherapy in persons with TBI. Researching the actual content of psychotherapy, as well as what occurs during the course of psychotherapy, would enhance understanding of this essential intervention, especially as it pertains to examining existential issues and psychological processes in persons with TBI.

The work of George Prigatano provides a conceptual framework for psychotherapy with persons with TBI. His model, grounded in Jungian theory, predicts that symbols will help persons with TBI access and express their phenomenological experiences, that content themes including conflict regarding normalcy, individuality, and spirituality will emerge in psychotherapy with persons with TBI, that self-expression through symbols will help persons with TBI to further their psychological development,

and that persons with TBI will enter Jung's process of individuation to find meaning and purpose in their lives. Thus, it was hoped that this exploratory study would provide confirmation of selected Jungian constructs and Prigatano's application of these to persons with TBI.

The work of Dora Kalff offers sandplay therapy as a nonverbal, symbolic means to facilitate psychological healing and transformation. Sandplay worlds provide a window into a person's inner state, including psychological conflicts and potentialities (Kalff, 1980). By creating a series of sandplay worlds the client submits to a process whereby aspects of the psyche interrelate and move toward resolution and healing (Kalff, 1980). In creating a series of sandplay worlds, fundamental process themes emerge such as confrontations with shadow, union of opposites, transformation of the feminine, encounters with Self as the image of God, relativization of the ego, and the emergence of a new worldview (Ammann, 1991; Weinrib, 1983). These confrontations both facilitate and represent the process of individuation (Ammann, 1991).

Sandplay may have particular implications for persons with brain injury to assist in accessing and expressing their phenomenological experiences, working through grief and loss, improving self-awareness and acceptance, exploring identity and selfhood, and in finding meaning in their lives. Sandplay may also provide researchers with a window into the phenomenological experiences of persons with TBI and the general process of psychotherapy with this population.

The process of sandplay therapy was used (a) to study the phenomenological experiences of persons with traumatic brain injury (TBI) and (b) to explore the processes of individuation (as defined by Carl Jung) in persons with TBI. It was anticipated that

through the study of themes that emerge in a series of sandplay worlds, a greater understanding about both the *content* of psychological issues and the *process* of individuation in persons with TBI would be gained.

Research Questions

1. How do persons with traumatic brain injury experience sandplay therapy?
2. What are the phenomenological experiences of persons with TBI as depicted by the content themes that emerge in their sandplay worlds?
3. How does the course of psychological development progress in persons with TBI as depicted by a series of their sandplay worlds?
4. What might be revealed about the individuation process in persons with TBI as depicted by a series of their sandplay worlds?

CHAPTER FOUR

Research Methods

This chapter explicates the methods used in gathering data for this dissertation. Participants, procedures, instruments, and data analysis are delineated.

The study was naturalistic—it studied data obtained during a course of actual treatment in Sandplay therapy received by the participants. While on internship, this researcher conducted sandplay therapy in a systematic manner with a variety of persons with TBI in an outpatient rehabilitation setting. The clinical dataset obtained through this experience was used for this dissertation. Participants were obtained in accordance with the inclusionary criteria that will be outlined later in this chapter.

A qualitative research approach was selected, specifically, a collective case study model using multiple sources of information (Creswell, 1998; Mason, 2002), to provide rich and meaningful exploratory data. In this design, multiple cases are analyzed and multiple sources of information (e.g., observations, interviews, pictures) are utilized without sacrificing depth of analysis in any single case.

Given the limited amount of prior research on psychotherapy with persons with TBI and the novel use of sandplay proposed, the collective case study method allowed for the broadest exploratory examination of the data. Creswell (1998) notes that researchers using this design typically choose no more than four cases to study so that the richness available through the in-depth study of each individual case is preserved.

Participants

The study aimed to select four individuals between the ages of 18 and 39. These ages included the most typical age range for TBI (Kraus & Chu, 2005), while at the same

excluded those individuals Jung might describe as naturally entering the individuation process based on their age (Jacobi, 1965). The participants in the study were one female and three males, ages 22, 24, 30, and 36, who received rehabilitation services in an outpatient setting and who were diagnosed with moderate to severe TBI. The outpatient rehabilitation setting is where psychotherapy is typically provided for persons with TBI (Prigatano, 1999). Generally, during the time of outpatient rehabilitation the person with TBI has moved beyond the acute phase of recovery which has focused primarily on the restoration of physical and cognitive deficits, and are now beginning to confront the long-term psychosocial implications of their brain injury (Prigatano, 1999). Such was the case for all four participants.

A diagnosis of moderate to severe TBI was operationalized by a loss of consciousness of at least one hour after brain injury, posttraumatic amnesia of at least 30 minutes, and a diagnosis of moderate or severe traumatic brain injury confirmed by their medical records and the neuropsychological testing report completed at the time they begin outpatient rehabilitation services. Generally, such individuals experience one or more kind of dysfunction such as diminished initiative, reduced spontaneity, affective flattening, learning problems, impaired planning abilities, and poor self-monitoring that result in changes in psychosocial functioning such as changes in interpersonal relationships and employment (Lezak, 1995).

Participants were chosen for sandplay therapy by their rehabilitation team, in the same manner that patients are referred for general psychotherapy in this setting--based on the criteria that they are experiencing significant psychosocial adjustment difficulties and that they stood to obtain some benefit from psychotherapy. The rehabilitation team

identified difficulties of a psychological nature, reviewed the patient's capacity to obtain benefit from psychotherapy as a team based on the criteria offered by Bennett (1989), and offered the participant the opportunity to engage in psychotherapy. The participant, in turn, decided whether or not s/he would like to take advantage of the service offered. The first four individuals referred to sandplay who met criteria for the study (e.g., ages 18-39 with moderate to severe TBI who have been identified by their rehabilitation team as good candidates for psychotherapy) and who consented to research participation were chosen for the study (see Appendixes B, C, D, and E for copies of the consents for treatment and research participation). A statement of competency of each individual to provide informed consent was provided by the clinical director of the rehabilitation center who was responsible for the neuropsychological evaluation of each of the participants. One participant died a few weeks after completing the debriefing session. In this case only, the mother of the participant provided informed consent for participation.

Bennett (1989) offered three "criteria" for persons with TBI related to the use of psychotherapy: First, they must demonstrate with reasonable probability the cognitive ability to communicate their needs. Second, they must be aware of their cognitive deficits and specific distressing emotional or behavioral problems. Third, they must be highly motivated to participate in the process.

Sources of data for this study included the detailed session notes taken by the therapist-researcher, photographs of the sandplay scenes made by the participants, and commentary on each case made by three independent reviewers. Confidentiality of the participants was preserved through the use of pseudonyms and the removal of personally identifying information from the data and from any written reports. This study was

approved by the Institutional Review Board of Fielding Graduate University and deemed to meet its ethical guidelines.

Procedures

The participants engaged in sandplay therapy with the author who followed the general guidelines for conducting sandplay offered by Dora Kalff, and endorsed by the International Society of Sandplay Therapy (ISST); (Kalff, 1980; Kalff, 1993). Namely, the participants were invited to create a picture in the sand tray. They were told, "You may make a picture in this sand tray." They could create a picture in a wet or dry sand tray, choose to use miniatures or not, and could tell the therapist a story about what was made or not. The therapist was silently and fully present while the individual created the picture—offering a "free and protected" space in which the participant could feel fully accepted. If the individual chose to tell a story about what s/he made, the therapist listened to the story, but withheld any interpretation of the picture or the story so that the individual could be afforded the opportunity to experience and work through the images on an unconscious level without interference from the therapist (Kalff, 1993).

Participants were provided the opportunity to produce 12 trays during the course of therapy, and had knowledge of the number of trays they would be completing at the outset of therapy. They had the option of continuing therapy, if desired, after the 12 trays. One participant opted to continue and made 18 trays before completing therapy. Each participant had physical limitations, such as being in a wheelchair and/or having fine motor difficulties that hindered their ability to reach or grasp certain miniatures or to place the miniatures in the tray without knocking other things down. In such circumstances the therapist utilized a form of "assisted sandplay" as described by

Dermott (2004) wherein the participant pointed to objects or told the therapist what s/he wanted, and the therapist gathered the desired objects. Upon participant request only, the therapist also assisted with standing figures in the tray in the manner the participant desired them to be arranged. Any assistance provided to the participant was fully documented in the session notes. Furthermore, at the conclusion of sandplay therapy (12 or 18 trays) participants were scheduled for a 2-hour debriefing and reflection session where they examined slides of their sandplay series and reflected on their therapeutic process and their experiences with sandplay in the presence of the therapist. Therapy was terminated after the debriefing session, although participants could continue therapy with another therapist if desired.

The participants were scheduled for therapy as their schedules allowed, generally at least two times per month. Consistent with ISST guidelines, there were sessions in which the participants chose not to make a sand tray and engaged in a purely verbal therapy session. During such sessions participants talked with the therapist, and the therapist utilized a client-centered, neuropsychologically oriented approach to treatment. Reflective listening was used primarily to help the participant increase his or her capacity for self-awareness. The therapist was knowledgeable of and attuned to individual variables (e.g., the complex sequelae of TBI as it relates to the individual), and remained as flexible and adaptable as possible to the situations presented (Carberry & Burd, 1986; Cicerone, 1989, 2000; Langer, 1992; Miller, 1993; Pollack, 2005; Small, 1980).

As is usual practice in sandplay, the therapist took notes about what the participant said, how the tray was constructed, and significant impressions or observations. The therapist also photographed the completed sandplay scenes.

Photographs of each sand tray along with the session notes comprised part of the data sources for this study. Some participants may have been more verbal than others due to the nature of their head injury and/or personality factors, but all participants produced trays that were photographed.

The results of the sessions (photographs and notes) were independently reviewed by three sandplay therapists credentialed through ISST at the clinical and/or teaching member level who gave feedback regarding their impressions of the sandplay process on a tray-by-tray basis, and then conducted an overall analysis of the case. Reviewers were blind to the purpose of the study, but were provided brief background information on the participants including their age and gender, the nature of their head injury, and the presenting issues that brought them into psychotherapy as described by the referral source and/or the participant. The reviewers gained additional information on the participants from what was disclosed and recorded in the session notes. The reviewers did not consult with each other during the review process. They focused primarily on the photographs provided and their symbolic content and used the session notes to place the images in the context of the therapeutic process.

The reviewers volunteered for participation in the study through the Sandplay Therapists of America (STA) and were compensated for their work. The reviewers answered open-ended questions about each tray and about each process on the whole. It was estimated that each reviewer would need to commit approximately 20 to 25 hours to the study; however, the reviewers reported that it took them considerably longer to conduct their analyses. The reviewers were informed of the nature of their role and related expectations prior to agreeing to participate.

Instruments

The following questions were asked of the reviewers after each tray:

1. What do you see in this tray?
2. What does this tray convey about this person's experiences?
3. What does this tray convey about this person's process of psychological development?

Reviewers were asked to convey their ideas in 1-2 paragraphs per question.

Additionally, at the conclusion of reviewing each participant's sandplay series (12 trays) the reviewers provided a detailed, analytic summary of the person's entire sandplay process as follows: "Please provide a detailed, analytic summary of this person's sandplay process, and please convey your ideas in approximately 2-5 typewritten pages."

These questions were chosen to elicit responses regarding content and process themes in an open-ended manner.

Data Analysis

Sorting and Data Entry

The data were organized in a large binder that contained a section for each case. Each case section contained the session notes for that particular case and photographs of the sandplay scenes in chronological order. The session notes and the photographs were followed by three additional sections per case that contained reviewer feedback. The binder was then copied for each member of the data analysis team (DAT). For all four cases combined, the binder contained over 600 pages of material.

A Microsoft Excel spread sheet was created to organize data entry and to sort case material by case, by sand tray, and by data source (e.g., session notes, reviewer feedback,

etc.). The data were further organized as they pertained to three areas of inquiry: (Q1) the participants' experience with sandplay; (Q2) content themes such as grief and loss, normalcy, and so on; and (Q3) psychological process themes (including individuation-related themes) such as expresses feelings, gains new perspective, and so on. Another primary area of interest emerged during the data analysis process. This area of interest pertained to the therapist's response to the client and the therapist-client relationship. A sorting code (TR) was developed and utilized to organize material pertaining to these matters.

Data were entered onto the spreadsheet by consensus of the DAT, resulting in over 150 pages of spreadsheets. Originally, it was anticipated that a software for qualitative research would be used, but this was not necessary. Using Excel, a touch of the computer key could sort the data by case, by tray, by area of inquiry, and by data source.

Analysis Process

To minimize experimenter bias, organization of the data and analysis of themes were conducted by the researcher in partnership with two members of the sandplay Therapists of America (STA) research committee who were credentialed at the level of teaching members. This data analysis team (DAT) was tasked with taking an "educated look" (Giorgi, 1986) at the data to extract themes and essences that would lead to a practical understanding of the phenomenological experiences of the participants as well as the process of psychological development evidenced in the case material. The themes emerged from the data. In brief, the DAT set out to sort, describe, extract out themes and

essences, and to make discoveries. It was not the task of the DAT to interpret the material or to put the material into any predetermined categories.

The DAT took the following steps:

1. The DAT read session notes in their entirety, highlighting key quotes and narrative, and making margin notes. They viewed the photographs of the slides that accompanied the session notes. They read each case without reading onto the next case, or onto the reviewer feedback.
2. After reading the session notes, the DAT discussed the data, line by line, photograph by photograph, and session by session. Themes were identified by consensus for each relevant quote or comment and recorded on the spread sheet in the appropriate cell. Additional comments were recorded in a separate column. After notes were read and themes were extracted for each therapy session, the themes were then reviewed for the purposes of extracting essence. Essence was extracted in four areas: Q1, Q2, Q3, and TR for each sandplay session. Additionally, an overall essence was obtained for each sandplay session.
3. After the DAT worked through the session notes on each case, they reviewed the reviewer feedback one reviewer at a time, extracting the themes of the reviewers, and making a summary statement about the essence of each reviewer's analysis of the case. It is important to note that the reviewer feedback was considered interpretive in nature and was utilized in the study to gain an understanding of the individuation process. The reviewer feedback is presented in the results section and discussed in the discussion section.

4. Steps 1 through 3 were repeated for all four cases. The spreadsheet was designed such that themes and essences could be sorted by case, by tray, by data source, by areas of inquiry, and so on. Since data entries were made by session in chronological order and in the sequence of events for each session a "play-by-play" flow of the cases became represented vertically on the spreadsheet-- from the beginning to the end of each session, and in the order of each session.
5. Various methods of sorting were used to explore different areas of inquiry. For example, when the data were sorted by only summary essences extracted for the psychological process area, a series of 12 bullets emerged representative of the process of sandplay therapy for that participant. As the DAT reviewed the themes that emerged, the team recognized that some themes overlapped across areas of inquiry. For example, spirituality is content-related, while spiritual development is process-related. Wherever possible, the overlap was represented under both sorting principles (Q2 and Q3) for analysis purposes.
6. The findings from the DAT were then reviewed by the researcher as they pertained to the research questions. These findings are presented in chapter 5.

CHAPTER FIVE

Results

This chapter describes the results of the study. First, a summary table of the participants will be presented (see Table 1). Next, detailed findings are presented on each case (within-case analysis). Each case analysis begins with a presentation of background information, followed by a description of themes that emerged in three areas of inquiry: (a) experiences with sandplay, (b) content themes, and (c) process themes. It is duly noted that there is some overlap of material across the areas of inquiry. Next, a thematic analysis across cases is provided (cross-case analysis). Quotes from the participants, photographs of sand tray scenes, and charts are provided throughout the results chapter to illuminate findings.

Table 1

Overview of Participants

	Case 1 Joe	**Case 2 Russell**	**Case3 Pac**	**Case 4 Karla**
Age while doing sandplay	**30**	**35-36**	**24**	**21-22**
Circumstances of TBI	**motor vehicle accident**	**hit in head with baseball**	**gunshot wound**	**thrown from moving vehicle**
Severity of TBI	**Severe**	**moderate to severe**	**severe**	**severe**
Time since TBI when starting sandplay	**12 months**	**6 years**	**6 years**	**15 months**
Number of sand trays completed	**12**	**18**	**12**	**12**
Number of purely verbal sessions	**0**	**17**	**0**	**1**
Total time in sandplay	**15 weeks**	**12 months**	**16 weeks**	**9 months**
Fundamental goal of sandplay	**wholeness**	**purpose**	**connection to life**	**acceptance**
Changes realized while in sandplay	♦ expressed deep emotions; depression and anxiety lifted ♦ reprocessed traumatic event ♦ uncovered "heart" in himself ♦ put pieces of identity together to become "a complete man" ♦ expressed increased life satisfaction ♦ returned home to live independently	♦ gained tools to cope with depression ♦ increased social activity (friends and family) ♦maintained goal-directed behavior throughout treatment to earn 21 credits and graduate from college ♦ found new perspective and purpose (authentic self)	♦ earned driver's license ♦ determined ready to graduate from rehabilitation services ♦ increased social activity (church members, friends, dating) ♦ expressed profound spiritual development and a newfound connection to life itself	♦ changed major, completed summer courses ♦ earned learner's permit ♦ increased social activity (friends, dating) ♦ accepted her limitations ♦ embraced her enjoyment of computer design ♦ expressed readiness to separate from mom and return to dorm living

Case 1: Joe

Background Information

Joe is a 30-year-old, married, Caucasian man. When he began sandplay he presented with symptoms of depression, catastrophic thinking patterns, and anxiety related to his severe traumatic brain injury and life circumstances. At the same time, he was delightfully verbal and jocular. Joe had been seriously injured one year prior in a single vehicle rollover accident, when he was driving home from a rock concert. He was the only person in the car and was ejected from the vehicle. Alcohol was involved. He had loss of consciousness for one week with evidence of multiple axonal shearing injuries in the areas of the corpus callosum, basal ganglia, frontal and parietal lobes in both hemispheres, and in the midbrain. Diffuse atrophy was also evident. Joe also suffered facial and cervical fractures with no spinal chord involvement, and experienced respiratory failure. Posttraumatic amnesia lasted approximately 6 to 8 weeks, and there was general spasticity and left hemiplegia. Joe received intensive medical care for approximately one month, followed by inpatient rehabilitation services for approximately 4 months, followed by long-term outpatient neuro-rehabilitation services (the setting where he was seen for sandplay). For the first 7 months of Joe's outpatient rehabilitation he received physical therapy, speech therapy, and occupational therapy, but had been opposed to counseling of any type. When he was told that his wife was considering divorce and he had to move out of his house, he and his service providers noticed a significant increase in depression, which in turn, was impacting his ability to attend and concentrate during his therapies. Hence, his team recommended counseling. The team recommended sandplay because they believed

that this modality might help Joe to break through his defenses and address his emotional well-being.

Joe presented for sandplay wheel chair dependent with left hemiplegia, slurred speech, and some cognitive slowness. He had stopped drinking since the accident. He had severe fine motor difficulties (e.g. could not sign his name, button things, etc.) and jerky movements. He had recently begun walking short distances under supervision using a special walker. Joe was married, but separated from his wife and living with his sister. He had two sons, a stepson (age 9) and a biological son (age 3)—both of whom he loved very much. He wanted to remain a big part of their lives. Joe felt supported by his parents who lived in a small, rural town about 2 hours from Joe's home, and who brought him to rehabilitation twice weekly, and by many of his old friends who stopped by to visit him.

Joe is an outgoing and proud man. He was highly motivated to rehabilitate. He worked out on his stationary bicycle daily and followed recommendations for home activities made by his therapists. Joe reported that prior to his injury he worked out daily during lunch time. He also enjoyed fishing, hunting, barbequing for his family and friends, and was a successful salesman with the same company for over 10 years. Joe was a high school football player in a small town that was proud of its football team. He wore football buttons with his high school picture on them attached to the backpack that hung on his wheelchair.

Joe was motivated for sandplay and agreed to complete 12 sessions at the outset of treatment. He stated that he wanted things to work out between him and his wife, but that he was not sure what she wanted. He said that his goals for sandplay were to understand

himself better, and to understand his thoughts, although he could not elaborate on what he meant by this.

Joe completed 12 sessions (all involving sandplay), over the course of 15 weeks. He also completed a debriefing session after he completed his sandplay process.

Experiences with Sandplay

Sensory Experience

Joe immediately interacted with the wet sand and began crying, then sobbing. Interaction with the sand triggered the expression of autobiographical memories, experiences, and regrets. A pattern developed wherein Joe interacted with the sand in a sensory manner (e.g., squeezing, massaging, and pounding the sand) and then became deeply emotional. There was tremendous catharsis during the early part of his process. His emotional reaction to the sand lessened over time, but he remained drawn to the tactile experience of the sand. Throughout his process he often massaged the sand before he began making his tray. He reported that he enjoyed the sensory experience. He stated specifically and on multiple occasions that he liked the way the sand felt on his fingers. During session 4 he stated, “I like the wet sand. I can squeeze it with my good hand.”

Another pattern developed wherein Joe looked at the sand trays he made, and then shared new insights, feelings, and possibilities. Sometimes he returned to the shelves to add more symbols to amplify his discoveries. Whereas tactile experiences with the sand evoked deep emotion and catharsis, obtaining visual feedback regarding what he created increased self-awareness. When Joe viewed the photographs of his sand trays at the conclusion of his process, he said, “I really liked seeing the slides. I could see the progression I made. I could see it.”

Joe summed up his sensory experiences with sandplay when he said, “It’s (sandplay) a powerful form of therapy, one you can get yourself into in such a way you do not have to express yourself so well verbally.”

Mastery

Joe initially approached sandplay with anxiety about his performance. He stated tearfully, “I cannot construct too well.” In the beginning of his process he asked the therapist for help with getting toys he wanted and with standing them up. He appeared frustrated and sometimes embarrassed when he would knock the toys over, when he could not stand them upright, or when sand would fly out of the tray as a result of his fine motor difficulties and spasms. Later in the process, Joe appeared more confident, independent, and goal-directed, and no longer asked the therapist for help. While constructing sand tray 6 he tried several times and finally succeeded at balancing a miniature brain on an hour glass. Then he stated about his tray, “I am really proud of this one.” After making sand tray 11 he stated, “This one is my best one ever.” Clearly, Joe acquired a sense of mastery over the medium.

Self-Expression

Throughout his process he used various symbols to represent his experiences and personal characteristics. Joe reported that he could express himself more freely and clearly through sandplay than he could verbally. He stated, “I liked sandplay because I felt like I was more capable of saying what I wanted to in the sand, to express myself more clearly. This has always been a challenge for me since the accident, the injuries.” He also stated, “Sandplay is an ideal way of expressing yourself, giving you a way of

verbalizing yourself. You can be emotional if you want to, or do anything you want to. You can be the person you want to be at that particular time."

Joe's progress in sandplay came through repeated sensory experiences and opportunities for self-discovery and self-expression. Eventually, Joe reprocessed the traumatic event, his depression and anxiety lifted, and he put the pieces of his identity together such that he could return to his home "a complete man."

