

Neuroscience & sand tray therapy



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SAND TRAY THERAPY – DEFINITION

Sand tray therapy is a non-verbal, therapeutic intervention that uses a sand tray, toy figures and sometimes water to create scenes of miniature worlds that reflect a person's inner thoughts, struggles and worries.


Sand tray
work is
fun!

This article does not attempt to provide a complete academic study of sand tray therapy. It only provides an overview and introduction to the subject. It is also important to note that there is a difference between sand tray therapy, which we are focusing on, and Jungian sand therapy.

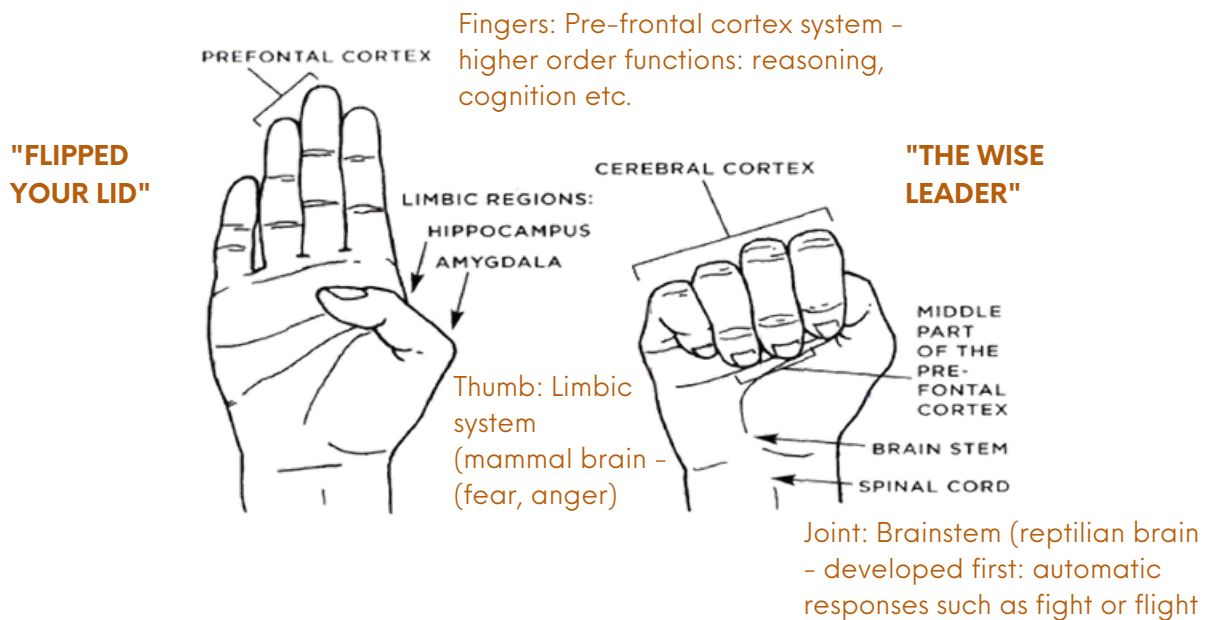
Sand tray therapy is fun, and most customers (young and old) love it. But is it of any value? Does it work? And if it works, why?

Benefits of sand tray therapy

Benefits of sand tray therapy experienced by therapists, include:

- Sand tray therapy expresses non-verbal emotional issues. The miniatures become the "words" of the customer. Therefore, it works very well with clients who still need to verbalise well, are resistant to verbalising, or have limited abilities.
 - The sensory and kinaesthetic quality of sand work gives the client the necessary sensory experience essential during trauma. The tactile experience of sand through the fingers is calming to anxious clients.
 - Sandboxing creates a valuable, respectful distance between client and therapist during intense emotional experiences. It also creates a safe space where negative emotions can be experienced and exploited.
 - When working with families, sandboxing can be a wonderfully inclusive process where everyone can make a non-threatening contribution.
 - The tray/box, which is a specific size, offers natural boundaries and restrictions that further contribute to the customer's safety.
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- Sand tray therapy is a non-threatening technique for a client who is very anxious about performance and product delivery. There is less pressure to create a nice result than with clay work or drawing.

Daniel Siegel's hand model



Everything in the brain builds on each other. The lower functions must first be sorted out and in place before access to higher functions can be gained.

The lower functions that control our automatic activities develop first. Then the functions regulating our bodies (hunger, thirst, etc.) and the limbic system, where fear, anger, love, etc., is based. Last is the cortex - how the world is perceived, reasoning ability, ability to make plans, etc.

"The wise leader" (fist)

Here the fingers (logical brain) protect the thumb (emotion - fear, anxiety, anger).

"Flipped your lid" (open hand) The pre-frontal cortex system is "offline" when someone is anxious or has fear. The thumb is exposed (fear, anxiety, anger, etc.) The brain does not reason, resulting in impulsive, emotional actions. That's why people tend to make irrational decisions in such a situation. It is also referred to as a "stupid action."