Content Themes

Grief, loss, regret, and uncertainty.

As soon as Joe began working in the sand he cried and sobbed in an uncharacteristic manner given his jocular and tough exterior. Figure 1 shows Joe's first sand tray. Joe massaged the sand throughout this session while he wept and spoke of his accident, memories of his life before the accident, and how things are for him now. He did not use any miniatures. There is a tissue in front of the tray—one of many he used to dry his tears and blow his nose.

Figure 1. Joe: Sand tray 1.

Joe cried most of the first four sessions. He grieved his old way of life and his loss of physical and cognitive functioning. During session 4 he stated angrily, "It is not whether or not I will walk, it's WHEN I will walk!" During session 10 he confronted his "one-sided" thinking and consciously created a balanced scene in the sand tray in an effort to address and improve his decision-making abilities and thought processes.

Joe also expressed regret over his risk-taking behavior and negative attributes. In session 2 he represented himself as a donkey covered in alcohol bottles and surrounded by monsters. He summed it up by stating, "I was an ass." Throughout his work he expressed fear about losing his wife and his boys, and uncertainty about his future. In session 2 he stated, "Fear is my biggest feeling right now. I am afraid of my future (pause, tears welling up)…I am afraid I will never see (name of son) again." He admitted there were marital problems before the injury and worked to gain understanding of himself such that he would be prepared to resolve his marital problems if/when his wife was ready.

Trauma

One primary content theme that emerged in Joe's sandplay pertained to his traumatic experience. Joe told and retold the story of the night of his accident. He constructed and reconstructed the scene of the accident in the sand tray. He processed, reprocessed, and eventually reframed his traumatic experience. Joe very much presented as needing to deal with the trauma he experienced.

Joe reported that he was driving home from a concert while under the influence of alcohol and failed to negotiate a turn near his house. He stated repeatedly, "I was almost home, but I didn't make it. I was almost home." He likened his personal experience of the accident to America's experience of 911, illustrating the catastrophic and horrific magnitude of the event for him. He described and created his "Flight for Life" helicopter ride, although he had no conscious memory of the transport.

Figure 2 shows Joe's second sand tray wherein he first created the night of the accident. In the center is the donkey covered in alcohol bottles and surrounded by monsters. There are wooden blocks with a guitar on top in front of the pileup. He described this part of the scene as the concert he attended. Off to the left is an overturned car near a pond and a small wooden house. He described this part of the tray as the scene of his accident, the moment he could not negotiate the turn near his home. In the front and center of the tray he created what he described as his life now. There is a woman combing her hair he described as his wife, two boys he described as his sons, and two white doves he described as his parents. There is a white donkey, "because I was an ass before that accident and an ass after." There is a dark buffalo that he described as his youngest son who is a "spitting image" of him and "bull-headed." Finally, there is a

gargoyle in a wheel chair he described as himself and his faith at the time he began therapy. He stated, "That gargoyle best represents my faith right now… I have heart of stone and I am in a wheelchair." He then reflected that he has been wearing his heart on his sleeve lately and added a figure behind the wheelchair of twin babies in a lotus flower.

Figure 2. Joe: Sand tray 2.

Figures 3, 4, and 5 are close-up views of the donkey, the scene of the accident, and the gargoyle in the wheel chair respectively.

Figure 3. Joe: Sand tray 2.

Figure 4. Joe: Sand tray 2.

Figure 5. Joe: Sand tray 2.

Joe revisited the scene of the accident in his final sand tray scene.

Figure 6. Joe: Final sand tray.

His final sand tray (Figure 6) stood in stark contrast to the chaos apparent in his original representation of the scene of the accident (Figure 2). His home transformed into a white castle (upper left side of tray); he stood in triumph at the site of his accident as Wolverine with his arms raised (yellow figure below pond on left), and he used various birds to symbolize aspects of his character that had developed over time. Wolverine is a popular Marvel comics superhero, a mutant with unbreakable bones and powers of healing and regeneration (see http://www.marvel.com/universe/index.htm). The bird symbolism will be discussed in the following section on identity. The purpose of showing Joe's final sand tray at this time is to demonstrate how Joe reorganized his traumatic experience during the course of treatment.

Identity

The overarching content theme that emerged in Joe's work was that of identity. Joe explored consciously and symbolically who he was before the accident, who he was

after the accident, and who he became during his sandplay process. He addressed identity issues every session as he literally and figuratively put the pieces of his identity in place and labeled, owned, and integrated the various aspects of his character in a quest toward wholeness. For example, in session 1 he reflected on memories of his childhood and his life as "a farm boy." In session 2 he represented himself consciously as a donkey and a gargoyle and reflected on related character traits. He remained a gargoyle in session 4 and 7; however, in session 7 he also represented himself as a rising phoenix and stated, "This is me when I am not shutting myself out."

In many of his trays Joe represented himself as a constellation of multiple animals and symbols. In session 7 a centering of these images appeared around the wheelchair. In this sand tray he used many symbols to portray various aspects of himself that included, but were not limited to, Wolverine who he described as "a tough guy who is also philosophical"; an eagle that he described as "a strong bird, who is giving the wheelchair the bird (smiling)"; and a pit bull, "because they are so tenacious and have really strong jaws, and I can talk, talk, talk." As he created the tray he declared that it told the story of him: "Some say I was a pit bull, maybe Wolverine. Then I took a helicopter ride and I was in a wheel chair." As he reflected on his tray further his affect softened and he decided, "…There is actually heart in all of these things." Upon this declaration he began adding more symbols. Namely, he added a phoenix propped in the wheel chair and stated, "Wow, that's cool. That's pretty cool. You don't have to walk to get out of the wheel chair, you can use your mind. It's a powerful thing." Then he added two doves "for the miracle." It was at this moment that he began referring to his traumatic experience as a miracle. He also added a Russian devil, "because the demons

are going away." Figure 7 shows a close-up of the center of this sand tray. In essence, he created and developed his identity as well as his perception of the trauma during this session, as he did throughout his sandplay process.

Figure 7. Joe: Sand tray 7.

Other central content themes that emerged related to identity included Joe's exploration of his role as husband and father, and of his masculine identity and sexuality in general. Joe was uncertain about his marriage, but he worked on his emotional well-being in an effort to prepare himself for whatever the outcome of his marriage would be. He progressed from feeling abandoned by his wife and clinging to the thought that his happiness depended on getting back together with his wife, to expressing verbally and symbolically in session 8, "My attitude is changing for the better. I will be okay with whatever happens (in the marriage)." Immediately after he made this statement he placed a large unicorn with a crystal ball in the center of the tray and stated, "The unicorn is the center of his own destiny... aren't we all?"

Joe also explored his role as a father. It was important for Joe to be "a good father" and "protector" for his boys. Although he was very uncertain about his ability to fulfill his role as father in the early part of therapy, his identity as a "good father" developed over time. In sand tray 11 he represented himself as a howling wolf "standing up for its cub" and made a direct reference to feeling able to protect his family. In his final tray he represented himself as a duck swimming in a pond with ducklings trailing and stated, "I like it. It's the daddy duck with all his children" (Figure 6).

Joe also wrestled with issues of masculine identity and sexuality. These aspects of himself were threatened as a result of his disabling condition, and further challenged when he cried and became emotionally vulnerable in the presence of a female therapist. Hence, Joe consistently exhibited a desire to present himself as a strong and sexual man throughout his process. For example, during session 4 Joe had the therapist extend two fingers to him so that he could squeeze them with his unaffected, then his affected hand. When he clearly showed the therapist the strength of his grip he stated, "I can give (wife's name) backrubs with one hand."

In fact, Joe developed a pattern whereby he began each session talking about his progress. Then he engaged in very intensive and emotive therapeutic work. At the end of each session, he made a funny remark, told a dirty joke, or shared a story about a nice car he planned on buying or a tattoo he planned on getting. In essence, it seemed important for Joe to assert a masculine and sexual persona before and after he experienced heavy emotion and explored deeper and more expansive aspects of his masculine identity through sandplay.

Joe summarized his quest for wholeness in identity while making his final sand tray. As he searched for miniatures to use he raised the question, "How many birds does it take to make a complete man?" Then he proceeded to use a duck, a swan, doves, eagles, and an owl to represent the many aspects of himself he discovered during sandplay. He stated, "The swan is for its peaceful nature, the eagle for its grace and power, the owl for its wisdom." Later he added doves "to signify if everything works out okay, but if it doesn't I will keep trying." His final punctuation was the duck leading a flock of ducklings across the water that he called "the daddy duck with his children." He also placed Wolverine by the pond where his accident took place and stated, "I changed from gargoyles to Wolverine because Wolverine can protect the ones he loves. The gargoyles might be good, but they turn everything to stone." Joe utilized symbols to create the whole of his identity, "the complete man."

Spirituality

Another content theme that emerged was that of spirituality. This theme did not pertain to religiosity, per se, but rather to a sense of connectedness to one's inner self, to others, to the world at large, and to the mystical aspects of one's existence. During his second session Joe expressed spiritual detachment and described his faith akin to having "a heart of stone." During his third session he reflected back on the night of his accident. He used an hour glass in his sand tray and watched the sand fall through it as he grieved his losses with heavy emotion. When he began to express some hope for his future something mysterious occurred that Joe and the therapist both witnessed: The sand in the hour glass actually stopped midstream and remained frozen, as if time had stopped for Joe. Joe noticed and said to the therapist, "Wow. I think of God being here more than

I'd like to admit." During session 5 Joe reframed the accident stating, "I think the accident was a blessing in disguise to make me stronger to face challenges." During session 7 he referred to his trauma and recovery as miraculous, and used the symbol of two intertwined white doves to represent "a miracle."

By session 9 Joe made a very simple sand tray scene of two eggs-- one large coral egg, and one small, gold-filled transparent egg. He lit incense behind the eggs and watched the smoke rise with periods of silence (see Figure 8).

Figure 8. Joe: Sand tray 9.

Then Joe stated, "This is simple, but it says a lot. The little egg is the before and after. The big egg is all the possibility…I don't see the wheel chair as limiting any more. It is opening doors." He continued, "I am getting my strength from deep inside. I am feeling spiritual. What I like about it (the small egg) is that all along there was gold inside, but now the gold is known."

Joe went on to assert that he is not religious, but he considers himself spiritual now. Then he empathically extended himself to the therapist and stated, "In a way we are

connected." In essence, Joe was feeling connected to his inner core and connected to others. He found meaning and purpose in his traumatic experience. He accessed and created a place of alpha and omega, of infinite possibility, deep within himself.

Time

Another theme that emerged throughout Joe's sandplay process was the theme of time. Joe frequently made direct references to time and represented the concept of time symbolically in many sand trays. For example, in session 3 he talked about his accident and injuries in catastrophic terms, and placed a large hour glass in the center of the tray. He stated, "Time is precious," and appeared literally frozen in time as he reflected on "the eventful night."

In session 6 the hour glass reappeared in his sand tray. This time he balanced a large brain on top of the hour glass and stated, "It takes time to heal the brain." This configuration was placed in the left lower corner of the tray, apart from many self symbols that Joe placed in the center of the tray. The only symbol between the hour glass/brain configuration and the rest of the symbols in the sand tray were three small monkeys who "hear no evil, speak no evil, and see no evil" (see Figure 9).

Figure 9. Joe: Sand tray 6.

During this phase of Joe's therapy, it was difficult for him to be patient with the healing process on multiple levels.

In session 7 Joe continued exploring his relationship with time and showed more patience and acceptance of the healing process. He placed a snail in the sand tray and stated, "Everything goes so slow…but it's like cooking a steak, you have to take your time." In session 8 Joe recognized the time he has ahead of him. He joyfully stated, "I have many more years ahead of me. I am still deciding what I want to be when I grow up." In session 9 Joe explored the boundaries of time and found himself in a place of "infinite possibilities." In his final sandplay session, Joe referenced time in the context of being ready to leave therapy and return to normalcy. He said, "The house is almost ready and I think I will have the right attitude to make it work. It's been 5 months and I think it is time (to end therapy and to return to his home). I'll need to do it safely, though."

Independence/Normalcy

Another theme that emerged for Joe was the desire for independence and a return to "normal life." Initially, Joe felt dependent and powerless in many ways. While making his sand trays he asked the therapist for help in grabbing the miniatures he wanted. He also yielded entirely to his wife on matters pertaining to their marriage and stated, "She is calling all the shots." Joe also held to the belief that walking again was synonymous with independence and life satisfaction, and initially would not even entertain the thought that he might not walk entirely on his own again. As he continued his work in sandplay he no longer asked for help in making his sand trays. He decided he would be "okay either way" with respect to his marriage, and he came to the realization that he could have independence and life satisfaction regardless of whether or not he

could walk. In session 8 he stated, “My technique for mental fitness is to be okay with myself with or without this wheelchair.”

After Joe recognized that he was “getting strength from deep inside” in session 9 he became intently focused on going back to his home and living independently. He asserted in session 11, “I am ready to get back to a normal life again.” He talked about the possibility of using assistive technology to return to college to complete his degree. He decided that he did not want to sell his home, but rather enlisted the support of an old friend for remodeling his existing home to accommodate his needs. At the same time he recognized that things would not be the same when he returned. He said as he prepared to return home, “What I think is important is knowing what I had, knowing what I have, and adapting. It’s like a return…with improvements.”

Process Themes

Content themes that emerged during Joe’s sandplay process were presented in the previous section. These content themes included grief, loss, and uncertainty; trauma; identity; spirituality; time; and independence/normalcy. The content themes developed over the course of Joe’s treatment. Hence, in reviewing content themes, some processes of psychological development were also revealed: Joe expressed grief, reprocessed his traumatic experience, strengthened his spirituality, changed his relationship with time, emotionally prepared for independence and a return to normalcy, and put back together the pieces of his identity into that which he termed “a complete man.”

In the following paragraphs process themes related to Joe’s psychological development are explored further by examining in sequence the process theme essences

that were extracted from each sandplay session (12 total) by the data analysis team (DAT). First, a summary table is presented (see Table 2).

Table 2

Case 1: Joe
Process Themes
Essences Extracted by Sand Tray

JOE	
Sand Tray	**Essences**
1	powerlessness, catharsis, engagement
2	reconstruction of the trauma, fear, chaos, spiritual detachment
3	grief, frozen in time
4	security with therapist, encountering the feminine
5	enjoyment, momentum, increasing activity
6	identity exploration, mastery, self-acceptance
7	centering, re-telling the story, witnessing a miracle
8	confrontation of shadow material, freedom from circumstance, transforming the feminine
9	infinite possibility, numinosity, totality
10	unity, integration, finding the middle ground
11	improvements realized, end of storm announced, ready for departure
12	wholeness, departure, going home

- In session 1, Joe massaged the sand, reflected on his childhood and his current circumstances, and sobbed. He set goals for counseling and expressed motivation to continue sandplay. Essences extracted were powerlessness, catharsis, and engagement.
- In session 2, Joe reconstructed the night of his accident in the sand, and reflected on his old ways, fear of losing his family, and lack of faith. Essences extracted were reconstruction of the trauma, fear, and chaos.
- In session 3, Joe created a close-up view of himself in the aftermath of his catastrophe and grieved his losses. An hour glass and the date of his accident spelled out in

building blocks were central symbols in the sand tray. Essences extracted were grief and "frozen in time."

- In session 4, Joe confronted his self-image, presented as both boy and man, and established safety with the therapist. He placed a large figure of a white and pink unicorn hugging a young boy and a beautiful tree spirit in the center of the tray to represent his therapist. He said while crying, "This is you (unicorn) giving me a hug. I feel safe here. This is you (tree spirit) keeping me from turning into a gargoyle" (Figure 10). Essences extracted were security and encountering the feminine.

Figure 10. Joe: Sand tray 4.

- In session 5, Joe expressed enjoyment and relaxation, explored his identity before his brain injury, and began to reframe his accident. He created a beach scene with breaking waves and jumping Marlin. He stated, "Things only happen when there are waves." Essences extracted were enjoyment, momentum, and increasing activity.
- In session 6, Joe reflected on various aspects of his present character using animals and other symbols, showed less fear, and began planning for his future

realistically. He showed mastery over the medium of sandplay. Essences extracted were identity exploration, mastery, and self-acceptance.

- In session 7, Joe retold the story of the accident and talked about the miracle of his rescue. He created a centering sand tray scene wherein various aspects of his identity were represented through animals and symbols and a phoenix rose from the wheelchair with intertwined white doves behind. A scorpion woman appeared on the edge of the tray. Essences extracted were centering, retelling the story, and witnessing a miracle.
- In session 8, Joe confronted his negative self-image. He stood before a mirror holding a gun to "the prick" within him and to the wheelchair he despised. He also cleaned up the wreckage of his accident, found a new image of a genius in a wheelchair, and then reflected on new possibilities through sandplay. The scorpion woman on the edge of the tray in his last session was replaced by an Indian maiden. Essences extracted were confrontation of shadow material, freedom from circumstance, and transforming the feminine.
- In session 9, Joe created the simple but numinous tray with two eggs and burned incense. He stated, "This is simple, but it says a lot. The little egg is the before and after. The big egg is all the possibility." During this session the therapist joined Joe in feeling a profound sense of awe. Essences extracted were infinite possibility, numinosity, and totality.
- In session 10, Joe consciously worked on balance and good decision making. He lined up various figures down the center of the tray, reflected on these figures using two mirrors, and said, "It looks like I have everything I need, and it's all in

the middle." Joe also stated that he thought it was important "to keep your feet on the ground, but don't stop reaching for the stars." Essences extracted were unity, integration, and finding the middle ground.

- In session 11, Joe talked about his readiness to return to normal life and the "improvements" he made. He announced that the end of the storm was over and placed a rainbow in the center of his sand tray. His depression and anxiety had lifted. Essences extracted were improvements realized, end of storm announced, ready for departure.
- In session 12, Joe recreated the scene of the accident without chaos or destruction. He used a white castle to represent his home and various animals to represent himself as "a complete man" (see Figure 6). On the edge of the lower right corner of the tray where the woman figures were in trays 7 and 8, an eagle flew away. Joe expressed the belief that he had come "full circle" and was ready to leave therapy and return to his home. Essences extracted were wholeness, departure, and going home.

Reviewer Feedback

Whereas the data analysis team (DAT) described themes that emerged and extracted essences, three reviewers were asked to provide an analysis of each case. Their conclusions are presented in the results chapter at the end of each case presentation; however, it is duly noted that these conclusions are interpretive in nature (as opposed to the descriptive data gathered from the DAT). Further discussion of interpretations and theoretical implications occur in the discussion chapter.

Reviewer 1 concluded that Joe's case represented an individuation journey of transformation and rebirth, yielding a change in perception not events, the "unscrambling" of chaos and confusion, and the integration of identity. She was particularly struck by Joe's sensory experiences with the sand and frequently observed actual images of the brain outlined in the sand (e.g., sand tray 2). Reviewer 1 asserted that this experience in the presence of an empathic therapist activated the psyche's inherent capacity for self-regulation and may have caused actual physiological healing in the brain.

Reviewer 2 concluded that through sandplay Joe descended into the core of his own experiences and experienced psychological transformation and rebirth resulting in internalized change (e.g., depression lifted, improved relatedness, developed a positive outlook, etc.). Transformation occurred through death of his ego (e.g., surrendered "heart of stone" and narcissistic ego identity), constellation of Self (e.g., found his center and potentiality in the ninth sand tray), and conscious integration and bridging to the outer world (e.g., showed maturity and readiness to return to normalcy in sand trays 11 and 12). She also tracked the symbol of the duck as it appeared throughout Joe's process and what he said about the duck. Figure 11 is Joe's representation of himself as a duck in sand tray 5. Figure 12 is a representation of Joe as a duck in his final sand tray scene. Reviewer 2 concluded that Joe regained his "inner and outer father/child unity" through sandplay.

Figure 11. Joe: Sand tray 5.

Figure 12. Joe: Sand tray 12.

Reviewer 2 also stated that although it appeared that Joe internalized positive change and experienced psychological transformation, she questioned his risk for relapse (alcohol) and need for ongoing support in this area.

Reviewer 3 identified Joe's case as an excellent example of what Dora Kalff called the "relativization of the ego" based on Jung's personality theory. She reported that when Joe began sandplay he was in a state of psychological wounding from trauma. His ego was inflated and disconnected from the Self. Joe's state of ego inflation was evidenced by his false bravado and a defensive structure that was cut off from authentic

feeling (e.g., “heart of stone”). She stated that Joe summed up his psychological state succinctly when he said, “I was an ass.”

Reviewer 3 went on to describe Joe’s motivation to “go home” (literally and figuratively), his active engagement in sandplay, and his positive transference with the therapist as factors that facilitated his growth. Throughout his sandplay process his inflated ego gave way to a more balanced sense of self, grounded in sincere authentic feeling. Sand tray 9 most vividly captured “relativization of the ego.” In this tray, two eggs—one large and one small—represent potential still in incubation. The image, its meaning, a perceptual shift that Joe affirmed during the session, and the awe experienced by Joe and his therapist underscored its significance as an experience of constellation of the Self. Joe’s subsequent trays show the ongoing integration and movement toward independence through dominant themes of freedom, taking flight, and leaving the nest. Reviewer 3 asserted that although Joe may have a tendency toward inflation, the greater sense of his sandplay process was clearly that of achieving a true measure of emotional independence and freedom that will serve him well as he moves into the next phase of his life. Reviewer 3 was also reassured by the focal point of Joe’s final sand tray: ducks swimming in their natural habitat of water, the feeling element, and in a body of water roughly shaped like a heart.

Case 2: Russell

Background Information

Russell is a Caucasian, single man who has never been married. He is contemplative and conversational, and has a playful, sarcastic sense of humor. He is interested in Greek mythology and collects comic books. When Russell began sandplay

he was 35 years old; he turned 36 a few months later. He wanted to return to college to earn a bachelor's degree in English. He took the previous semester off due to stress-related health concerns and presented with fear that he could not handle the pressure of school without compromising his health. Russell was well-bonded to the staff at the rehabilitation center, and enjoyed coming to the center and connecting with everyone. At the same time, he presented with symptoms of chronic depression (including suicidal thoughts), catastrophic thinking patterns, pessimism regarding his future, impaired problem-solving abilities (lacks flexibility in thinking), fatigue, chronic pain (mostly headaches), and a tendency toward social isolation. He also had mild aphasia and attention/short-term memory impairments. These symptoms were secondary to a moderate to severe traumatic brain injury which occurred about 6 years prior to the start of sandplay.

At the time of his TBI, Russell had just turned 30 years of age. He was playing city league baseball. He hit the ball in the infield and tried to outrun the throw; however, he was hit very hard with the ball thrown by the shortstop to the first baseman. He was hit in the left temporal region. He was dazed and tumbled to the ground. He did not lose consciousness at that time, but was very nauseous, agitated, and uncooperative when his friends tried to get him to take an ambulance to the hospital. His friends then drove him to the hospital and the computed tomography (CT) scan indicated a left subdural hematoma in the left temporal lobe region. The hematoma was removed by neurosurgeons, he was in a coma for a few days, and he was hospitalized several weeks. Russell reported that family and friends visited him after his surgery, including a girlfriend with whom he was living at the time. He reported that he had no memory of the girlfriend, but tried to pretend that he remembered her. He reported that he "lost" a few years of his life. He participated in

hospital-based rehabilitation and received physical therapy and occupational therapy for approximately 3 months.

Six months after his injury he suffered a generalized seizure and began having more seizures. He was diagnosed with posttraumatic epilepsy. He has been taking anti-seizure medication, anti-anxiety medication, anti-depressive medication, and pain medication since. He becomes fatigued easily since then and suffers from chronic headaches. He is ambulatory and drives, but has some problems with balance. He is learning self-sufficiency with respect to cooking, paying bills, and so on. He lives in his own home near his parents, and his parents visit him daily to help him with yard work, paying bills, and so on. He was awarded disability benefits one year after his brain injury, and has not worked since.

Prior to his injury Russell was a college student at a state university in his home town. He was working his way through school in various restaurant jobs and prided himself on being hard-working. Although he was of above-average intelligence, he was taking a long time to get through school and was earning "C" grades or below. He reported that his "underachievement" was due to his social lifestyle and drinking habits. He enjoyed playing intramural and city league sports and liked baseball best.

Prior to the start of sandplay Russell returned to outpatient rehabilitation services by recommendation of his neurologist for speech and language therapy to help him with organization and communication, and for psychotherapy to treat his depression. He was seen for about 9 months by a therapist who used cognitive-behavioral strategies and attempted to help Russell expand his social supports. He reported that the therapy was somewhat helpful to him, but she left the rehabilitation center to take another job. After she left, Russell was referred for sandplay by his rehabilitation team due to their concerns

about his depression. The team believed he could benefit from the experiential aspects of sandplay, and perhaps move through the impasse he seemed to be having with respect to depression.

Russell completed 36 sessions over the course of one year; 18 involved sandplay, 17 were verbal sessions, and one was a debriefing session. Verbal sessions were supportive in nature and also involved reflective listening, as well as practical strategies to assist Russell with stress management, constructive thinking patterns, and time management skills to meet the academic demands of college. Russell's goals for therapy included finishing school and learning to cope with his depression and the challenges he faced due to his brain injury. He also wanted to keep himself from turning into "the old man with a lot of cats."

Experiences with Sandplay

Play, creativity, and new possibility.

When Russell walked into the sandplay therapist's office he immediately went to the shelves and began exploring the toys. He said, "I love toys!" Throughout his process Russell embraced the play aspect of sandplay. He used the toys to freely express himself and had a high level of interaction with the sand. He said, "It's kind of fun to play and to touch your own feelings at the same time."

After he made his third sand tray, Russell grabbed a large Godzilla toy from the shelf and played with it. He pulled on its leg, making it roar. Russell proceeded to play with Godzilla after making every sand tray thereafter. This play signaled to the therapist that he was through, and also seemed to bring Russell some strength and comfort before he talked about what he made. After Russell made his final sand tray he announced,

"Now I am going to *have* to play with the toys." The therapist confessed that she had had the Godzilla figure for years, but never knew it roared. Russell said, "That's because I am a kid at heart." Then he played some more.

Russell likened sandplay to "dreaming with toys" and believed that when he used his imagination and played in the sand, he was able to "shift gears" and explore new possibilities in a way he could not do through verbal or cognitive means. After he made his first sand tray he said, "I didn't know what I was doing. I was just playing. Then I got a picture of how I was feeling, and it got bigger and bigger." After looking at the arrangement of figures in his sixth tray he reported that he felt as though the left side of his brain (the side of his injury) had enlivened. He said, "Interesting, huh? The *left* side lively." Later he stated sandplay "actually created thought as I was doing it… more creativity inside me."

During the debriefing session Russell expressed excitement regarding the progress he saw as he looked at his sandplay series. He proceeded to say, "I needed sandplay for the problems I was having. It was empowering. It makes me feel better with all that I was thinking, like a split mind, black and white thoughts, even suicidal thoughts. It was easy to deal with them play wise."

Russell also said, "Sandplay gave me a chance to drop out and be younger, not so freaked out about society and what I was supposed to do. For an hour, I could be creative and lost in my own head. I could create a different world where there was someone else, but still me."

Finally, Russell shared that what he liked most about sandplay were the toys. He said, "I liked the toys the best. It was easy for me to get into. I could do things with the

toys I couldn't do with my speech or thoughts or even writing." Russell truly embraced the play aspect of sandplay to freely express himself and to create new possibilities.

Energy and fatigue.

Russell also reported that he felt various states of energy when he made his trays. He described sandplay as relieving, relaxing, energizing, and fatiguing for him. After making his fifth sand tray he stated, "Making trays, most of all is relieving to me." After his ninth tray he stated, "I feel like going to an art gallery now. That (sandplay) was really nice today. I have energy now. It was relaxing and energizing."

Russell also reported that sandplay was taxing for him. During the debriefing session he stated, "I was always exhausted, fatigued when I got home."

Sandplay as metaphor: The journey.

Russell also embraced sandplay as metaphor. He told the story of his life, his brain injury, his troubles, and his desires in his first sand tray. He stated, "This is all me." He put Spiderman in the middle of the tray and said, "That's who I'd like to be: a normal guy, but a hero that goes beyond what normal people can do." He also placed the eye of Horus in the tray as his ultimate destiny. He said, "It's an all-seeing eye, for the answers, but it's in the forest. You have to find it" (see Figure 13).

Figure 13. Russell: Sand tray 1.

Russell proceeded to embark on a journey in his second sand tray and remained on this journey throughout his sandplay series. He used a warrior figure to represent himself. He said that a wizard and a fool were following him, and he placed his dog in the lead. He said of the group, "They're leaving the crumbled kingdom on this path… to get to the new kingdom over here." Figure 14 shows an overview of Russell's second sand tray, and Figure 15 shows a close-up of the group of companions which Russell called "the party."

Figure 14. Russell: Sand tray 2.

Figure 15. Russell: Sand tray 2.

Russell continued to represent himself as the warrior figure throughout the rest of his sandplay series, although some of his companions changed as the journey progressed. Russell said, “The party keeps going. It’s the only way I can keep track of it. It’s like a memory book mark…. These are my thoughts, the characters in my story.”

The warrior and his party traveled through dangerous places, ancient civilizations, and holy land. He searched for “the oracle” and eventually stood before it. He explored

his past, present, and future, and the lessons learned from his experiences. Russell often came to session feeling immobilized by depression and inflexible thought patterns, but nevertheless, his journey in the sand tray continued with energy and passion. The therapist found herself waiting in anticipation as Russell created each sand tray, much like one would anticipate the next chapter of a novel. Eventually, he was able to graduate from college and gain a new perspective on his experiences and the choices available to him. Metaphorically speaking, the all-knowing eye of Horus that Russell searched for became his own.

Content Themes

Grief, loss, and regret.

Russell expressed much grief and loss, particularly in the earlier part of treatment. In his first sand tray he showed a girl with her back turned and spoke about lost relationships. He said, "I was always the one my friends thought would get married first, now I am the last." Later in his process he expressed fear that he may not be given other opportunities and expressed regret over his carefree approach with women prior to his brain injury. He said, "I keep thinking about the mistakes I've made, and beating myself up over it…Maybe I played all my chances with girls?"

Before his third sand tray Russell announced that he was "tired of grieving" and created an intense scene in the sand of a large mountain with many things falling down its slopes. Themes included loss of activities he once enjoyed, financial worries, anger, and concerns about chronic pain and his health in general. He stated, "These are things that are on my mind, and dreams that are falling away." Figure 16 shows an overview of the destruction and chaos that Russell created in his third sand tray.

Figure 16. Russell: Sand tray 3.

Russell also grieved his old friends and the things they did together, especially sports. In his first sand tray he showed his friends "disappearing in the forest" and believed that because he no longer drank beer or had a girlfriend that his old friends did not desire his company. As Russell progressed in sandplay, he began to recognize his role in isolating himself and thinking the worst. As he neared the completion of his sandplay series, he organized a fantasy football league and was asked to be the best man in two different weddings: one of an old friend, and one of a new friend.

Depression/cognitive problems.

Russell struggled with depression, including suicidal thoughts. He reported that he was "afraid of life." He also stated, "The couch grabs me a lot." As a result of his experiences, he believed, "I am the most unlucky person."

Russell also demonstrated catastrophic thinking patterns and cognitive inflexibility. He had problems tracking conversations, maintaining attention and

concentration, and managing too much sensory input. He experienced cognitive fatigue when he tried to do too much at once. Russell reported, “Things are very different (since the brain injury), but in my mind I still want to be perfect. It’s a mess.”

About 2 months after he began sandplay he came into session very distraught. He reported that his speech therapist gave him feedback that his emotional problems were his primary barriers to progress. Russell’s belief system was shattered by this notion. He stated, “All this time I thought it was the other way. I thought my cognitive problems, word finding, and memory were holding me back. I don’t even know who I am anymore. It’s like finding out the earth is really flat... I don’t know how to be anything but depressed. I don’t know what makes me happy.” Russell’s voice was quivering.

Just then the therapist took out a Cherokee story about two wolves that were fighting. One wolf represented goodness and such things as peace, love, humility, and faith. The other represented evil and such things as anger, resentment, and self-pity. When the Cherokee boy asked his grandfather which wolf will win the fight, his grandfather replied, “The one you feed.” After hearing this story, Russell reflected on the things he was doing differently, “in a good way.” He said, “I am a better student than I once was. I used to get good grades without studying…Now I study and work hard for the grades I get. It feels good.” Then Russell stood up and began making his sand tray.

Learning how to cope with depression, to manage his limitations, and to develop constructive thinking patterns were recurrent themes throughout Russell’s treatment. A supportive, cognitive-behavioral, and skills development approach was primarily utilized during the verbal periods of therapy. However, Russell often showed significant inflexibility in his thinking despite these traditional methods. However, when metaphor

was introduced and when Russell engaged in sandplay, he was repeatedly able to broaden his perspective and to visibly brighten his affect before leaving session.

Family of origin issues.

Russell also touched on family of origin issues. He relied on his parents for support, yet at the same time he was angered by his father and felt the need to support his mother emotionally. His parents were separated, but continued living in the same house. On multiple occasions Russell stated, "That's not a marriage." Russell also reported that prior to his brain injury, he never felt accepted by his father. Perhaps these family dynamics contributed to his self-critical traits and perfectionism. Regardless, it is important to note that in addition to issues pertaining to his traumatic brain injury, Russell was dealing with family issues that predated his injury.

Chronic pain/health concerns.

Another content theme that emerged was related to chronic pain and health concerns. Russell began sandplay fearful of returning to college, because his last attempt resulted in stress-related health problems (shingles). He was also faced with recurrent headaches, intermittent seizures, and physical limitations in the areas of coordination and balance. Russell remained under doctor's care and had 6 weeks of physical therapy during the time he engaged in sandplay to address the medical and physical bases for these problems.

Educational and vocational concerns.

Another content theme that emerged pertained to Russell's education and future work. In fact, the first dilemma Russell posed when he began sandplay was whether or not to return to school. He had been unsuccessful in finishing school prior to his brain

injury, and experienced health problems when he attempted college after the injury. After he decided to return to school considerable time and energy was expended in finding ways to meet the demands of each class that he took en route to earning his bachelor's degree in English. As Russell approached graduation he questioned what work he would or could do. He wanted to write and had been successful in getting an article published in the campus literary magazine, but he did not believe that he could work full-time.

Midway through his sandplay process Russell had to reapply for disability benefits. The task of proving to the government that he continued to be disabled was extremely distressing for him. Although he was working on his studies, exploring vocational possibilities, and gradually building his confidence, he strongly believed that he was ill-prepared to make it on his own. He feared losing his benefits and experienced what he termed "a breakdown" during the application process. Russell was eventually approved for continued benefits, but the ordeal raised existential questions for him.

Existential issues.

Throughout Russell's sandplay process he asked questions such as "Who am I?" and "What am I doing here?" He described his accident as a "one in a million" occurrence. His entire sandplay series involved a warrior whom he identified as himself in search of the oracle that could provide him with the answers he yearned for.

When the warrior finally arrived at the oracle he was speechless. Russell said of the warrior, "He's looking at perfection. He stands before the oracle. He has no questions. He's just standing." The therapist, too, stood in awe as she witnessed Russell's arrival to this place of wonder and splendor. Later in the session Russell said

with humor, “This place is like talking to a really pretty girl. You finally get the nerve to go up to her, and you’re like uh, uh, and you have nothing to say!” The therapist and Russell laughed together over Russell’s analogy. It, too, was perfect. Figure 17 shows the warrior with his hawk companion (backs to the camera in the center) standing before the oracle (pool), looking in the face of perfection (face of Greek god, upper center).

Figure 17. Russell: Sand tray 17.

After his arrival at the oracle Russell decided that his journey, “hasn’t been about definitive answers, but what you learn along the way.” He said that the oracle taught that he cannot go back in time, only forward. In his final sandplay session he held many paradoxes. He said, “I get to feeling old, but I am glad I am not so young anymore. I would like a girlfriend, but I am not in a rush, and maybe I don’t. I am lonely sometimes, but I don’t want to be around people all the time. I have been afraid of working full-time, but I am not interested in doing nothing. I know I talk about traveling, but I really like it here (home town). I am ready to stop sessions, but I want to stay connected.”

Furthermore, he proclaimed, “For me my head injury defines me. I can’t ignore it. Now I am a college graduate with a head injury. I would not be the person I am without my head injury. I am pretty lucky.”

Russell’s depression was often debilitating. When roadblocks occurred during verbal sessions due to the inflexible nature of his thought patterns, Russell was able to accomplish change at the level of sandplay. Like the warrior in his sand trays, he was steadfast in his triumph over adversity.

Process Themes

Content themes that emerged during Russell’s sandplay process were presented in the previous section. These content themes included grief, loss, and regret, depression and cognitive problems, family of origin issues, chronic pain/health concerns, educational and vocational concerns, and existential issues. In reviewing content themes, some processes of psychological development were also revealed: Russell expressed grief and loss, confronted his depression, learned to cope with his limitations and experiences, and pursued existential questions. In the following paragraphs process themes related to Russell’s psychological development are explored further by examining in sequence the process theme essences that were extracted from each sandplay session (18 total) by the data analysis team (DAT). First, a summary table is presented (see Table 3).

Table 3

Case 2: Russell
Process Themes
Essences Extracted by Sand Tray

RUSSELL	
Sand Tray	**Essences**
1	problem statement, seeking answers
2	departure, leaving the crumbled kingdom
3	destruction, grief
4	increased awareness, internal war
5	organized, facing the unknown
6	positive energy, break through
7	surrounded by death, underworld
8	relief, rest, restoration
9	hopeful, sees the pathway
10	goal-oriented, mountain of peace
11	multifaceted self- reflection
12	celebration, communion
13	makes a holy place, centered in life
14	aligns with and defends the holy land
15	book and spiritual knowledge, heading toward oracle alone, clear pathway
16	bridging the past, present, and future, transformation
17	wholeness and perfection
18	conscious realization of new perspective, sees many possibilities

- In session 1 Russell described his life circumstances, mistakes that he made, and his desires for answers. Essences extracted were problem statement and seeking answers. Figure 18 shows an overview of Russell's initial sand tray. Essences extracted were problem statement, seeking answers.

Figure 18. Russell: Sand tray 1.

- In session 2 Russell explored the possibility of returning to school in the fall and created a path in the sand wherein the warrior and his party leave the crumbled kingdom on the way to a new kingdom. Essences extracted were departure, leaving the crumbled kingdom.
- In session 3 Russell announced that he decided to return to school and intensively grieved many losses. He made a mountain of pain and dreams falling away. Essences extracted were destruction and grief.
- In session 4 Russell was confronted regarding his belief system. In his sand tray the warrior found himself in a wasteland fighting his way over to a violent oasis. The fool died. The essences extracted were increased awareness, internal war.
- In session 5 Russell acknowledged that his study habits were improving and reflected back to his coma and the progress he has made since. In his sand tray the warrior was joined by "an ogre—for brute strength, a female warrior--who is

cunning and fast, and a queen--who is wise and magical." (The same companions traveled with him until his 15th sand tray.) He said, "They are ready to fight evil." Essences extracted were organized and facing the unknown.

- In session 6 Russell revisited his losses, specifically his girlfriend; but he was not showing catastrophic thinking. In his sand tray (Figure 19) the warrior and his companions were leaving a dark cemetery and facing a "fairy tale place." Russell was feeling hopeful. Essences extracted were positive energy and breakthrough.

Figure 19. Russell: Sand tray 6.

Figure 20 shows a close-up of the party: male and female warriors, the queen, and the ogre.

Figure 20. Russell: Sand tray 6.

- Russell's breakthrough in the previous session allowed him to descend further into his pain. In session 7 he acknowledged that after his injury he was feeling happy to be alive, but he does not feel that way anymore. He discounted his progress. He said, "It was like I found gold after my accident, but now it is covered in dirt." In his sand tray (Figure 21) his party found themselves in the center of a strange land encircled by demons and death. They stood on a pentagram. The queen's magic took them there. They were looking for answers, but found themselves in trouble. He further reported that there was some protection there, and they were ready for a fight. The essences extracted were surrounded by death, underworld.

Figure 21. Russell: Sand tray 7.

- In session 8 Russell reported that he survived two tests and a take-home exam. He shared social gains, but then complained. He acknowledged, "Maybe I look for reasons to be unhappy." In his sand tray (Figure 22) the warrior and his companions found themselves resting in Greece by a fire, while the queen cooked up a spell of some sort… "maybe for their next battle." Essences extracted were relief, rest, and restoration.

Figure 22. Russell: Sand tray 8.

- In session 9 Russell reported feeling somewhat overwhelmed with school, but also focused on strategies for success. He registered for another semester and began feeling hopeful about the possibility of actually graduating. He created an art gallery in his sand tray with a cleared, meandering path to travel on. The essences extracted were hopeful, sees the pathway.
- In session 10 Russell talked about studying with a nice girl, and a project in his Greek mythology class that he was enjoying. He reported feeling like he "started living" and created "the trail to Nirvana or peace" in his sand tray. He constructed a mountain in the sand with a labyrinthine path, bridges, tunnels, and temples. His warrior stood at the base of the mountain on a bridge. Essences extracted were goal-oriented and mountain of peace. Figure 23 shows Russell's tenth sand tray. The mountain is similar in shape to the mountain of destruction seen in his third sand tray (Figure 16), but clearly reworked.

Figure 23. Russell: Sand tray 10.

- In session 11 Russell spoke about family conflict, problems with concentration at school, and fatigue. He began to joke about his complaining nature and identified perseverance as an important trait for him. In the sand tray he created, "My pantheon of life…imprisonment, surprise, humor, beauty, change, serenity, sorrow, fear." The essence extracted was multifaceted self- reflection.
- In session 12 Russell found out he completed the semester in good standing in all of his classes and was very relieved. He talked about reapplying for disability, and questioned, "Who am I?" He shared his interest in writing and also expressed pleasure because he found the "perfect gift" for his mother for Christmas. In the sand tray, he created a reunion. He said, "He (the warrior on a bridge) caught up with his friends. They are having dinner and celebrating." The figures were eating bread and drinking wine. Essences extracted were celebration and communion.

- In session 13 Russell spoke about physical and emotional "breakdown" he was feeling over the disability application process. He appeared disorganized and distressed. He did receive news that he was approved for continued benefits. He said that he needed to make a sand tray "to shift gears" and focus so that he could be successful at school. In the sand tray his travelers arrived at a holy place. He said, "These are my travelers. The knights are guardians. This is a holy place. The rest is the entire world, sort of coming in on them." The four travelers stood in the center of the tray around an ankh (Figure 24).

Figure 24. Russell: Sand tray 13.

Russell reflected on feeling as though he had created a similar sand tray in the past, but this one was "different." The sand tray did appear to be a reworking of an earlier scene wherein the travelers stood on a pentagram and were surrounded by death. Essences extracted were makes a holy place, and centered in life.

- In session 14 Russell highlighted his academic success and asserted that he needed to move from "a glass half-empty to a glass half-full attitude" in all aspects of his life. In the sand tray the party defended the holy land against

invaders. Russell said, “It’s hard to explain. These invaders are coming in. This is a holy land with aerial gods and the after life. None of my guys are actually from there, but they have decided to defend them, the holy place, this Egyptian holy land. The skies and the temples are protected.” Essences extracted were aligns with and defends the holy land.

- In session 15 Russell demonstrated the ability to make accurate self- appraisals. He spoke of his work potentials and limitations. He did not believe he could organize a bachelor’s party himself, so he enlisted the support of the rest of the wedding party. In the sand tray he created “a journey through learning knowledge... one part there’s book learning, another part there’s spiritual learning.” There were beautiful goddesses in the middle. The warrior broke from the rest of the travelers and headed toward “the oracle” alone, but with “protectors.” Essences extracted were book and spiritual knowledge, heading toward oracle alone, clear pathway.
- In session 16 Russell constructed a large bridge out of sand and consciously explored his past and future, represented from right to left. He said, “It’s a timeline…my life before the accident, and what’s coming from waiting, what’s coming out of me. It’s different.” He asserted that the world has changed for him and he cannot go back, only forward. On the future side there were many gifts and treasures awaiting him. Symbols from his past were present in different forms. Essences extracted were bridging the past, present, and future, and transformation.

- In session 17 Russell talked about life after graduation. He is catching up on comics, cleaning his house, and relaxing. He made a sand tray where all the different masks that represented his feelings "become one." He decided he was "looking at perfection" and was very pleased with what he made. There was a feeling of mutual awe. Essences extracted were wholeness and perfection.
- In session 18 Russell announced his readiness to stop sandplay and stated, "I could have never gotten through college without coming here." He created a sand tray of a scenic overlook (Figures 25 and 26). The warrior and his guardian hawk stood on a cliff overlooking "different cities, different places to go." Russell said, "From here he (warrior) can see things." Russell then shared that he has learned to look things over when making decisions. He said looking back to the sand tray, "It's a process. It's better than going straight to war. Before he was doing lots of battles." Essences extracted were gained conscious realization of new perspective, looked at many possibilities.

Figure 25. Russell: Sand tray 18.

Figure 26. Russell: Sand tray 18.

Reviewer Feedback

Reviewer 1 likened Russell's sandplay series to an archetypal journey of individuation that involved healing wounds, gaining tools, and finding new perspective and a sense of purpose. She described the first part of the journey as a reverent funeral for his old way of life and the second part of the journey as a search for purpose and a return to the land of the living.

Reviewer 2 viewed Russell's sandplay series as an archetypal journey to the underworld, the current world, and the heavens where opposites are bridged and life is chosen. She believed that Russell gained a new perspective on life as a process, the battle ended, and he learned who he was. Reviewer 2 noted that the Eye of Horus symbol in sand tray 1 held the answers. The Eye of Horus remained with Russell throughout his process as the falcon/hawk who accompanied him as his protector. Horus was the famous solar falcon god of ancient Egypt. Finally, Reviewer 2 viewed Russell's process

as similar to that of other people in their mid-30's facing midlife, but one that also incorporated issues specific to TBI on a psychological and physiological level.

Reviewer 3 stated that Russell's case was a stunning reflection of the archetypal hero's journey, and lent itself beautifully to examination from this perspective as outlined by Joseph Campbell (1973) in *The Hero with a Thousand Faces.* She stated that hearing the call, crossing the threshold, the road of trials, encounter with the divine, crossing the return threshold, and return to the community are all evident in Russell's process. She also noted that Russell showed a strong enough ego to take this journey, despite his brain injury and the weight of his depression.

Reviewer 3 noted that in Russell's first sand tray he lays out the situation that can be understood as "the Call." He feels split and paralyzed. The Eye of Horus, the all-seeing eye, is across the bridge, through the forest, and must be found. In Russell's second tray he crosses the threshold and leaves the crumbled kingdom. Russell then experiences the "road of trials" in subsequent trays as he encounters destruction and fallen dreams in sand tray 3, the wasteland in sand tray 4, and is surrounded by death in sand tray 7. Reviewer 3 noted that an experience of death is necessary for the hero in order to experience rebirth. Reviewer 3 went on to highlight the Self constellations and encounters with the divine that can be seen in trays 12, 13, and 17. Finally, in the latter phase of Russell's journey, the hero makes his way to the oracle and gains new perspective. Reviewer 3 noted that Russell's journey clearly connected him to inner resources previously unavailable to him and enabled him to find his authentic self. This connection took root for Russell as evidenced by the work he accomplished in therapy, and will help sustain him through the difficult times ahead.

Case 3: Pac

Background Information

Pac is a 24-year-old, single Hispanic young man who lives in his own apartment and attends community college. He presents as quite serious and works very hard on his rehabilitation-- lifting weights daily and attending occupational therapy twice per week. At the time he began sandplay therapy he was working on getting his driver's license. He walks with a specially designed walker due to difficulties with balance and mild right paresis, mostly in the upper extremity. It has a built-in seat so that he may sit down wherever he is. His face is paralyzed on one side and vision in his left eye is blurred and limited. He talks with difficulty and some pronunciation errors, but speech is intelligible. He has fine motor difficulties and writing is very strained. He uses a note taker and scribe through the disability center to help him with his academic pursuits.

When Pac was nearly 18 years old and a senior in high school, he suffered a brain injury secondary to a self-inflicted gunshot wound to the head. The sandplay therapist never knew the real story about his injury until he told her himself in therapy, but she was told that it was not a suicide attempt. Entry was through the mouth, and the .22 caliber bullet went through the brain stem and into the left cerebellar region. There were high intracranial pressures, and he had to undergo surgical decompression with a suboccipital craniectomy and debridement of the left cerebellar hemisphere. He was unconscious for at least a week, and then unresponsive for an extended period of time. He attended inpatient rehabilitation for about 3 months, and then outpatient rehabilitation for one year (occupational and physical therapy).

Prior to his injury Pac was a B+ student in high school. Intellectual and achievement testing done about 6 months after injury indicated significant cognitive recovery such that he was functioning in the average range of intelligence, although processing speed was slow. He earned C's in two community college classes he took after his injury: psychology and English composition.

When Pac came to the neurorehabilitation center 5 years ago, he had moved away from his home to attend college here. He had relatives in the town, including his sister and her husband. He participated in physical, occupational, and speech therapy. There were concerns by his rehabilitation team that despite his determination in meeting his rehabilitation goals, internally he remained quite dissatisfied and depressed. Hence, a referral for sandplay was made.

When Pac began sandplay, he was nearing discharge from rehabilitation altogether. Pac completed 12 sessions (all involving sandplay) and a debriefing session, over the course of 16 weeks. He presented with a high degree of defensiveness and emotional detachment, yet at the same time with urgency to become more "connected" to his feelings and those of others. Pac reported that he worked very hard on physical rehabilitation over the years and had progressed very far, but that he lacked awareness psychologically. He believed that he could "live more" if he were more in tune with others. He said he even stopped drinking a year or so ago, but that this lifestyle change did not change his situation much. He was motivated for therapy, although he was not sure what he could gain. Pac was an amazing young man. His wounds were deep and his work was sincere, determined, and heartfelt.

Experiences with Sandplay

Inner and outer connections through play.

Pac began sandplay feeling very disconnected from others and blocked from his own emotions. He said, "I have been blocking out my emotions for so long I don't know how to stop blocking." Pac also appeared disconnected from the sand. He did not touch the sand during his first two sand trays. During these sessions he stated, "I don't like getting dirty." If he moved a piece, he would leave the mark in the sand where the figure once stood.

As Pac progressed in sandplay his interaction with the sand notably increased and his sand trays involved moving, digging, and molding of the sand. During his ninth session he said, "In here (sandplay room) I am feeling more connected. I am working and I like making my ideas and stuff. It helps." Then he proceeded to engage the therapist in actually playing in the sand. He mixed the wet and dry sand, drew in the sand, and buried the therapist's hands in the sand. He played like a child, fully engaged with the sand and fully engaged with the therapist.

During the debriefing session Pac stated, "Sandplay opened my eyes and my heart. I think it should be a therapy like PT. It's more beneficial. It moved me toward the inside. You can't do that with PT or OT or all of the physical therapies."

Memories and self-expression.

Pac reported that what he liked most about sandplay was also what he liked least. He said, "What I liked most was all of the different figures. They brought back some kind of memory and that was refreshing. What I liked least was also what I liked best. Some of those figures brought back memories of what I didn't like." Hence, sandplay

stimulated autobiographical memories for Pac--pleasant and painful. Pac reported that it was "easy" for him to find pieces to use. He used sandplay to express his feelings, thoughts, and memories very well. He gradually uncovered and expressed his most painful and unspoken experiences. Pac's sandplay process was very intense.

Action and self-discovery.

Pac presented as quite serious and controlled outside the context of sandplay. However, during sandplay he became spontaneous and active in learning more about himself. He stated, "It (sandplay) started out boring, but once I made several trays I enjoyed it. I wanted to come each week." His approach to sandplay involved gathering pieces that caught his eye, and then arranging them in the sand. After he viewed what he created and talked about it, he often rearranged the figures and went back to the shelves to add new ideas that emerged.

Pac described himself as a "doer," and the doing aspect of sandplay appeared to serve him well. For example, during sand tray 8 he created a scene that involved a native in a canoe rowing toward a castle. He became visibly discouraged as he shared, "The chicken is because he is a little chicken. He feels like a big jackass, too because he tried this journey many times and failed." After a while, he went to the shelves and got a gold crucifix which he put in the canoe with the native. He said, "It's bringing God. He's bringing Him, so this journey will be different." It was the doing aspect of sandplay that allowed Pac to move beyond self-defeating cognitions to a place of new possibility.

Content Themes

Loneliness and isolation.

In Pac's first sand tray he used dry sand. He scattered a variety of figures to represent different aspects of himself throughout the tray without any apparent relational pattern. He stated, "It's all me" (Figure 27). In the center Pac placed a sailboat stuck in the sand. He said, "Someday I'd like to sail away…just away."

Figure 27. Pac: Sand tray 1.

Pac went on to state, "I am in my own world sometimes. I am so isolated. I am on my own planet. Loneliness paralyzes me."

Themes of loneliness and isolation continued throughout Pac's process. During session 2 Pac stated, "People shun me because of my disability. Life can be really hard. I am just trying to do life, the whole thing. That's all I can do."

Pac proceeded to create a path to everything he wanted--a gold woman. She was headless, and the path to her was covered in feces and blocked by a three headed creature. It was evident that he yearned for connection but lacked relatedness and faced many challenges. He stated, "That three-headed dog or wolf or something is a hazard. It will

bite your ass if you don't watch it. The guy with the stick is saying, 'You can't pass'" (see Figure 28).

Figure 28. Pac: Sand tray 2.

Despair, self-loathing, life and death.

As Pac continued his sandplay process feelings of loneliness gave way to a deeper despair, self-loathing, and an apparent struggle between life and death. In session 5 Pac stated, "I don't like talking about the accident. Every time I share about it, it scares people away." With gentle reassurance from the therapist he went on to share the details. His story was chilling.

It was Pac's last day of high school and he was drinking with friends in the mountains. He stated, "I saw my friend's .22 and he let me mess with it. I started shooting at things out the window. We were driving along the road. Then I heard a click, so I thought it was out of bullets. I didn't know the clip was broke. Anyhow, I wanted to scare my friend's girlfriend so I put the gun to my mouth and pulled the trigger. The first time it didn't go off, but the second time it did. I remember that day vividly until the gun went off."

Pac reflected some more with his head down and said, “It’s bad, evil. It’s bad, evil. I don’t like talking about it. I feel foolish. In fact, a few years ago I got foolish tattooed on my chest.” He opened his shirt revealing a tattoo on the left side of his chest (over his heart). The image was a sword plunging through his initials with the word “foolish” written in script underneath. The therapist had a sinking, hollow feeling as she viewed this tattoo. It was as if Pac had branded himself a fool, like he was wearing his own scarlet letter. The therapist then asked Pac what the tattoo meant to him. He stated, “I am a fool. I got it because I wanted to, mostly punishment I guess.”

Then Pac went to the shelves and made the following sand tray (see Figure 29). He said, “I need to make it dark, really dark.”

Figure 29. Pac: Sand tray 5.

He described the right side: “This symbolizes I died.” Under the cover was an Indian drinking and smoking (see Figure 30). He said, “It was part of my journey.

Drinking, smoking, thinking: I was thinking about how to get out of this mess. I'm covered with death, but I am alive. I stayed there for years."

Figure 30. Pac: Sand tray 5.

On the left side was the wounded Lazarus figure at a gate (see Figure 31). Pac said, "He has one foot on either side. He can't decide which way to go. He knows what this side (dark side) is like, but he doesn't have a clue about this side, new life. So, he has one foot on either side."

Figure 31. Pac: Sand tray 5.

In the following session Pac's pain gave way to new possibility. He had just earned his driver's license and reported a sense of "relief." In his sixth sand tray, he

placed a coffin on the right side where death was in sand tray 5. In the left upper corner, he placed a big house and many figures that represented different aspects of himself (see Figure 32). He stated, "I've got a big house, looks pretty solid…I am feeling stronger now."

Figure 32. Pac: Sand tray 6.

In session 7, Pac reported that he felt "bored and hopeless." He looked dejected and was wearing a shirt that said, 'Where am I?' He created his seventh sand tray wherein he plunged deeper into his pain. Figure 33 is an overview of the tray, and Figure 34 is a close-up view of the figures in the center.

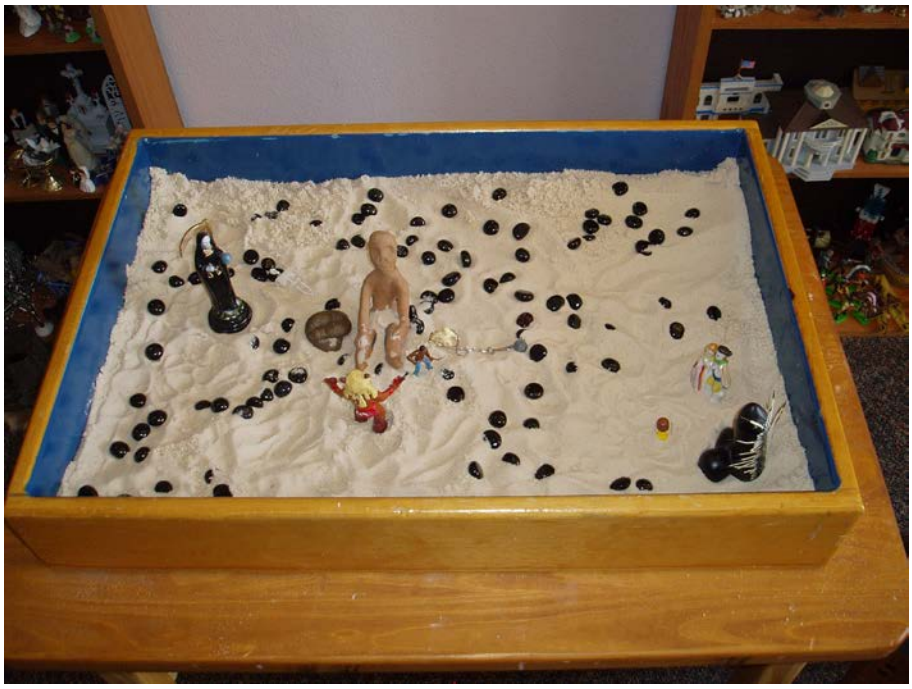

Figure 33. Pac: Sand tray 7.

Figure 34. Pac: Sand tray 7.

Pac said, “Where do we start?...It’s me (clay skeleton-like piece in the center), alive, but still dead. Feeling like shit (pile of feces). This (mummy and ball and chain) represents me chained up and wrapped up. This dude (man digging) is digging him out. This guy (medicine man facing clay piece in center) is trying to fix the problem. He’s shaking a stick, trying to find a combination that works.”

"The reaper is my thoughts that I'd be better off dead, if I make any difference. I feel this way all the time. I usually do something to take my mind off of it, but it always comes back." Then Pac talked about the bottom right corner of the tray (see Figure 35).

Figure 35. Pac: Sand tray 7.

"I have my friends' kids and my nephew (represented by small child). I can come out of it with them, but I go back in… and my family over here (couple), same thing. I can get out of it a little with them, but I go right back. That's pleasure (thorny phallus), pretty obvious. That helps for the moment, too, but I never get to the point where I want to be."

Pac then reflected on the whole tray and said, "It's dark right now. It is clear to me. I am covered in darkness, feeling lifeless… no life except my family, just me."

In session 8 Pac went on to create a journey to a castle, a maiden, a wise man, and the hand of God holding a young boy. In session 9 he freely played with the therapist and took a photograph of her. He drew pictures in the sand, put his hand prints in the sand, and ended with a sand drawing of his initial in the middle of two sets of "power lines" (see Figures 36, 37, and 38).

Figure 36. Pac: Sand tray 9.

Figure 37. Pac: Sand tray 9.

Figure 38. Pac: Sand tray 9.

In Pac's final tray he represented himself as Timone, a happy-go-lucky mere cat from the movie *Lion King*, grinning atop a ferris wheel overlooking his "bright destiny" (see Figure 39). Pac chose life over death, living over dying.

Figure 39. Pac: Final sand tray.

Spirituality

Another pervasive content theme evident in Pac's sandplay series was spirituality. In session 1 he chose a picture of Jesus herding sheep and placed it in his sand tray. He stated, "The first thing I got was the picture of Jesus. I think he lost one of his sheep. I'm lost. I think he goes after it." He referred to his existence after the accident as "a miracle" and stated that he does not understand why he is still here.

In sand tray 5 (see Figure 29) Pac reported feeling punished by God because of the accident. He stood on the gateway between death and new life. In sand tray 6 (see Figure 32) Pac stated that it was important "to remember what Jesus did on the cross." He placed a wooden crucifix in the center of the tray facing his dream home. In tray 7,

spirituality was represented by a shaman dancing before the clay skeleton figure. In tray 8, Pac placed a gold crucifix on the journeying canoe, "so this journey will be different."

In sand tray 10 Pac used an alien that "comes in peace" before the head of Jesus and iridescent whiteness. He placed a sacred kiva in the bottom center of the tray. In sand tray 11, Pac arrived at a centering place, accompanied by his guardian angel and his bible. In this place his judgment was suspended and the doors to opportunity were open. In Pac's final sand tray he created a place of fun. His mask was off. A white camel who held his baggage was there. His angel was there, too. He lit four candles around the ferris wheel and turned out the lights. Pac's peaceful place looked divine (see Figure 40).

Figure 40. Pac: Final sand tray.

Pac said, "I have learned that God is in control of my life. My spiritual gift is determination, but I need to be open to God's plan for me." He reflected on his progress: "I used to be in a wheelchair. Now I use a walker. I can walk decent. I can communicate with people now. I still don't always like people, but I can talk to them. I am determined. I wouldn't take failure for an answer. I am more open to everything. I feel more in tune. I used to be closed off, now I am aware of my surroundings. I am

aware of everything. I can show love to my nephew and maybe I will be in love with someone and they will be in love with me." Pac continued, "I used to think walking was it. Then my education. Then driving. But I am alive. I have this life. I don't accept my old life anymore. I want to be right with myself and right with God."

Pac asked the therapist to look at his final sand tray from the view atop the ferris wheel. As they witnessed the sand tray from this vantage point, he blew out two candles and asked her to blow out the other two. He took candy from his pocket and shared it with the therapist. Pac appeared connected to the light that shone within him and shared it with another.

Normalcy

The final significant content theme of Pac's sandplay series was that of normalcy. He said, "This injury has really held me back. I am trying to catch up to what normal people have." He wanted to have a girlfriend, get married someday, and have children. He stated, "I have been single for 6 years. I had a lot of girlfriends before, now people don't take me seriously." During the course of his treatment he earned his driver's license, continued his pursuit of a college degree, and started to attend several support groups. He went on a few dates as well. During his 11th session Pac professed his personal philosophy: "I am about creating, not waiting. That's what has gotten me this far. I am unique, but no different either…(pause). I *am* the normal person."

Process Themes

Content themes that emerged during Pac's sandplay process were presented in the previous section. These content themes included loneliness and isolation, life and death, spirituality, and normalcy. In reviewing content themes, some processes of psychological

development were also revealed: Pac expressed profound loneliness and a sense of disconnection to the world. He traveled to the depths of despair and expressed a struggle between life and death. He moved from a place of spiritual detachment and feeling "lost" to a place of spiritual connectedness to self, others, and God. He decided he was "a normal person" despite his level of impairment. In the following paragraphs process themes related to Pac's psychological development are explored further by examining in sequence the process theme essences that were extracted from each sandplay session (12 total) by the data analysis team (DAT). First, a summary table is presented (see Table 4).

Table 4.

Case Three: Pac
Process Themes
Essences Extracted by Sand Tray

PAC	
Sand Tray	**Essences**
1	self-absorbed, longing for connection to the world
2	begins journey, faces many obstacles
3	candid self expression emerges, more relaxed
4	bridging, treasure present, increased relatedness to feminine
5	breakthrough, under the shadow of death, on the crossroads between life and death
6	self-acceptance, connection, consolidating life force.
7	lost, trapped in darkness, alive but dead
8	enthusiasm, moving forward, leaving death, union with God
9	freely playing in a timeless space
10	tension of opposites
11	integration, balance, new perspective
12	acknowledgement and celebration of progress, on board with life, knows world won't be easy

- In session 1, Pac expressed feelings of disconnection and a desire to "live more." He placed various aspects of himself in the sand tray and stated, "It's all me." Essences extracted were self-absorbed and longing for connection to the world.

- In session 2, Pac discussed registering for summer classes, and the birth of his nephew. He created a sand tray with the world in the center. There was a journey toward a headless gold woman with many obstacles blocking the pathway. Essences extracted were begins journey, and faces many obstacles.
- In session 3, Pac talked about how hard life can be, and also reflected on the inspiration he receives from his high school football coach who admires his determination. In his third sand tray he is lounging near a couple having sex. There is conflict nearby and a new world across the way. Essences extracted were candid self-expression emerges, more relaxed.
- In session 4, Pac talked about moments of connection and disconnection from others, including some girls from his apartment complex. In the sand tray he used a bridge. Under the bridge was a jewel. There was a freedom bird, a horseman, a castle, a half-buried mummy, and a girl playing the French horn on the left side, and a large, green tree on the right side. Essences extracted were bridging, treasure present, and increased relatedness to feminine.
- In session 5, Pac disclosed the chilling details of his accident and created a "really dark" sand tray. Essences extracted were breakthrough, under the shadow of death, and on the crossroads between life and death.
- In session 6, Pac reported that he earned his driver's license. In his sand tray he placed a large house and figures representing various aspects of himself around the house. He was able to laugh at himself and showed a positive outlook on his future. He moved the people closer together. He stated, "I see people connected. I think

they make me stronger." Essences extracted were self-acceptance, connection, and consolidating life force.

- In session 7, Pac was feeling "bored and hopeless and created a sand tray wherein he descends into deep despair. He represented himself as a clay skeleton chained in the center of the tray. He said, "It's me, alive, but dead... feeling like shit." Essences extracted were lost, trapped in darkness, and alive but dead.
- In session 8, Pac expressed feeling increased freedom in his life. He talked about his high school football team's battle cry and his memories of playing football. He shared that he chose the #25 in high school, because so many things rhymed with 25 such as "Keepin' Alive with 25." In the sand tray he created a native in a canoe rowing toward a castle. A silver maiden was there to welcome him. A panther gave him inspiration. He placed a gold crucifix on his canoe to bring God on his journey. The native is "trying to leave dead things behind." Essences extracted were enthusiasm, moving forward, leaving death, union with God.
- In session 9, Pac reported feeling increased energy outside of the sandplay session and increased connectedness inside the sandplay session. He played in the sand and invited the therapist to play with him. It was a delightful time of joining for both Pac and the therapist, and time was forgotten. Essence extracted was freely playing with therapist in a timeless space.
- In session 10, Pac expressed discouragement. He started attending an old support group and his friends were happy to see him, but Pac wanted more—a girlfriend. In the sand tray he created a place of darkness and light wherein an alien "came in peace" and faced the world of light. The essence extracted was tension of opposites.

- In session 11, Pac talked about feeling more connected to others. He reported that he will be having lunch with someone from the rehabilitation center and recently had lunch with a man from his church. He began to recognize that being single was not unusual for his age. In the sand tray he entered a new land with his guardian angel and bible. Four bears, dark and light, encircled a water hole in harmony and balance. There was a Christmas tree in the center. Essences extracted were integration, balance, and a new perspective.
- In session 12, Pac reported feeling ready for discharge from sandplay and from rehabilitation services altogether. He acknowledged being more in touch with his feelings and a profound sense of spiritual direction. Pac's final sand tray showed the Timone character balanced on top of a ferris wheel surrounded by lit candles, an angel, and a camel. There was a key in a canoe venturing out to the ocean. There were sharks in the water and Captain Hook. There were also defenses for Pac. Pac reported, "The key shines brightly. It is my destiny. I deal with this type of resistance everyday... I haven't reached my destiny yet, but I have a place of fun, with all of my things, and my mask is off. I was late getting here, huh? I should have done this when I had my accident, but I can get on board now." Essences extracted were acknowledgement and celebration of progress, on board with life, knows world will not be easy (see Figure 41).

Figure 41. Pac: Final sand tray.

Reviewer Feedback

Reviewer 1 saw Pac's sandplay process as an intense shamanistic journey from a destructive ego defense system toward recovery of his life urge/his life force (phallos). She noted that Pac's process was the most intense of the four participants, and brought her into it at a much deeper, nonverbal level. She stated, "I see this as a process where Pac manifests his chthonic masculine who can lead him on a journey to recover his soul, his libido, that which will inspire him and bring him back to life."

She described Pac as frozen in time and space after the accident as seen in sand tray 1. She stated, "For 6 years his ego remained destructively defensive and without connection to the life-giving libido he longed for... Then a beautiful feminine presence, an anima model, comes into his life and offers him a tool to take a journey that neither of them know. Yet the therapist has faith that this will be a healing journey because she has taken that journey herself….and the rest they say is commentary."

Reviewer 1 went on to describe Pac as being constantly beckoned by death since he cannot or will not choose life, but a small voice inside him, his inner child, yearned to be whole and human again—to grow into manhood and fulfill his life's destiny. In sand tray 11, he played with the therapist in a way that was deeply moving. Reviewer 1 said the following about the experience: "There is powerful co-transference. I might think that Pac experienced that profound "I-thou" relationship of Martin Buber. There were two souls sharing a deep and yet playful experience as equals, as part of a oneness with a larger whole." In sand tray 12, Pac ventured forth into manhood to live his life to the fullest capacity; he now had the key.

Reviewer 2 saw Pac's sandplay process as a deeply and intensely spiritual journey wherein Pac experiences death and rebirth of the parts of himself that died, and through which Pac reconnects with God. Reviewer 2 likened Pac's process to that of the shamanistic journey of the wounded healer.

Reviewer 2 was touched deeply by the darkness through which Pac traveled in his sandplay journey, by his play experience with the therapist in sand tray 9, and by Pac's proclamation in sand tray 11 that his guardian angel always came with him and the presence of a Christmas tree in the center of the tray. A chord was struck, so to speak, for Reviewer 3 and she was reminded of Handel's Messiah:

> *The people that walked in darkness have seen great light; and they that dwell in the land of the shadow of death, upon them hath the light shined…and the angel said unto thee, Fear not; for behold I bring you good tidings of great joy, which shall be to all people; for unto you is born this day in the City of David, a Saviour, which is Christ the Lord.*

Reviewer 3 acknowledged that Pac accomplished much in accessing affect and moving through defenses, but also believed his process was unfinished. She believed his

process had all the right elements and not quite enough time, and also highlighted the reality of what can be accomplished in shorter periods of time, when termination of therapy is out of the therapist's control.

Reviewer 3 also noted that Pac began his journey in an extremely guarded state. Through telling the story of his accident, honestly revealing the depths of his despair, and ambivalence about living, a fighting spirit was resurrected. Subsequently, Pac was able to let some things in such as hope for the possibility of a full and meaningful life and a spiritual connection.

Case 4: Karla

Background Information

Karla is a single, Caucasian young woman, who was 20 years old when she a suffered a severe traumatic brain injury. She had just completed 2 years of college in pursuit of a bachelor's degree in mechanical engineering and was working full-time during summer break as a restaurant manager. She fell out of a moving vehicle traveling 30-55 mph and hit her head on the pavement. She was unresponsive at the scene, with a Glasgow Coma scale score of 3. She was taken to the ER wherein an intracranial pressure monitor was placed immediately. The CT scan of the head revealed complex occipital and temporal fractures, along with diffuse cerebral hemorrhagic contusions. It was documented in her medical records that it was likely she would die from the head trauma. She was responding within 48 hours to commands, but then became unresponsive secondary to increased intracranial pressure. A CT scan 2 weeks after her injury indicated multifocal hemorrhagic contusions, most conspicuous in the left frontal lobe and the left temporal lobe. She had extensive edema in the frontal lobes bilaterally.

Karla participated in inpatient rehabilitation for 6 weeks, followed by outpatient rehabilitation for 2 years which included speech therapy, physical therapy, occupational therapy, music therapy, and counseling. During the last 9 months of her outpatient treatment she engaged in sandplay therapy. Through physical therapy and music therapy she learned to walk again with some rhythm, although her gait remained unsteady. Through speech therapy she learned to produce language again, although her words were not always clearly articulated. Through occupational therapy she worked on goal setting and organizational strategies, vision concerns, fatigue management, everyday living skills, returning to college with the support she needed, and obtaining her learner's permit in preparation for driving again. Karla was very angry about her injury and experienced depression over her losses. In particular, she felt as though her friends pulled away from her, she was not as smart as she used to be, and she was quite concerned over her looks and physical functioning. She had paralysis on one side and her face and the muscle control in her eyes was limited. As noted previously, she walked with difficulty and often needed to steady herself due to problems with balance. She experienced frequent headaches. Addressing grief and loss issues, as well as Karla's desire "to get on with my life" became the primary focus of counseling.

Karla was an only child. Her mother, who was a physical therapist by profession, came from their family home in another state to care for Karla during the entire course of her rehabilitation, while her father visited whenever possible due to his work. Karla's family did not want her to lose her support system of college friends, nor did they want to disrupt her routine as a college student unnecessarily during her recovery.

Results of neuropsychological testing completed 6 months after her injury indicated average intelligence, memory skills, flexibility of problem solving, and auditory attention; however, it was estimated that she was functioning at above-average intelligence prior to the injury. After the injury learning was significantly harder and processing speed was slower. Karla needed to attack academic demands in small chunks with lots of practice in order to master information and had problems with sustained attention and organization of complex information.

Karla was first seen for sandplay therapy in a supportive capacity while her therapist was on vacation. Later, she was referred to sandplay because she reached an impasse in verbal therapy in that she was becoming more frustrated and more depressed. She very much wanted to be normal and was having significant problems meeting academic demands and was expressing some apathy. Karla was bonded to her therapist and continued verbal therapy while she also attended sandplay. It was hoped that nonverbal methods could help Karla break through the psychological barriers she was encountering such that she could grieve her losses and achieve a sense of life satisfaction and direction.

Karla was a beautiful girl inside and out, although she did not believe this. She had a dry sense of humor and was determined to be "normal." She was very motivated for treatment, and although she was not the "touchy-feely" type (as she would say), she did her best each session to create her inner world through sandplay, to honestly represent herself, and to explore her issues. She was quite stubborn, cynical at times, and concrete. sandplay did not come easy to her. Nevertheless, she persisted.

Karla started sandplay at the age of 21 and turned 22 during her process. She completed 12 sand trays over a 9-month period. She also had one verbal session about midway through wherein she expressed difficulty with creativity, and a debriefing session shortly after she completed her sandplay process. Twelve days after Karla completed her debriefing session, she passed away unexpectedly. She fell in her apartment and was found dead by her mother. It was devastating news to everyone who cared for Karla. Karla's cause of death remains unknown, but it is suspected that the fall alone could not have caused her death.

When the therapist-researcher got the news, she was shocked, and did not know whether or not to include Karla in the study. Karla had already signed papers indicating that she had desired to participate and chose her pseudonym. Karla's mother was contacted and indicated that she very much wanted Karla to be included in the research. Karla's mother sent a memorial card with a picture of Karla sky diving before her accident. The picture shows her smiling and full of life, sticking out her tongue and giving "two thumbs up" to the camera as she is falling from the sky. The card also included a picture of Karla after the injury sitting at her desk, wearing her college sweatshirt, and looking up thoughtfully toward the camera. Inside the card it said,

In loving memory of your joy for life

and your determination to reach for your goals.

Your inclusive nature touched many lives.

Experiences with Sandplay

Self-expression and reflection.

After Karla made her first sand tray she stated, "It took me a while to think of what I wanted to do, how to portray and organize myself, to see what would come up. I decided to put my life in the box, not my entire life, but before the thing happened and how things are now." Looking at the tray she went on to say, "This helped me see things. I see hope." In fact, Karla demonstrated a pattern wherein after she created her sand trays and looked over what she made, she expressed a new insight, idea, or observation. During her second session, Karla described sandplay as "reflective" and thought doing more sand trays would help her somehow, although she was not specific.

During her debriefing session Karla stated, "What I liked best was being able to visualize my thoughts, pretty much, instead of trying to search for words, having a way to have something to help me explain what I was trying to say." She stated that often she came upon figures she might not have thought of using, but seeing them generated ideas for her. She also reported that seeing what she made in the sand "helped me connect to my feelings."

Connecting to the present.

During the first half of Karla's sandplay experience, her approach largely involved conscious intent. She took considerable time to select figures from the shelves, and generally utilized sandplay to create external events in her life. When she did not believe much was happening in her life, she expressed frustration with sandplay. In session 6 she stated, "Nothing has happened since the last time…I just feel empty. There's nothing to make."

In session 7 she expressed a desire to get more in touch with her feelings and to create something. She stated, “It’s like when I make a sand tray each thing I pick is really a person or thing or something. I don’t know how to create anything. I don’t know how to express my feelings either. How do you do that? I want to express my feelings. I want to create something…like something symbolic.”

During this session she interacted with the sand on a sensory level: She molded a mountain, pounded it down, and made another mountain. She dug out a hole in the center. She allowed herself the freedom to make whatever she wanted. As she worked with the sand she began crying and sharing her feelings of emptiness, then anger. She talked about “the rough stuff that gets out once in a while” as she sprinkled sand down the sides of the mountain she was making. She talked about her relationship with her mother and how they communicate. She shared anger over a young man she met who promised to call her but never called. She expressed vulnerability. When she was through she said, “Hmm, today I was more in my feelings, instead of events. I was in the moment.”

She wanted to show her other therapist what she made, “for communication.” When her therapist arrived to look at her sand tray, she proudly stated, “This is a volcano. There is a hole in the center, and some rough stuff. Lately it’s been emptying. The outside is not so smooth, although I keep trying to make it smooth.”

In subsequent sand trays, Karla continued to represent the events of her life, but also incorporated her present feelings. After making her final tray she said, “This tray is how I feel right now. Not an accumulation of things, just how I feel right now.”

Content Themes

Trauma, grief, and loss.

During Karla's first session she created her accident, recovery, and future in the sand tray (see Figure 42).

Figure 42. Karla: Sand tray 1.

On the left side a large snake is coiled around some beer. She said, "It's the alcohol…I partied all the time." There is a car, a tiny naked baby, and a large lion. She said that the infant was "a whiney baby" and identified the car as representative of the car she fell out of. She called the left side, "before" (see Figure 43).

Figure 43. Karla: Sand tray 1.

In the middle, she placed a doctor operating on a patient and three large monkeys. She said that it was the doctor working on her. She further stated, "The monkeys are a time of innocence. I went through my ages again. I wasn't exposed to evils at all. My mom protected me a lot" (see Figure 44).

Figure 44. Karla: Sand tray 1.

On the right side she created her present situation. She stated, "This is how it is now. Even though there is a little snow, there is a bird in the tree. This is my little cat (black cat). We got him last Christmas. I feel like he is the only one that will love me, unconditionally, no matter what. Well, except for my mom." She went on to state that

the beaded fertility doll was her mother who is there supporting her and the unicorn represented the only friend who has remained in her life since her brain injury. She said, "It took the accident for me to realize I didn't have friends, not real friends."

Karla went on to describe a small boy praying that she placed on the right side behind the tree (see Figure 45). She stated, "The boy is praying. I'm totally into God or heaven or hell, but there must be a higher being. You just don't deteriorate when you die." She said the boy praying was "opposite from the whiney baby" on the left side of the tray. Karla stated that the fences were there, "because I don't plan on going back to the hospital or the accident."

Figure 45. Karla: Sand tray 1.

In her second sand tray Karla represented her "ups and downs" through peaks and valleys in the sand (see Figure 46). On the far right she showed herself "turning from a caterpillar to a butterfly" when she flies to Boston to have her surgery. The therapist noted that Karla's primary hope for improving her self-confidence rested with improving her physical appearance.

Figure 46. Karla: Sand tray 2.

Karla very much preferred to keep her past experiences at bay. In subsequent trays she remained largely focused on upcoming facial surgery and her return to dorm life in the fall. She expressed anger and sadness over the losses she experienced in her life: loss of physical and cognitive functioning, loss of friends and her way of life as a "normal" college student. She dropped her classes and changed her major, and was bored with her life as it existed in the present. As Karla stated, "I am just waiting."

Figure 47 shows Karla's fourth sand tray. There is an empty feeling. She continues hoping that the facial surgery will change her from a caterpillar (left side) to a butterfly (right side), but only time will tell (hour glass in front). She put a red dice next to the hour glass and said, "The dice is because the surgery is a gamble. I hope it will help. If it doesn't, well (tearful), that would be sad."

Figure 47. Karla: Sand tray 4.

Themes of emptiness and waiting continued. Figure 48 shows Karla as a pig in the center of the sand tray 5, waiting for her surgery to come.

Figure 48. Karla: Sand tray 5.

For the most part, during Karla's first half of sandplay she appeared to deal with her traumatic experiences, losses, and feelings through detachment and externalization. She did not want to talk about the present, and preferred to talk mostly about the surgery

and what life will be like in the fall. She stated, "I don't want to think of now, because I'll get depressed."

Emptiness and isolation.

As mentioned, Karla's situation left her feeling empty and alone. Karla stated frequently that she wanted and needed more friends--friends that would call her so that she did not have to do all the calling. She felt lonely and disconnected.

During the course of her sandplay process Karla expressed feelings of isolation and also shared love interests and disappointments. Toward the end of her sandplay process Karla was doing more things with friends and dating a guy. Actually, she was thinking of breaking up with him because he was "too clingy," and he did not appear to have enough self-confidence.

Self-acceptance and normalcy.

Karla struggled with accepting herself as she was. She wanted to look normal, to be normal, and to have a normal life. She had high standards for herself. She stated, "All I can think of now is my brain injury. I won't be satisfied until I am normal again, when I finish school. I am just buying time right now. I don't like now."

About midway through her sandplay process, Karla expressed the desire to get more in touch with her feelings and to be creative. As mentioned previously, while making her seventh sand tray, she interacted with the sand on a sensory level and spontaneously shared a wide range of feelings that came forth as she molded the sand. She was in the moment with who she was. She made a volcano (see Figure 49).

Figure 49. Karla: Sand tray 7.

In subsequent sand trays Karla created things of importance to her and began celebrating her life and her successes as they were. In her eighth sand tray Karla represented herself as Dorothy from the *Wizard of Oz* confronting the wicked witch. She shared her frustrations and ultimate triumphs in registering for summer session by herself. In her ninth sand tray Karla created herself en route to her surgery. Although there was still caterpillar and butterfly symbolism in the tray to represent her before and after the surgery (upper left corner and lower right corner) Karla realized that she was already a butterfly. She placed herself on the wing of the airplane as a butterfly heading into the sun. The Eye of Horus watched on. Figure 50 shows an overview of the ninth sand tray, while Figure 51 shows a close-up view of Karla taking a ride.

Figure 50. Karla: Sand tray 9.

Figure 51. Karla: Sand tray 9.

Cognitive challenges and academics.

Another content theme that emerged for Karla throughout her process was managing her cognitive challenges so that she could succeed in school and in life. During the early part of Karla's treatment she was not taking classes. She talked about how difficult it was for her to manage the time demands, work load, and the complexity of material she was facing as an engineering major. During the course of sandplay she

changed her major, took some summer classes to help her get a jump start on the fall, and began taking medication to help her with issues of attention and concentration. She enjoyed her summer classes and performed well. She took economics and a computer-assisted design course. It was evident through her sessions that her confidence was increasing. In sand tray 11, she created a scene wherein she was sitting at her drafting table, unconcerned about time, and absorbed in a project. Her cat was playfully jumping on the table. A candle was lit in celebration. On the other side of the tray she practiced driving. She earned her learner's permit and was now driving. Figure 52 is a view of the tray from the left side toward the right.

Figure 52. Karla: Sand tray 11.

Karla said, "This is how things have been lately. I have my computer set up, my drafting table. It's nice because I can move back and forth from the computer to the drafting table, and (name of cat) jumps up there, because I have been neglecting him lately."

"The fence and the clock behind it is because the clock is behind me. I don't notice it so much. It doesn't really matter so much when things are due. Well, it matters,

but I don't know it's taking me so long when I am doing it. It's a happy face because even though it's a lot of work, I enjoy doing it. I like spending the time on it. And I like that I enjoy it since I am spending so much time on it. I'm figuring out how I'll set up my dorm room. It's cool. I have drafting tools. I am making cut outs and seeing how things will fit. It's better if I know what I want since my mom won't be there."

Karla's words speak not only to her improved comfort level with her academic abilities, but also to self-acceptance and enjoyment of life as it is for her. In Karla's final sand tray, she stated that she was awake and out of bed now. She represented herself as a turtle "coming out from under a cloud" and as "a wise ol' owl" (Figures 53, 54, and 55).

Figure 53. Karla: Final sand tray.

Figure 54. Karla: Final sand tray.

Figure 55. Karla: Final sand tray.

After Karla finished her final tray she announced that she was ready to move back into the dorms and for her mother to go back with her father.

Time

Another content theme that emerged was time. References to time appeared frequently throughout Karla's sandplay process. The figures of the hour glass or the gold clock appeared in sand trays 2, 4, 5, 8, 10, and 11. Karla was overconcerned about time in the early part of her process and was impatient. She passed the time away. In sand tray 10 Karla created a balanced scene of summer and winter. She had a house in both seasons and reported a sense of calmness in this place. In this sand tray, the clock was

buried, “because there are no time constraints here, no time pressures.” In her 11th sand tray she was aware of time as she worked on her drafting project, but it was behind her. She was no longer preoccupied with time.

Process Themes

Content themes that emerged during Karla’s sandplay process were presented in the previous section. These content themes included trauma, grief and loss, isolation, self-acceptance and normalcy, cognitive challenges and academics, and time. In reviewing content themes, some processes of psychological development were also revealed: Karla initially showed detachment in dealing with issues of trauma and loss; later she became more in touch with her feelings and showed greater acceptance of herself and her circumstances. She became less bound by time and more socially connected. She expressed readiness to return to college life more independently.

In the following paragraphs process themes related to Karla’s psychological development are explored further by examining in sequence the process theme essences that were extracted from each sandplay session (12 total) by the data analysis team (DAT). First, a summary table is presented (see Table 5).

Table 5

Case Four: Karla
Process Themes
Essences Extracted by Sand Tray

KARLA	
Sand Tray	**Essences**
1	makes overview of accident scene and life since, wants to move forward
2	ups and downs, but hopeful
3	positive look at independence, time moves forward
4	into the emptiness
5	cannot overcome inertia, stuck
6	plans lining up, emotional disconnection
7	emotive and in the moment, emergence of voice through the body, breakthrough
8	takes action, faces the witch
9	coming together and moving forward, ready to go, more energy, uplifting
10	wholeness, calm, alive, union of opposites, timeless space
11	embracing her current work with joy, on her own time
12	awakened and centered

- In session 1, Karla created the scene of the accident, her recovery, and her future in the sand tray. She expressed the desire to move forward with her life. Essences extracted were makes overview of accident scene and life since (problem statement), wants to move forward.
- In session 2, Karla established her primary goal for sandplay: "I want to improve my self-confidence, so I can have more friends." In the sand tray she made peaks and valleys representing the ups and downs of her life. She expressed hope for her future, disappointment over the news of permanent eye damage, and impatience with her impending facial surgery. Essences extracted were ups and downs, but hopeful.

- In session 3, Karla announced that she changed her major and was happy with her decision and its 99% job placement rate. In the sand tray she imagined her future after the surgery, and when she returned to the dorms. Essences extracted were positive look at independence, and time moves forward.
- In session 4, Karla stated that not much was happening in her life. She expressed impatience with having to wait for her surgery and said, "I just hate that it will take so long when I am so young." In the sand tray there is a sense of emptiness and waiting. The essence extracted was into the emptiness.
- In session 5, Karla expressed, "I don't like now!" She was emotional, but did not want to engage in self-exploration. She expressed a strong desire to be normal and said, "I am just getting by until summer school starts." In the sand tray, she represented herself as a pig lying in the center. Essences extracted were cannot overcome inertia, stuck.
- In session 6, Karla expressed, "I just feel empty. There's nothing to make." She was still waiting. She discussed upcoming plans for volunteer work, summer school, and surgery. In the sand tray she created her future plans, albeit with little emotional connection. Essences extracted were plans lining up and emotional disconnection.
- In session 7, Karla expressed the desire to get in touch with her feelings and to create something. She interacted with the wet sand, molding and shaping it. This sensory experience brought forth genuine emotion. She talked about a variety of feelings and desires with congruent affect. She created a volcano in the sand. Essences extracted were emotive and in the moment, emergence of her voice through the body, and breakthrough.

- In session 8, Karla candidly expressed her behavior in managing love interests and her frustration when trying to register for summer classes. She succeeded in registering and created a sand tray of Dorothy from the *Wizard of Oz* facing the wicked witch. Essences extracted were takes action, faces the witch.
- In session 9, Karla presented with a bright affect and colorful spring dress. She discussed her experiences with legal matters which caused her to revisit the circumstances of her accident. She showed affective connection to her personal experiences and acceptance of her own limitations. She reported, "I won't be a perfect student or a Prozac beauty queen. I know I will make mistakes, and that's better than being perfect." She said that she felt like things were coming together for her. In the sand tray she was a butterfly riding on the wings of an airplane into a bright sun. Essences extracted were coming together and moving forward, ready to go, more energy, uplifting.
- In session 10, Karla expressed excitement over her summer classes. She returned from surgery, but forgot to mention it to the therapist. She seemed content with her life as it was, although her face remained unchanged. In the sand tray she made "the whole year," a balanced and lively scene of summer and wintry calmness. There were no time constraints in this place, and she had a home in both seasons. The tray reflected wholeness and Karla stated she felt nothing but calmness here. The therapist was comforted by this peacefulness of the scene and Karla's ability to use symbols and metaphor with ease. Essences extracted were wholeness, calm, alive, union of opposites, and timeless space.

- In session 11, Karla expressed a sense of competence and enjoyment regarding her computer design course. She was absorbed in studying for long hours, while at the same time getting some attention from her boyfriend. In the sand tray, she sat at her drafting table working on a design project for school and electronically arranging furniture for her new dorm room. Her cat jumped up for some attention. Karla's deadlines would be met on time. She was not concerned. Essences extracted were embracing her current work with joy, and on her own time.
- In session 12, Karla expressed that she believed the class work she completed over the summer will be useful to her when she returns to school in the fall. She reported a desire to break up with her boyfriend, because he was "too clingy," and she thought she had more confidence than he did. She was getting positive attention from male and female friends and socializing more. In the sand tray, she appeared as a turtle coming out from under a cloud, and a wise ol' owl. She was awake and under the light of the sun and the moon. She was not concerned with old matters such as how she looked or how she talked. Essences extracted were awakened and centered.

Reviewer Feedback

It is important to note that the reviewers were aware that Karla passed away. Hence, their analysis was conducted in that context.

Reviewer 1 stated that Karla utilized sandplay for healing: She connected to her feelings, differentiated from her mother, touched a place of wholeness, gained self-acceptance, and reached her goal of increased confidence. Reviewer 1 noted (about sand tray 10), "There are no divisions or lines to be crossed in this sandplay. It is complete in

its unity—even time is hidden here and there is a sense of mystery. It could be a transcendent moment. The Self manifest."

Yet there were so many mysteries. Reviewer 1 questioned, "Why does a young girl almost die in a traumatic car accident, suffer severe brain injuries that will forever change her life and the lives of those close to her and those who work so hard and hold out so much hope for her rehabilitation, show a promising recovery, then die suddenly, two years later? Right after she finished a Jungian individuation journey, her sandplay work with Lorraine."

Reviewer 1 referenced an article she wrote called *Healing into Death* (Macnofsky, 1996a). She noted that her worldview remains the same: Sandplay heals on the level of the soul regardless of whether a person lives or dies. She believed this was what happened with Karla. Reviewer 1 stated, "Karla was a much different person when she died, than when she started her sandplay work. Perhaps those 2 years were about reclaiming her soul."

Reviewer 1 also noted the owl in Karla's final sand tray. The owl looked fiercely at Karla, the eye to the heavens. The sun and moon were in balance with no divisions in the tray. Reviewer 1 was reminded of the book, *I Heard the Owl Call My Name*, by Margaret Craven. In this book a young vicar has only a few years to live but does not know it. His bishop sends him to live an ancient way of life with Native Americans in the remote Pacific Northwest. During these years, he touches the lives of many and finds his soul.

Reviewer 2 was struck by the symbolism of a baby being tossed out of the car

shown in Karla's first sand tray, and how Karla spends the early part of her process tossing herself out—her feelings, her fears, her inner baby. According to Reviewer 2, Karla appears split, defended, and externally focused. She does not appear to have an association with her trauma, yet something is happening on the unconscious level. In sand tray 7, Karla appears to get real. She acknowledges her depression, and later her anger. She recognizes her defenses when she states, "I keep trying to make it smooth." Karla continues to externalize some, but also moves toward integration in sand tray 10 and feels more independent, less empty, more empowered, and ready to move on as she nears the end of her sand tray process. In sand tray 11 her depression has lifted, her obsession with time is behind her, and there is food, warmth, and comfort. In sand tray 12 she is waking up and ready to move to the next phase.

Reviewer 2 notes that Karla's last tray feels like a beginning, not an ending. She anticipated that if Karla lived, she would probably come back and do more trays. Reviewer 2 also noted the recurrent theme of caterpillar or butterfly throughout Karla's process. Reviewer 2 stated that almost universally in her work with those who are ill, dying, or grieving, there is a spontaneous appearance of the butterfly. Butterflies transform and offer comfort. Reviewer 2 offered an excerpt from her book on the butterfly:

> *Butterflies metamorphosize, and so offer comfort to those who are dying. Dr. Elisabeth Kübler-Ross spoke of the butterflies scratched into the walls by the children in the concentration camps. (Elisabeth Kübler-Ross, lecture, San Rafael, Ca 1981). In Ancient Greece people believed human souls became butterflies while searching for a new reincarnation. The word psyche was used for both butterfly and soul. In Zaire, people believe that the butterfly symbolizes the soul, and that humans shed their bodies like butterflies shed their cocoons. In fact, butterflies need a "free and protected place" in order to transform, as do we. In folklore, a "dead man's soul is sometimes seen fluttering over the body as a butterfly". (deVries, 1984, p.72) (Source:*

Psyche & Soma: Psychotherapy and the Body: Sandplay Therapy & Play Therapy by Kate Amatruda MFT, CST-T, BCETS, www.psychceu.com: Black Point, 2003)

Reviewer 3 found Karla's case the most challenging to analyze. She considered her analysis more speculative and open-ended in nature. Reviewer 3 stated that Karla's approach to sandplay stood out as most different from the others. Her approach was to create decidedly more concrete representations of external events, with less symbolic reflection, and less affective response, especially during the first half of her process when she is concerned with the restoration of a sense of normalcy, her face surgery.

Reviewer 3 goes on to state that the trauma of having one's face disfigured cannot be minimized, as there is no other aspect of one's physicality so linked with a core sense of identity. To have one's facial appearance compromised is to have one's persona compromised. Without an "intact enough" persona, functioning in the world is impaired. Reviewer 3 states that Karla's starting point for sandplay involves the restoration of a "good enough" persona.

Reviewer 3 also raised questions regarding Karla's relatively concrete, and less depth-oriented approach to sandplay as possibly related to her developmental level or impairment as a result of brain injury. Reviewer 3 was also intrigued by the possibility that Karla's unconscious psyche may have expressed a premonition of death. She looked at such symbolism as time being behind her in sand tray 11, and being "on the wings" in sand tray 9 as possible representations of the unconscious knowing of the psyche. Finally, she likened Karla's optimism during the latter half of her sandplay process to the blossoming of a butterfly: The butterfly is transformational, but it is also fragile and its life is short-lived.

Cross-Case Analysis

Experiences with Sandplay

Sensory feedback loop.

Although each participant had a slightly different approach to sandplay, all of the participants clearly benefited from the multi-sensory aspect of sandplay. In the presence of an empathic therapist the multi-sensory aspect of sandplay helped the participants receive direct sensory feedback outside of the realm of cognition. This sensory feedback connected them to their feelings and energy resources which, in turn, led to self-discovery and the realization of new possibilities. For example, massaging the sand evoked intense emotion for Joe and connected him to his feelings. When he looked at the images he made, he often thought of new ideas and returned to the shelves to find additional symbols to amplify the self-discovery process.

Russell accessed creative energy through play that was otherwise unavailable to him in a purely cognitive sense. He used sandplay to "shift gears" toward new possibility through sensory channels and metaphor. He said of his sandplay experience, "I could create a different world…I could do this in the sand, not in my head."

Pac's interactions with the sand connected him to his feelings and inner resources. He said, "Sandplay opened my eyes and my heart." After looking at his trays, Pac often rearranged the images to match his new discoveries. Karla summed up her experiences with the sensory aspects of sandplay when she simply stated, "It (sandplay) helped me connect to my feelings."

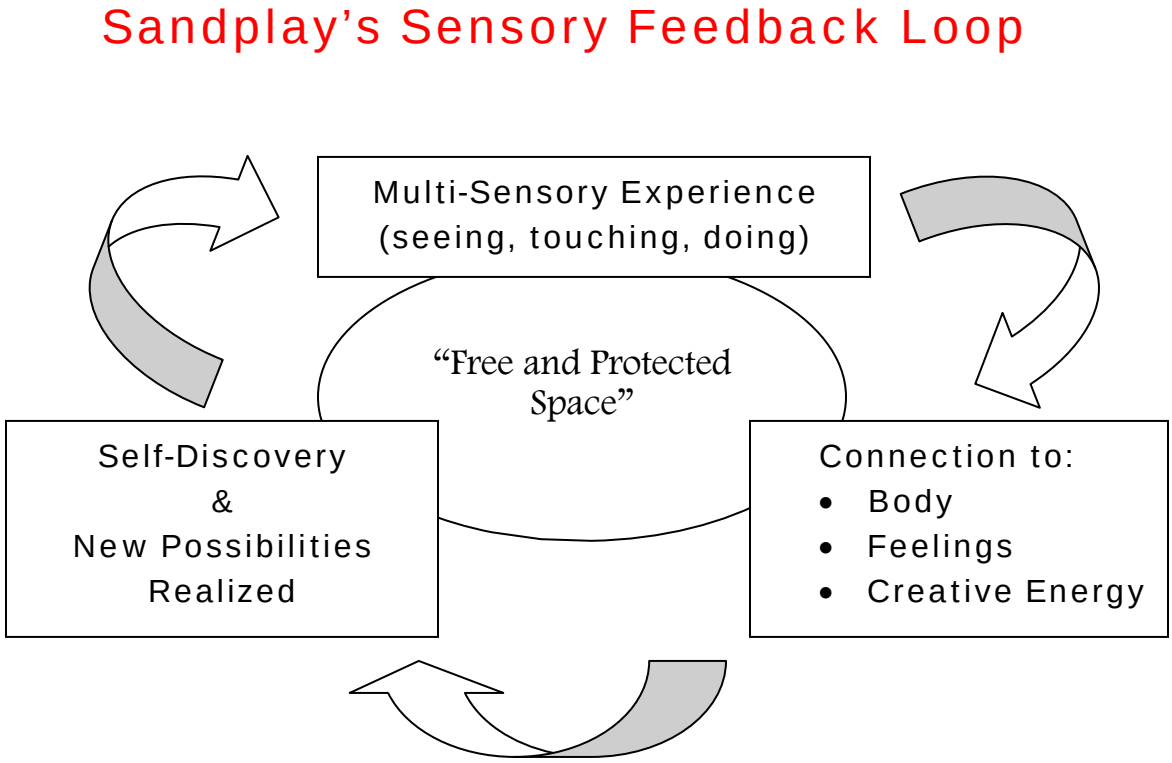

Figure 56. Sandplay's sensory feedback loop.

Nonverbal means of self-expression.

In the same way that sandplay bypassed cognition, it also bypassed language. All of the participants mentioned that they could express themselves better and communicate better through sandplay, than they could through words. Joe stated, "I liked sandplay because I felt like I was more capable of saying what I wanted to in the sand, express myself more clearly. This has always been a challenge of mine since the accident, the injuries." Russell said, "I could do things with the toys that I couldn't do with my speech or thoughts or even writing." Pac stated, "The trays were 'self-explanatory.'" Karla said, "I liked being able to visualize my thoughts pretty much, instead of trying to search for words…having a way to have something to help me explain what I was trying to say."

Content Themes

Regardless of time since their brain injury, gender, ethnicity, or life situation, the content of psychotherapy for all of the participants centered on their TBI experience and its devastating impact on their lives. In this study such concerns were identified as content themes. Each participant also demonstrated a quest for a deeper, fundamental goal. Table 6 shows the general content themes and fundamental goals of the participants.

Table 6

Sandplay Therapy in Adults with Moderate to Severe Traumatic Brain Injury: Content Themes and Fundamental Goals

Participant	**Content Themes**	**Fundamental Goal**
Joe	Grief, loss, regret, uncertainty Trauma Identity Spirituality Time Independence, normalcy	Wholeness
Russell	Grief, loss, regret Depression, cognitive problems Family of origin issues Chronic pain, health concerns Educational and vocational concerns Existential issues	Purpose
Pac	Loneliness, isolation Deeper despair, self-loathing Life and death Spirituality Normalcy	Connection to Life
Karla	Trauma, grief, loss Emptiness and isolation Self-acceptance, normalcy Cognitive challenges, academics Time	Acceptance

Joe's fundamental quest was for wholeness. "The eventful night" left him shattered and confused. He sought to put the pieces of himself together in order to become "a complete man." During Joe's quest he confronted the traumatic event itself, grief, loss and regret, uncertainty, his identity and spirituality, his relationship with time, and a sense of independence and normalcy. Normalcy for Joe involved returning to his home and his family, barbequing for his family and friends, and deciding what work he will do from there.

Russell's fundamental quest was for purpose. He repeatedly asked, "Who am I and what am I doing here?" He embarked on a metaphoric hero's journey through sandplay. His warrior searched for the oracle, encountered many adventures, faced death and perfection, found his authentic self, and eventually gained a new perspective on life as a process. During Russell's quest he confronted grief, loss and regret, depression, cognitive problems, family of origin issues, chronic pain and health concerns, educational and vocational concerns, and existential issues. He became "a college graduate with a brain injury."

Pac's fundamental quest was for connection to life itself. When he began sandplay he felt disconnected from himself and others--in his own little world. He believed that if he were more connected he could live more. Pac found a connection to life by confronting loneliness and isolation, deep despair, self-loathing, life and death, spirituality, and normalcy. His past attempts at managing grief, loss, and trauma left him in a deeper hole, so to speak, than the other participants. By the time he reached sandplay he was "alive but dead." When he finished his process he declared, "God is in control of my life. I am alive. I have this life."

Karla's quest was for acceptance. She had difficulty accepting her circumstances and herself. She wanted to be accepted by others and to live a normal life. During Karla's quest for acceptance she confronted her traumatic ordeal, grief and loss, a profound sense of emptiness and isolation, cognitive challenges, academic goals, self-acceptance, normalcy, and her relation to time. She progressed from avoiding the present to embracing her daily activities. When she finished her process, she was awakened and wise.

Each of the participants experienced a sudden and dramatic change in their lives when they were seriously injured. None were able to prepare for this change, and in at least three of the four cases the lifestyle of the participant played a role in his/her injury. All of the participants experienced grief and loss, but additional content themes such as regret and an acute awareness of time also surfaced in all of their processes to varying degrees. Perhaps when one experiences such a sudden and life-changing traumatic experience one becomes more aware of time. Additionally, when one's lifestyle plays a role in the trauma, regret may also become a central theme.

Process Themes

Seven Phases of Sandplay

Essences pertaining to process themes were extracted by the DAT by reviewing the session notes. The cross-case analysis of essences extracted regarding process themes, yielded seven phases of sandplay as follows:

I. Expressing phenomenological experiences and everyday struggles
II. Accessing and shoring up resources
III. Plunging into death, darkness, and despair
IV. Reflecting, transforming, gaining hope

V. Touching totality, numinosity, wholeness

VI. Emerging, bridging opposites, integrating

VII. Returning to everyday life with a new perspective

Overview

Upon review of the essences extracted by sand tray, it became evident that the participants demonstrated a similar progression in their sandplay process regardless of the nature of their experiences. Initially, they all presented their phenomenological experiences and everyday struggles, as if to tell the therapist, "This is what I deal with everyday." Next, in various ways, they accessed and shored up their inner resources such as an acknowledgement of safety in the therapeutic relationship, recognition of strong and preserved personality traits, and/or providing themselves with rest and restoration as evidenced in their trays. Next, the participants plunged into the depth of their darkness and despair, and through this experience transformed and gained hope for their future. This transformation and hope placed the participants in a psychological position wherein each of them could experience a definitive state of totality, numinosity, and wholeness. Once they touched this special place within themselves, they were tasked with bridging opposites and integrating their experiences into their everyday life with a new perspective.

A visual diagram of the phases is presented (see Figure 57). Each phase is discussed in detail with case examples provided. The phases generally occurred in the sequence provided; however, progression through the phases was not a strictly linear process. Overlap occurred, for example, when a single sand tray incorporated the work of several phases. Additionally, sometimes the participants returned to a previous phase before moving on to the next phase.

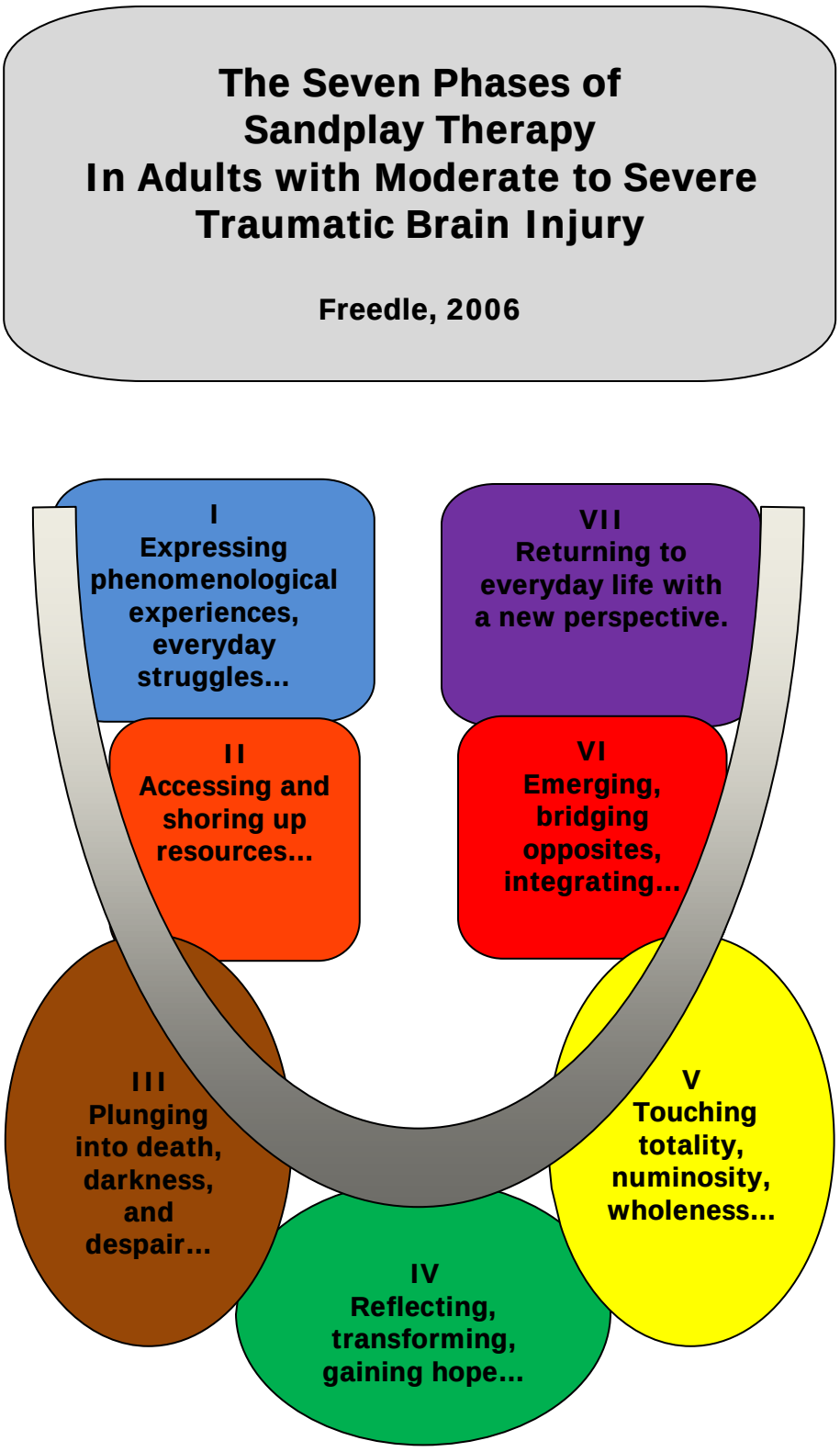

Figure 57. The phases of sandplay therapy in adults with moderate to severe TBI.

Phase I: Expressing phenomenological experiences and everyday struggles.

During this phase of sandplay the participants created a sand tray or several sand trays that depicted their personal experiences and everyday struggles, as well as the obstacles they were facing in life. Joe's first three sand trays gave a vivid account of his experiences: In sand tray 1 he expressed powerlessness, emptiness, and pain while massaging the wet sand. In sand tray 2 he visited the scene of the accident and the chaos and fear it created in his life. He identified obstacles to his progress, namely his "heart of stone" and his stubborn ways. In sand tray 3 he zoomed in on himself as a gargoyle, frozen in time.

Russell's first four sand trays revealed his everyday struggles: In his first sand tray he showed his experiences of isolation from others, fear, pain, and problems with decision making. In his second sand tray he left the crumbled kingdom, but there were many obstacles on his path. In his third sand tray he showed the devastation he felt through a mountain of fallen dreams, and in his fourth sand tray he revealed the internal war he was fighting.

Pac's first two trays revealed his everyday struggles: Pac's first sand tray showed the detachment he feels from others. He described his experiences as they related to each piece he put in the tray. In his second tray he outlined a path to the headless woman blocked by feces and menacing men and monsters. He began a journey, but showed the obstacles in his pathway were certainly messy.

Karla's first two sand trays revealed her everyday struggles: She created the scene of her accident and expressed feelings of loneliness, loss, and a desire to never look back. In her second sand tray she showed the peaks and valleys of her life—including

her impatience with the healing process, general fatigue, and her newfound focus on the facial surgery.

Phase II: Accessing and shoring up resources.

During this phase of sandplay the participants gained access to their inner resources and gathered ego strength to continue their therapeutic work. Often resources are apparent in Phase I, but begin to become mobilized during Phase II. Joe accessed and shored up his inner resources in his fourth, fifth, and sixth sand trays. In sand tray 4 Joe experienced safety in the therapeutic relationship and accessed feminine energy. In sand tray 5 Joe relaxed at the beach while the waves churned up exciting things. In sand tray 6 Joe reflected on his origins, showed mastery in the creative process, and explored his potential.

Russell accessed and shored up his inner resources in his fifth and sixth sand trays. In sand tray 5 Russell was energized by his sensory experiences with the sand, found the members of his party who would travel with him thereafter, and introduced a crystal ball as "the Oracle of Dephi." In sand tray 6 Russell emerged through some darkness and found "Christmas." He made a reference to the dead part of his brain "coming alive" through sandplay and showed positive energy and momentum.

Pac accessed and shored up inner resources in his third and fourth sand trays. In sand tray 3 he became spontaneous and more relaxed. In sand tray 4 he uncovered a treasure, increased relatedness to the feminine, and introduced a large, green tree.

Karla accessed and shored up inner resources in her second and third sand trays. In her second sand tray she progressed from expressing the ups and downs of her life to finding hope for a positive future. In sand tray 3 she introduced a gift and a bright sun.

She created a timeline that indicated a strong and never-ending connection to her mother and academic and social success.

Phase III: Plunging into death, darkness, and despair.

Joe plunged into death during his seventh and eighth sand trays; however, each time he worked with the images until he found a place of hope and forward momentum. (Hence, these trays are also part of Phase IV in his process.) In Joe's seventh sand tray he revisited the "eventful night" and his near-death experience. He expressed anger at the empty wheel chair in the center of his world, and represented feminine energy as a scorpion woman with no place in his world. After he expressed anger he accessed a new insight and placed the phoenix in the wheelchair. In his eighth sand tray Joe again confronted shadow material when he stood before a mirror holding a gun to "the prick" within him and to the wheelchair he despised. An Indian maiden replaced the scorpion woman on the edge of the tray. Then he expressed freedom from circumstance and uncovered the possibility of being in charge of his own destiny.

Russell plunged into death and the underworld in his seventh sand tray when he and his party were completely engulfed by demons. Pac plunged into death, darkness, and despair in his fifth and seventh sand trays: During his fifth sand tray he used black beads and a black cloth. He was covered in death and on the crossroads between life and death. In his sixth sand tray he consolidated some life force, and in his seventh sand tray he plunged deeper into despair where he found himself lost, trapped, covered in darkness, and feeling lifeless.

Karla plunged into death and despair in her fourth and fifth sand trays wherein she literally and figuratively checked out of life. During this time she tearfully and angrily

proclaimed that she would not be satisfied with life until she was normal, and that she is just buying time right now. These sand trays were qualitatively different than her first three trays: They showed no interaction with the sand, no friends, and no strong mother figure. They were empty, lifeless, and stagnant.

Phase IV: Reflecting, transforming, gaining hope.

As mentioned previously, as Joe explored dark themes in his seventh and eighth sand trays, he also found hope and forward momentum. Through self-reflection he transformed his way of thinking as evidenced by finding freedom from his circumstances. He talked about the miracle of his life and how he could use his mind to get out of the wheelchair. He declared that his technique for mental fitness was to be okay with himself, whether or not he was in a wheelchair.

Russell entered Phase IV in sand trays 8, 9, 10, 11, and 12. During these sand trays Russell moved through a phase of rest and restoration, found a pathway to peace, and engaged in self-reflection. He transformed the mountain of fallen dreams into a mountain of Nirvana. During sand tray 12 his warrior caught up to the party, and they celebrated by sharing a meal together: bread and wine.

Pac entered Phase IV in sand trays 6 and 8. In his sixth sand tray he made a large house for himself and others. He announced that he was getting stronger, joined with a feminine tree spirit, and honored Jesus' sacrifice of death and resurrection. In his eighth sand tray he left dead things behind and rowed toward a castle and symbols of wisdom, love, and beauty. He transformed a sense of repeated failure by placing a gold crucifix in his canoe, so that this time the journey would be a different experience for him.

Karla entered Phase IV in sand trays 6, 7, 8, and 9. In these trays she lined up her plans, found her voice, changed inertia into action, and transformed into a butterfly before the date of her surgery.

Phase V: Touching totality, numinosity, and wholeness.

During this phase of sandplay the participants encountered a sense of wholeness and divine energy. The therapist also experienced a sense of awe as she witnessed these encounters. Joe entered Phase V when he created his ninth tray with two eggs in it: One for the before and after, and one for infinite possibility. He clearly touched a place deep within himself of totality and grace. Russell touched wholeness in his 13th sand tray when the party stood centered in life around the Ankh, and then revisited an even more profound experience of wholeness in his 17th sand tray when he arrived at the oracle, all of the masks became one, and he stood before perfection. Pac touched totality and wholeness when he played freely and joyfully with the therapist during his ninth session, and then left his mark in the sand, made with the stroke of both hands at the same time and punctuated with his initial. Karla touched totality and wholeness in her 10th sand tray when she created "the whole year." In this tray she created life in the winter and life in the summer. The sun shone brightly here, and she dwelled in both seasons. Here there were no time constraints and she felt nothing but calmness.

Phase VI: Emerging, bridging opposites, integrating.

After the profound experience of an encounter with totality and wholeness, the participants worked to bridge opposing forces and integrate their experiences, and prepared for their return to everyday life. Joe entered Phase VI during sand trays 10 and 11. In his 10th sand tray he brought all of his resources to the center and found the middle

ground. In his 11th sand tray he announced the end of the storm and used a rainbow to bridge to his future. Integration of his experiences was evident when he noted that he was "still the same, but with improvements."

Russell entered Phase VI during sand trays 14, 15, and 16. In his 14th sand tray he emerged to defend the holy land from invaders; in his 15th sand tray he experienced book *and* spiritual knowledge; and in his 16th sand tray he created a large bridge out of sand that connected his past, present, and future.

Pac entered Phase VI during sand trays 10 and 11. In his 10th sand tray he experienced the tension of opposites as an alien arrived at a place of spirituality and new technology. In his 11th sand tray he brought his guardian angel and bible to a place where his judging ways were buried and a new perspective emerged. Integration of his experiences was evident in the use of dark and light bears, the presence of an outhouse for all of the waste he had encountered along his journey, and in the symmetry of the overall arrangement.

Karla entered Phase VI during her 11th sand tray. She brought the bright light of her 10th tray to her drafting table where she was joyfully absorbed in a school project. She used her newfound computer design skills to plan for how she would arrange her dorm room in the fall, and put her obsession with time in its proper place, behind her.

Phase VII: Returning to everyday life with a new perspective.

All of the participants returned to everyday life with a new perspective in their final tray. In Joe's final tray he returned home as a complete man. In Russell's final tray he looked over all of the choices he had and the places he could go. In Pac's final tray he

viewed his destiny and the challenges that awaited him from atop a ferris wheel, and in Karla's final tray she emerged from a cloud awakened, wise, and centered.

A visual summary of the manner in which each participant progressed through the seven phases is presented in Figure 58.

Movement Through the Seven Phases of Sandplay by Participant

	Sand Tray																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Joe	I			II			III IV		V	VI		VII						
Russell	I				II		III	IV					V	VI			V	VII
Pac	I		II		III	IV	III	IV	V	VI		VII						
Karla	I	I II	II	III			IV			V	VI	VII						

Figure 58. Movement through the seven phases of sandplay by participant.

CHAPTER SIX

Discussion

Summary of Findings and Relationship to Existing Literature

In this exploratory qualitative study sandplay therapy was utilized with adults with moderate to severe traumatic brain injury (TBI) to explore their phenomenological experiences, and to gain an understanding of the process of individuation as defined by Carl Jung as it occurs in persons with TBI. The first research question pertained to how persons with TBI experience sandplay. The participants in this study all stated that they were able to express themselves through sandplay in a manner previously unavailable to them through verbal means. Additionally, each participant experienced the multisensory aspects of sandplay as beneficial. By selecting symbolic representations of their experiences, interacting with the sand on a sensory level, and making a scene, they connected directly to their bodies, feelings, and creative energies. These connections, in turn, led them to self-discoveries and new possibilities. This "sensory feedback loop" occurred in the presence of an empathic therapist, repeated itself within each sandplay session, and gained momentum over the course of their sandplay process until new possibilities were realized in their everyday lives. The sensory feedback loop appeared to provide the participants with direct access to preserved brain functioning and bypassed their cognitive limitations.

These findings support the work of Akimoto (1995) who utilized sandplay with brain-injured elderly psychiatric patients. Akimoto reported that for many of these patients, "the sand trays seemed to reveal the patient's latent capacities, whereas intelligence testing highlighted their deficits" (p. 62). These findings also support the

work of Prigatano (1991, 1999), Langer (1992), and Ben-Yishay and Daniels-Zide (2000). Prigatano asserted that self-expression through symbols will help persons with TBI to further their psychological development, Langer postulated that the success of dream analysis in persons with TBI related to its building on unconscious/preconscious symbolism that has been preserved despite cognitive and language impairments, and finally, Ben-Yishay and Daniels-Zide linked self-examination to acceptance and wellness in persons with TBI. Furthermore, the results of this study suggest that psychological development for persons with moderate to severe TBI occurs primarily at the sensory level.

In fact, prior to conducting this research it was speculated that cognitive manifestations of brain injury such as difficulties with abstraction, the tendency to perseverate on certain themes, and a lack of awareness of deficit may pose barriers to the participants' ability to benefit from sandplay. What was discovered in this study was that the sensory and symbolic aspects of sandplay bypassed such cognitive limitations and actually stimulated awareness and growth. The participants in this study approached sandplay with an urgency and comfort the therapist-researcher had not experienced with other populations, and really embraced the modality. Their response to sandplay makes sense when viewed in the context of Weinrib (1983) who stated, "In Sandplay one expresses through the act of doing, which in itself fosters a growing sense of creativity, which, in turn, reinforces the ego and improves the person's self image and self confidence… The doing aspect of Sandplay seems particularly effective where the patient feels helpless in the face of reality" (p. 68).

The second research question was concerned with the phenomenological experiences of persons with TBI as depicted by content themes that emerged in their sandplay worlds. Regardless of time since their brain injury, gender, ethnicity, or life situation, the content of psychotherapy for all of the participants centered on their TBI experience and its devastating impact on their lives. To varying degrees they confronted issues that included grief, loss, trauma, regret, uncertainty, isolation, depression, identity, self-acceptance, spirituality, normalcy, educational and vocational concerns, health concerns, and their relationship with time. Additionally, each pursued a more fundamental psychological goal: Joe sought wholeness, Russell searched for purpose, Pac longed for life, and Karla desired acceptance. Encountering and experiencing the content themes provided a framework for the participants to address their deeper, fundamental goals.

These findings were generally consistent with Prigatano's work that found that content themes, including conflicts regarding normalcy, individuality, and spirituality, emerged in psychotherapy with brain-injured individuals (Prigatano, 1991). Additionally, the findings were consistent with the general body of literature that suggests persons with TBI face issues of mortality, the meaning and purpose of life, and changes in work, play, and love as a result of their brain injury. Consequently, they are often faced with a pressing need to address deeper psychological issues and to seek psychological wholeness (Miller, 1993; Prigatano, 1991, 1999).

What was particularly intriguing from the literature that linked directly to the findings of the study was the notion that persons with TBI often faced a *pressing* need to address deeper psychological issues (Miller, 1993; Prigatano, 1991, 1999). Not only did

the participants in the study approach sandplay with a sense of urgency, but the theme of time occurred throughout all of their processes and was deemed a central theme for Joe and Karla. These participants were acutely aware of time. They experienced a pressing need to address fundamental psychological issues that they essentially could not address by purely verbal means. Hence, their approach to sandplay was that of urgency.

The third research question was concerned with the course of psychological development in persons with TBI. Findings suggested that psychological development was stimulated by the multisensory aspects of sandplay and progressed through seven phases:

I. Expressing phenomenological experiences and everyday struggles

II. Accessing and shoring up resources

III. Plunging into death, darkness, and despair

IV. Reflecting, transforming, gaining hope

V. Touching totality, numinosity, wholeness

VI. Emerging, bridging opposites, integrating

VII. Returning to everyday life with a new perspective

Progression through these phases, although generally sequential, was not linear. Phases overlapped and were sometimes revisited before movement to the next phase.

The seven phases that emerged from this study are remarkably similar to what Jackson (2000) and Shaia (2006) observed to occur in the sandplay process. Namely, Jackson conceptualized the process of sandplay in the context of Joseph Campbell's hero's journey (Campbell, 1973) and Jungian theory. In Jackson's sandplay journey (Appendix A) a hero answers the call, secures the "free and protected space," descends

into the unconscious, experiences a confrontation of shadow, develops awareness, experiences the constellation of the Self and relativization of the ego, reconciles opposites, obtains the treasure, and brings the treasure back to daily life. Similarly, in Shaia's "quadratos," a term he developed to describe a four-stage, universal journey of the spirit, "The first stage always called for 'entering,' and involved ignorance and loneliness. The second always held pitfalls or trickery. The third brought dawning understanding, even ecstasy; and the fourth held a process of transformation, which was carried back into the community in some way" (Shaia, 2006, p. 13).

Shaia (personal communication, February 17, 2006) noted that the seven phases of sandplay revealed in this study parallel quadratos such that Phases I and II are comparable to the first stage of quadratos wherein "entering" takes place. Such entering in quadratos involves awakening, trusting the relationship, and intention. Phases III and IV are comparable to the second stage of quadratos wherein "trial and chaos" is experienced-- often in the form of despair, exhaustion, and/or a stripped ego. Phase V is comparable to the third stage of quadratos wherein "dark illumination" occurs that is characterized by new vitality and images that appear visionary and whole. Finally, Phases VI and VII are comparable to the fourth stage of quadratos wherein "crisis and transformation, and original living" take place. During this final stage of quadratos a working through occurs, and one experiences a deeper contentment with self and others in ordinary life. Shaia (personal communication, February 17, 2006) noted that during the final stage of quadratos, "There is a moving from inner experience to a new cognitive place, and a new embodied action."

The final research question was concerned with what might be revealed about the individuation process in persons with TBI as depicted by a series of their sandplay worlds. This final question will be discussed in the context of the phases of sandplay that emerged, the actual sandplay experiences of the participants, the analyses offered by the independent reviewers, and the literature review.

Jung contended that in order to discover what is authentically individual in oneself, profound reflection is needed. Jungian psychotherapy involves successive encounters with unconscious material in the presence of an attuned therapist who provides "generous attention" to the individual (Jung, 1954). The goal of Jungian psychotherapy is to facilitate the psyche's inherent capacity toward healing and wholeness and to bring forth the process of individuation (Jung, 1954).

Jung described the individuation process as an ever-evolving journey with transformative results wherein successive assimilations of unconscious material (e.g., complexes, shadow, archetypes, the God image within) lead to the distant goal of the complete actualization of the whole human being (Jung, 1954). Jung stated that there is no light without shadow, and no wholeness without imperfection (Jacobi, 1965). Jung emphasized the process of individuation over an end point per se, and believed that in the actions of self-reflecting and striving toward the goals of individuation, one finds content and meaning in one's life (Jacobi, 1965). Jung emphasized that assimilation is never a question of "this *or* that," but always of "this *and* that" (Jung, 1954, p. 156).

In this study the participants were repeatedly confronted by unconscious material through the process of sandplay. Russell touched on this notion when he stated, "It (sandplay) is like dreaming with toys." At the conclusion of their processes, the

participants held paradox and returned to their everyday lives with a new perspective. For example, Joe finished his process "a complete man" with a peaceful nature *and* fiercely protective instincts. Russell asserted that he was a college graduate with a brain injury. His search for answers became the answer. Pac asserted that he used to be closed off, but now he is aware of everything and, in this respect, he is alive. Karla awakened as a wise ol' owl under the light of the sun *and* the moon as she prepared to return to a "normal" college life.

In fact, through sandplay and in the presence of a therapist who provided a "free and protected space" (Kalff, 1980) each participant shared his/her phenomenological experiences, accessed inner resources, descended into darkness, experienced transformation and hope, touched a profound state of wholeness, integrated his/her experiences, and returned to everyday life with a new perspective. These seven phases of sandplay therapy presented much like the archetypal journey, and involved at least two essential confrontations that occur in the individuation process: confrontation with shadow and Self manifest.

Jung described the shadow as "the inferior part of the personality; sum of all personal and collective psychic elements which, because of their incompatibility with the chosen conscious attitude, are denied expression in life and therefore coalesce into relatively autonomous splinter personality with contrary tendencies in the unconscious. The shadow behaves compensatory to consciousness; hence its effects can be positive as well as negative" (Jung, 1989, p. 399). Erich Neumann (1973) stated that the shadow contains all of those elements in the personality that were condemned by the ego, and is the paradoxical secret of transformation itself. The shadow is the guardian of the

threshold to the Self, because behind the dark aspect represented by the shadow stands wholeness. Such was the case for the participants in this study.

Although the participants encountered shadow material throughout their processes, they were most pointedly amidst shadow in Jungian terms when they entered the third of seven phases that emerged: Plunging into death, darkness, and despair. Joe encountered shadow most markedly in his eighth tray when he stood before a mirror holding a gun to "the prick" within him and the wheelchair he despised. Karla reached the depth of her shadow experience in sand tray 5 where she experienced a state of complete emptiness and inertia. Russell plunged into shadow in his seventh sand tray when his warrior figure and its traveling companions were thrust into the underworld and engulfed by demons. Finally, Pac's encounters with shadow occurred most vividly during his fifth and seventh sand trays when he was "covered in death" and "lifeless."

After these experiences with shadow, and consistent with the theories of Jung and Neumann, each participant entered a phase of reflection and transformation, and subsequently experienced the Self manifest. The Self-encounter is best represented by Phase V of the seven phases that emerged: Touching totality, numinosity, and wholeness.

As noted in the literature review, the Self-encounter represents the unity in which all psychic opposites appear (Jacobi, 1965). It involves the union of opposite energies and a state of grace and psychic harmony (Amatruda & Helm-Simpson, 1997). Kalff (1980) highlighted the role of sandplay in facilitating individuation and noted that encounters with the Self lie at the core of transforming energies.

In sandplay, encounters with the Self and its transformative qualities can be directly observed and experienced by both sandplayer and therapist. Cameron (2003) studied the recognition of the appearance of Self in sandplay by interviewing experienced sandplay therapists. He found the most reliable way to recognize an appearance of the Self in sandplay is by the feeling and sensing the numinous energy that is present in the session when the Self is accessed. The appearance of Self occurs after a period of struggle with traumas, complexes, and shadow material when a person descends into his/her unconscious (Cameron, 2003).

Joe's most vivid encounter with Self occurred during his ninth sand tray when he created a simple, but profound image of two eggs: One, small egg with gold inside, "for the before and after," and one large petrified coral egg, "for infinite possibility." Joe uncharacteristically burned incense, and the therapist and Joe stood in awe before the image. Reviewer 2 noted that the egg symbolized potentiality and a manifestation of Self, and that Joe found his center, and in his outer life he became less narcissistic and more related.

Russell's most intensive encounter with Self occurred during his 17th sand tray when he arrived at the oracle, all of the masks became one, and he stood speechless before perfection. Reviewer 3 noted, "This tray conveys that Russell has achieved knowing what it is like to feel centered, balanced, and whole. This state is now an internal reference point. It appears to be a numinous experience of the Self."

Pac touched totality and wholeness and encountered the Self when he played freely and joyfully with the therapist during his ninth session, and then left his mark in the sand, made with the stroke of both hands at the same time (affected and unaffected

hand) and punctuated the image with his initial. Reviewer 1 noted, "There is powerful co-transference. I might think that Pac experienced that profound "I-thou" relationship of Martin Buber. There were two souls sharing a deep, yet playful experience as equals, as part of a oneness with a larger whole."

Karla touched totality and wholeness and encountered the Self, in her 10th sand tray when she created "the whole year." In this tray she created life in the winter and life in the summer. The sun shone brightly here, and she dwelled in both seasons. Here, there were no time constraints and she felt nothing but calmness. Reviewer 1 noted, "There are no divisions or lines to be crossed in this sandplay. It is complete in its unity—even time is hidden here and there is a sense of mystery. It could be a transcendent moment. The Self manifest."

Although, in general, there is little research support for the Jungian concepts of personality structures and the individuation process, the findings of this study suggest the possibility that an underlying process of psychological healing and transformation does exist. Kalff (1980) asserted that although the meaning of symbols may vary according to one's subjective experiences, the process of psychological development resulting from the transcendent function of symbols is universal. It was evident that through the multi-sensory aspects of sandplay the participants progressed similarly through seven phases of psychological development. The process that emerged could be likened to an individuation journey wherein unconscious contents are made conscious, there is confrontation of shadow materials, and the Self is manifested. The unique way that each participant progressed through the seven phases and the difference in their deeper psychological goals speaks to Jung's belief that the uniqueness of personality holds only

for one's individual nature, but the process of personality development—individuation—is inborn in every individual (Jung, 1960).

Furthermore, Karla's process presented as somewhat different than that of the other three participants. In particular, she focused primarily on external life events and adjusting to a return to "normal" college life. She also worked on accepting herself and her limitations. Jung described two phases of individuation. The first phase involves the development and differentiation of one's predominant "attitude" and main "function" (e.g., persona) and is, by nature, ego-centered (Jacobi, 1965). This first phase, although considered one-sided by Jung, is a necessary and valuable process for the maturation of the psyche. It gives a young person the vigor and initiative s/he needs to attain independence and to weather the inner and outer storms which accompany psychic growth (Jacobi, 1965). This first phase involves the development of consciousness and the growth of the ego, and properly comes to an end with the crystallization of the ego (Jacobi, 1965). This first phase is sufficient in helping one adapt to his/her circumstances (Jacobi, 1965).

Furthermore, sandplay has been found to have healing and transformational functions (Bradway, 2003). The healing function is concerned with healing a wounded ego (Bradway, 2003). Perhaps Karla's journey most closely represented the first phase of individuation as described by Jung and the healing function of sandplay as described by Bradway.

The second phase of individuation involves a "change in dominance" or relativization of the ego wherein the consolidated ego takes stock of one's assets in life, cries out for readjustment, and seeks a re-rooting in the Self. It is, by nature, spiritual and

ego transcending (Jacobi, 1965). The second phase of individuation involves self knowledge and rebirth through expanded consciousness, "death" of the ego, and the development of a permanent relationship between the ego and the Self (Jacobi, 1965). Self knowledge by way of expanded consciousness occurs as one brings unconscious material into consciousness--moving through the layer of the personal unconscious into the collective unconscious until the Self is experienced. One is no longer imprisoned by the personal world of the ego, but now capable of communing with the world at large (Campbell, 1976). Perhaps the journeys of Joe, Russell, and Pac represented the second phase of individuation as described by Jung and the transformational aspect of sandplay as described by Bradway.

Limitations

There were several limitations to this research. First, although participants were chosen to represent persons who experience traumatic brain injury based on the epidemiology literature (Kraus & Chu, 2005), consistent with the case study approach, the samples were intentionally small and limited, thereby precluding generalization. Second, although the data analysis team was tasked with describing (not interpreting) the data in the session notes line-by-line and extracting themes and essences in an objective manner and by team consensus, all members of the data analysis team were experienced sandplay therapists. Hence, their theoretical orientation as sandplay therapists may have impacted the findings on some level.

Implications

Despite the limitations of this study, it holds particular heuristic value for theory, practice, and future research in the areas of psychotherapy with persons with TBI and in

the use of sandplay therapy in general. Theoretically, this study provided ways to conceptualize the process of psychotherapy and psychological development in persons with TBI and underscored the use of multisensory methods in addressing their needs. It amplified the benefits of using sandplay with this population, and the ways that sandplay could be utilized to explore and test Jungian personality concepts. It also suggested the existence of an underlying process of psychological healing and transformation in persons with TBI that according to Jung, is inborn in every individual (Jung, 1960).

Clinically, this study speaks to the urgency with which persons with TBI are likely to engage in psychotherapy to address deeper psychological issues. It highlighted the need to provide these individuals with multisensory means for self-expression and self-exploration that tap into their preserved brain functioning and move beyond their cognitive and language-based limitations. Without such an outlet for self-expression and a means to resolve these deeper concerns, persons with TBI are at considerable risk for maintaining a defended and unfulfilled life for years after their injury.

This study also provided therapists with a conceptualization of the psychotherapy process. Having knowledge of an overview of how these persons move through seven phases of sandplay toward resolution of their psychological issues could be beneficial in structuring the therapeutic process with these individuals regardless of the particular clinical method used.

Areas for further research include taking a larger and more heterogeneous sample size of persons with TBI to further explore “sandplay’s sensory feedback loop,” using experimental research designs to test the effectiveness of verbal versus multisensory forms of psychotherapy in persons with TBI, and exploring the process of

psychotherapy/sandplay therapy in other populations that are likely to be thrust into the individuation process.

Finding research designs to capture the essence and rich texture of sandplay has long been a challenge. The research design used in this study provided a "play-by-play" account of sandplay therapy, and holds promise for the study of sandplay across multiple settings and with various populations. Furthermore, it might be interesting to explore the ways in which different sandplay therapists approach a case for analysis, and the role of the therapist in facilitating the individuation process.

Conclusion

Despite the limitations of this exploratory, qualitative research, this study represents the first known research that provides an in-depth exploration of the process of psychotherapy in persons with TBI, and is unprecedented in its approach to examining sandplay therapy and the individuation process in persons with moderate to severe traumatic brain injury. Findings amplify Prigatano's clinical work in the area of psychotherapy with brain-injured persons and further suggest the use of multisensory forms of psychotherapy for these individuals and the existence of an underlying process of psychological development. By way of "sandplay's sensory feedback loop" the participants progressed through seven phases of psychological development that could be likened to an individuation journey wherein unconscious contents are made conscious, there is confrontation of shadow material, and the Self is manifested. Furthermore, it has long been a challenge to capture the essence of the process of sandplay therapy through research. The research design of this study holds promise for future endeavors of its kind.

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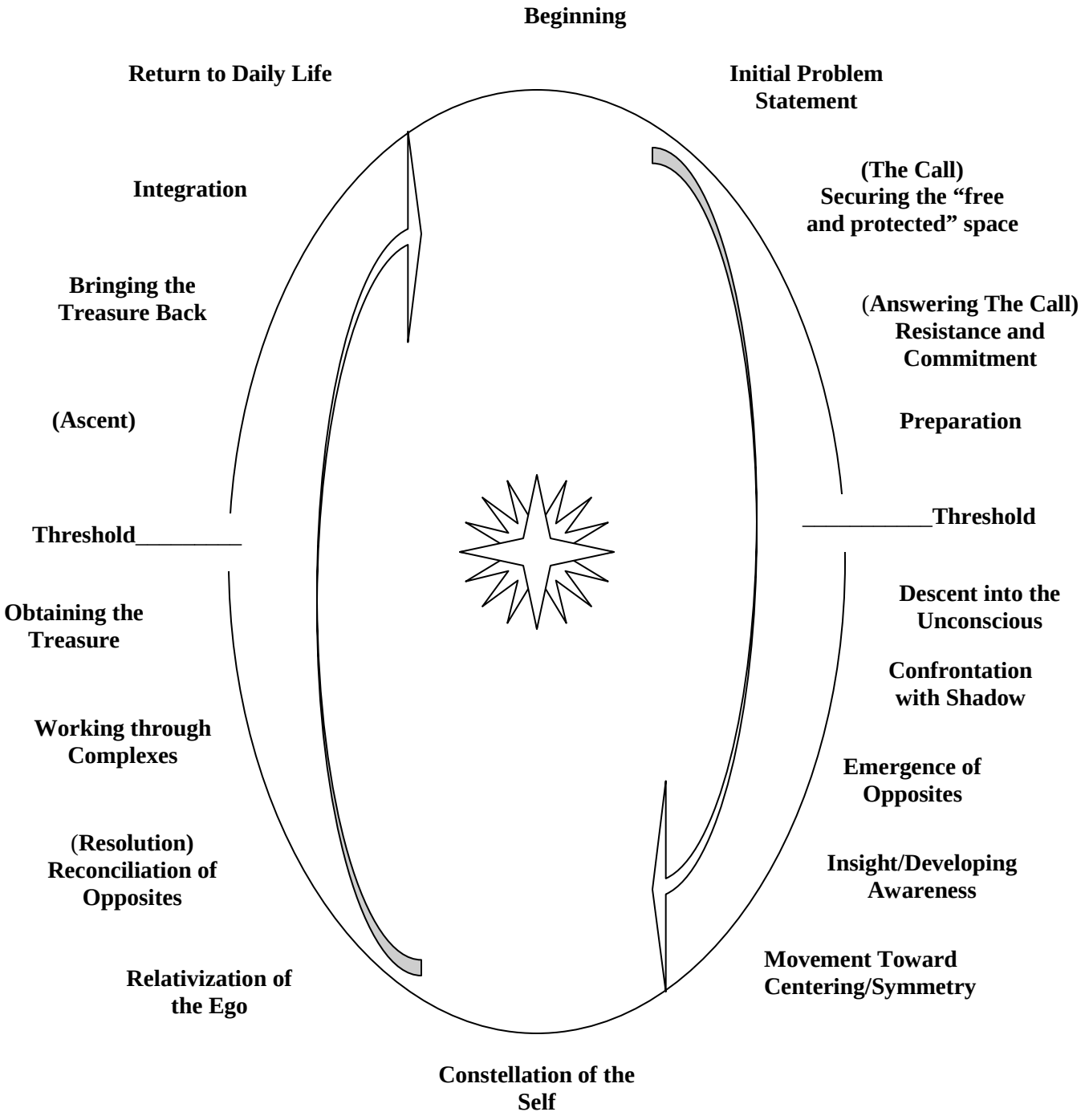
Appendix A: The Sandplay Journey by Betty Jackson

THE SANDPLAY JOURNEY



Credits:
Joseph Campbell – "The Hero's Journey"
Betty Jackson, MSW – Sandplay Therapist

Appendix B: Center for Neurorehabilitation Services Informed Consent Forms (Individual Consent Form, Notice of Privacy Practices, Disclosure Statement)

Center for Neurorehabilitation Services

Individual Consent Form

Consent for the Use and Disclosure of Individually Identifiable Health Information for Treatment, Payment and/or Healthcare Operations

I understand that, as a part of my rehabilitation care, The Center for Neurorehabilitation Services (CNS) receives, originates, maintains, discloses and uses individually identifiable health information, including, but not limited to, health records and other health information describing my health history, symptoms, examination and test results, diagnoses, treatment, treatment plans and billing and health insurance information. I understand that CNS and its physicians, therapists and staff may use this information for the following purposes:

- Diagnose my medical/psychiatric/psychological condition.
- Plan my care and treatment.
- Communicate with other health professionals concerning my care.
- Document services for payment/reimbursement.
- Conduct routine health care operations, such as quality assurance (the process of monitoring the necessity for, the appropriateness of and the quality of care provided) and peer review (the process of monitoring the effectiveness of health care personnel).

I consent to the use and disclosure of my individually identifiable health information for treatment, payment and health care operations:

- ❑ Without restriction.
- ❑ With the following restriction(s):

_____

_____

The following is a list of individuals or organizations with whom I would specifically like CNS to exchange written or verbal information, including medical records and reports, related to my evaluation and care.

Name	***Mailing Address***
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorizing signature (persons age 18 and older sign for themselves):

_____	_____	_____
Print Client Name	Birth Date	Soc. Sec. #
_____	_____	_____
Signature of Client/Client Representative to Client	Date	Relationship
_____	_____	
Witness	Date	

I agree a photocopy of this original consent form is as valid as the original.

Center for Neurorehabilitation Services

Notice of Privacy Practices

Effective Date 4-14-03

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Rehabilitation Health Record Information

Each time you have a contact session with our healthcare providers, the provider makes a record of your visit. Typically, this record contains such things as your health history, current symptoms, examination and test results, diagnoses, treatment, and plans for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to—

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the Center for Neurorehabilitation Services (CNS), you have certain rights with regard to the information contained therein. You have the right to:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you) or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations.
- Obtain a copy of this notice of privacy practices. Although we have placed a copy in the waiting room of the main building, and posted a copy on our web site at www.brainrecov.com, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
    - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a

conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
    - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
    - Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
    - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

  In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These "reviewable" grounds for denial include the following:

    - A licensed healthcare professional, such as your therapist, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
    - PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
    - The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

  For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 30 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
    - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
    - The records are not available to you as discussed immediately above.
    - The record is accurate and complete.

  If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and to those whom you identify to us that you want to receive the corrected information.
- Obtain an accounting of "non-routine" uses and disclosures, those other than for treatment, payment, and health care operations, to individuals of PHI about them. We do not need to provide an accounting for the following disclosures:
    - To you for disclosures of PHI to you.
    - To persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, your location, general condition, or death).
    - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
    - To correctional institutions or law enforcement officials under § 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
    - That occurred before April 14, 2003.

We must provide the accounting within 30 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information (PHI).
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information that we maintain. If we change our information practices, we will mail a revised notice to the address that you have given us. We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the Center for Neurorehabilitation Services at (970) 493.6667. You have the right to file a written complaint with CNS. You may also file a complaint with the Secretary of Health and Human Services.

Examples of Disclosures for Treatment, Payment, and Health Operations

- *We will use your health information for treatment:* For example, a physician, therapist, or other member of your rehabilitation team will record information in your record to diagnose your condition and determine the best course of treatment for you. Your primary physician will give treatment orders and document what he or she expects other members of the rehabilitation team to do to treat you. Those other members will then document the actions they took and their observations. In that way, your primary physician will know how you are responding to treatment.

- *We will use your health information for payment:* For example, we may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

- *We will use your health information for health operations:* Members of the medical staff, management, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to

continually improve the quality and effectiveness of the health care and rehabilitation services that we provide.

- *Business associates:* We provide some services through contracts with business associates. Examples include an electronic billing contractor, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information.

- *Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

- *Communication with family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.

- *Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- *Marketing/continuity of care:* We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, especially through our newsletter. Unless you tell us otherwise, we will call and leave a message that you have an upcoming appointment. If no one answers the phone, we will leave a message on your answering machine or voice messaging service.

- *Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- *Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- *Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

- *Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

- *Health oversight agencies and public health authorities:* If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

- *The federal Department of Health and Human Services ("DHHS"):* Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

❖ Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Center for Neurorehabilitation

Acknowledgement of Receipt of Notice of Privacy Practices

The Center for Neurorehabilitation Services (CNS) reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for CNS.

_____	_____	_____
Name of Client (Print or Type)	Signature of Client	Date
_____	_____	
Signature of Client Representative	Relationship to Client	

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

Attempt to Obtain Acknowledgement

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices on __/__/__. The acknowledgement was not obtained because:

- ❑ The client declined to sign the acknowledgement.
- ❑ Other _____.

Signature

_____
Name of Client

_____
Name of Staff Member

_____
Date

Center for Neurorehabilitation Services

DISCLOSURE STATEMENT FOR PSYCHOLOGICAL SERVICES

Dear client:

The **Psychological Services Department** is one of the rehabilitation programs offered at the Center for Neurorehabilitation Services. In addition to individual and group counseling, psychological services may include neurobehavioral status evaluations, neuropsychological testing, neurorehabilitation debriefs/team meetings, and school or employment staffings. The laws that regulate the practice of psychology and other counseling services in the State of Colorado require that we provide all of our clients with written information regarding ourselves and the practice of psychology.

The Mental Health Section of the Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. The address is 1560 Broadway, Suite 1370; Denver, CO 80202; the telephone number is 303-894-7766.

Clients in our program are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Mental Health Section of the Department of Regulatory Agencies.

Generally speaking, personal information provided by a client during therapy sessions is legally confidential, and a therapist cannot be forced to disclose the information without the client's consent. There are *exceptions* to legal confidentiality which are listed in the Colorado statutes (C.R.S. 12-43-218). This exception includes information which leads a therapist to believe you pose a serious threat to yourself or others, if child abuse or abuse of an elderly person is suspected, and if required by insurance reimbursement. There are other exceptions that will be identified as the situations arise during therapy.

Staff qualifications:

Thomas L. Bennett, PhD, ABPN, ABPP

Dr. Bennett received his PhD degree from the University of New Mexico in 1968. He has been licensed for the independent practice of psychology by the State of Colorado since July, 1984, and his license number is 895. He is board certified in clinical neuropsychology by the American Board of Professional Neuropsychology (Diploma number 234, 1991) and in rehabilitation psychology by the American Board of Professional Psychology (Diploma number 4944, 1997).

Deana B. Davalos, PhD

Dr. Davalos received her PhD degree in counseling psychology from Colorado State University in 2000. Additional training included a one-year internship in Neuropsychological Assessment Services/Outpatient Services at Yale University School of Medicine and a two-year postdoctoral fellowship at the University of Colorado Health Science Center. She has been licensed for the independent practice of psychology by the State of Colorado since January, 2005, and her license number is 2860.

Jacqueline B. Bennett, PhD

Dr. Jackie Bennett received her PhD in psychology from Colorado State University in 1984. She was licensed as a school psychologist by the Board of Education in the State of Colorado from 1983-2003 and has been a nationally certified school psychologist since 1989. She is also listed as an unlicensed psychotherapist in the State of Colorado.

Patricia Kimble, MA, LPC

Ms. Kimble received her Master's degree in agency counseling from the University of Northern Colorado in 1988. She has been licensed as a professional counselor in the state of Colorado since 1991.

Thomas Vnuk, MA, LPC

Mr. Vnuk received his Master's degree in agency counseling from the University of Northern Colorado in 1985. He has been licensed as a professional counselor in the State of Colorado since 1991.

Sara Lipnick, MSW, LSW

Ms. Lipnick received her Master's degree in social work from the University of Kansas in 2000. She has been licensed as a social worker in the State of Kansas since 2001 and in the State of Colorado since 2002.

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client.

_____ _____

Client Signature Date

_____ _____

Therapist Date

Appendix C: Information and Consent Form- Lorraine R. Freedle

Lorraine R. Freedle, LCSW
Neuropsychology Intern
Center for Neurorehabilitation Services (CNS)
Fort Collins, CO (970) 493-6667

Information and Consent

Qualifications/Experience

In accordance with Colorado Mental Health Statutes (12-43-214) this document is designed to inform you about my background and to insure that you understand our professional relationship.

I am licensed as an independent clinical social worker in Colorado, New Mexico, and Texas, and I am also certified in social work through the National Association of Social Workers, Academy of Certified Social Workers. I have an undergraduate degree in social work from the Pennsylvania State University, a masters degree in social work from the University of Hawaii, an education specialist degree from University of Northern Colorado in school psychology, and I am currently working on a doctoral degree in clinical psychology with an emphasis in neuropsychology from the Fielding Graduate Institute. I have been providing clinical social work services since 1988, and I specialize in the treatment of children and adolescents. I also have experience with adults (personal, career, couples, and marital) counseling, and have been providing services to this population for over ten years. At this time (2004-2005) I am providing therapy to you as an intern in neuropsychology working under the supervision of Thomas L. “Tim” Bennett, Ph.D.

I accept only clients who I believe have the capacity to resolve their own problems with my assistance. I am trained in variety of clinical approaches ranging from brief, solution-focused therapy, to systems interventions, to depth-oriented, experiential processes. One primary therapeutic modality that I use is Sandplay Therapy. We will discuss and decide upon the method/s best for you and your circumstance and develop an individual treatment plan for you, but regardless of how long we plan to work together, you may terminate our working relationship at any point and/or you may obtain a second opinion from another therapist if you prefer to do so. Please also note that I work with a team of professionals at CNS and consult with them in order to provide the best care possible to the clients at CNS.

Therapy Relationship

Although our sessions may be intimate emotionally and psychologically, our relationship is of a professional nature, not a personal nature. This means that our contact will be limited to the sessions you have with me and related coordination and/or follow-up for these services. Please also understand that sexual intimacy is never appropriate between a therapist and client and should be reported to the regulatory board (address and phone number provided in next section).

Grievances

If at any time you are dissatisfied with my services or actions please let me know immediately so that I may work to resolve your concerns. You may also talk to my supervisor about your concerns. If either of us is unable to resolve your concerns, you may report your complaints to the regulatory board:

Department of Regulatory Agencies
Colorado Mental Health Section
1560 Broadway Suite 1370 Denver, CO 80202 (303) 894-7766

Confidentiality

Our communication will become part of the medical record, which is accessible to you on request. The information provided in the context of a therapist-client relationship is legally confidential. For example, I will not communicate with others outside of CNS regarding your case unless you have signed a release of information for me to do so, and you are protected by law from me testifying in criminal or delinquency matters without your consent. It is important to note that there are exceptions to confidentiality outlined in the law as follows: (1) If you provide consent; (2) If I determine that you are in danger of hurting yourself or others; (3) If I suspect child abuse or neglect; (4) If the client is a minor, the legal guardian is permitted access to the client record; (5) In a case where a client or executor files a complaint or suit against this licensee or those I am in consultation with; (6) Regulatory agencies or authorized professional review committees may have access to your records during a review process; however, these records shall never be made public; (7) By specific court order.

Fee Agreement/Insurance

Rates for services are as per your agreement with CNS. Please note that this informed consent stands as an addendum to the financial consents, notice of privacy practices, and general informed consents for treatment that you have already signed through CNS.

In signing below, you are indicating that you have read and understand this informed consent and agree to its terms. You are also indicating that any questions you have had about this statement have been answered to your satisfaction.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Legal Guardian (if applicable) Date

_____ _____
Lorraine R. Freedle, LCSW Date

Consent for Research, Training, and/or Publication

I am very interested in evaluating and researching the therapeutic methods I employ, and in educating/training others in the field. I ensure complete anonymity of the client (all identifying information is removed or disguised) when their clinical data is used for these purposes. Please recognize that it is entirely your choice as to whether or not you choose to allow me to use your clinical information for these purposes, and there will be no consequences associated with allowing or choosing not to allow this.

Please check "yes" or "no" below to indicate your preference:

I hereby give Lorraine R. Freedle permission to use pictures of my artwork or sand trays and related information from my therapy sessions and background for supervision, research, training, and/or publication purposes. I understand that my name and any identifying information will not be used and that details of my circumstances may be changed to conceal my identity. ☐Yes ☐No

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Legal Guardian (if applicable) Date

_____ _____
Lorraine R. Freedle, LCSW Date

Appendix D: Informed Consent Form for Sandplay Research

CLIENT PERMISSION FOR USE OF SANDPLAY PROCESS

I hereby grant Lorraine R. Freedle permission to make available to the International Society for Sandplay Therapy (Founder: Dora Kalff) and the Sandplay Therapists of America, all relevant data in her work with me and/or my child with all identifying information removed or disguised. I understand that these data, with complete anonymity preserved, may be used by Lorraine R. Freedle or by any member of the International Society for Sandplay Therapy or the Sandplay Therapists of America for 1) Exchange of professional experiences; 2) Research; or 3) Publications. (Cross out clearly any use for which you do not wish to grant permission.)

Pseudonym assigned by therapist for you will be:_____

Signature (using pseudonym):_____

****

Signed (legal name):_____ Date:_____
Client

Signed:_____ Date:_____
Parent/Legal Guardian (if client is a minor)

Current Address:_____

Phone Number:_____ E-mail address:_____

Note:
The top half of this permission form, with pseudonym and signature only, will be attached to any data presented to the society. Hence, your legal name and address will be omitted from information submitted to the society.

A copy of this permission form in its entirety, including legal name and address, will be retained by Lorraine R. Freedle.

The International Society for Sandplay Therapy is a non-profit association formed August 13, 1985 with its seat in Zollikon/Zurich, Switzerland. Its purpose is to continue and develop Sandplay Therapy internationally on the basis of the work of Dora Kalff, the founder. Its purpose is accomplished by providing a meeting ground for exchange of knowledge and experience, by operating training programs, and by encouraging research in Sandplay Therapy. The Sandplay Therapists of America is an affiliate of the International Society of Sandplay Therapy.

Appendix E: Informed Consent Form for Research Participation

Informed Consent to Participate in a Research Study
Researcher: Lorraine R. Freedle

INTRODUCTORY STATEMENT
You have been asked to participate in a research study conducted by Lorraine R. Freedle, a doctoral student in the School of Psychology at Fielding Graduate University, Santa Barbara, CA. This research involves the study of Sandplay therapy with persons with traumatic brain injury (TBI). Lorraine R. Freedle is working under the supervision of Nancy Hansen, Ph.D, a member of the Fielding faculty, and in consultation with Thomas L. "Tim" Bennett, Ph.D., Clinical Director of the Center for Neurorehabilitation Services (CNS), and her dissertation committee. This study is part of Lorraine R. Freedle's Fielding doctoral dissertation.

PURPOSE OF THE STUDY
The purpose of this study is to explore Sandplay therapy and personality development in persons with TBI. It is hoped that this study will help further research in the areas of Sandplay therapy and psychotherapy with persons with TBI.

SELECTION
You have been selected for this study because you are between the ages of 18 and 39, have been diagnosed with TBI, and have engaged in Sandplay therapy with Lorraine R. Freedle.

EXPECTATIONS OF THE PARTICIPANTS
As a participant of this study, you will be expected to allow information from your counseling sessions--namely background information about you and your diagnosis, photographs of your Sandplay scenes, and the session notes taken by the counselor-- to be analyzed by independent reviewers. Any information that could identify you such as your name, date of birth, and other potentially revealing information will be removed or disguised by the researcher to ensure complete anonymity.

CONFIDENTIALITY
The Institutional Review Board of Fielding Graduate University retains access to all signed informed consent forms. The information provided about you will be kept strictly confidential. The informed consent forms and other materials will be kept in a locked filing cabinet.

You be asked to provide a different name for any quotes that might be included in the final research report. You will also have the opportunity to review transcripts of your session notes and photographs of your Sandplay scenes, and

to remove any material you do not wish to have used. In addition, all research materials will be kept in a secure file cabinet and destroyed five years after the completion of the study. The results of this research will be published in the researcher's dissertation and possibly in subsequent journals or books. No personally identifying data about you will be included in the published reports.

HIPAA AUTHORIZATION FOR USE OF PERSONAL HEALTH INFORMATON IN RESEARCH

In signing below you are giving permission for the researcher to use your personal health information for the expressed purpose of use in the research project described here, and only for this research project. All identifying information used in this study will be removed or disguised in accordance with the standards set by the Privacy Rule at section 164.514 (a)-(c) to ensure complete anonymity. However, the Institutional Review Board of Fielding Graduate University will have access to the signed consent forms with your name on it.

In signing below you also understand your permission for use of personal health information will expire at the end of this research study; however, you have the right to withdraw your permission at any time prior to the end of this research study except for action has already been taken by the researcher. To withdraw your permission, you may contact the researcher at the address and phone number below and express your desire to withdraw permission in writing. There are no negative consequences that come with refusing to provide permission or withdrawing permission. Your permission for use of personal health information is given with the understanding that once this information is provided to the recipient in any form, federal regulations may no longer protect the health information provided.

BENEFITS TO BE EXPECTED

You may not experience direct benefits from participation in this study; however, the information gained may be useful to researchers and counselors in the treatment of persons with TBI and in the use of Sandplay Therapy.

RISKS INHERENT IN THE PROCEDURES

There are no foreseeable risks that may occur as a result of your participation in this research. Agreeing to participate simply means that you will allow the researcher to use information from your case record for the purposes of this study. Again, this information will be disguised to protect your identity.

PARTICIPATION

It is entirely your choice as to whether or not you chose to participate in this study, and there will be no negative consequences associated with your decision. You may withdraw from this study at any time, either during or after the interview, without negative consequences. Should you withdraw, your data will be eliminated from the study and will be destroyed.

FINANCIAL STATEMENT
There is no payment available to you for participating in this study.

RESULTS
In addition to discussing the preliminary results with the researcher by phone, you may also request a copy of the summary of the final results by indicating your interest on the attached form.

QUESTIONS
If you have any questions about any aspect of this study or your involvement, please ask the researcher before signing this form.

CONSENT
Two copies of this informed consent form have been provided. Please sign both, indicating you have read, understood, and agreed to participate in this research. Return one to the researcher and keep the other for your files.

_____
NAME OF PARTICIPANT (please print)

_____
SIGNATURE OF PARTICIPANT

_____
DATE

FACULTY ADVISOR'S NAME, ADDRESS & TELEPHONE NUMBER	RESEARCHER'S NAME, ADDRESS & TELEPHONE NUMBER
Name: Nancy Hansen, Ph.D.	Name: Lorraine R. Freedle, LCSW
Fielding Graduate University	Center for Neurorehabilitation Services
2112 Santa Barbara Street	1045 Robertson Street
Santa Barbara, CA 93105	Fort Collins, CO 80524
805-687-1099	970-493-6667

****

Yes, please send a summary of the study results to:

_____

NAME OF PARTICIPANT (please print)

_____

Street Address

_____

City, State, Zip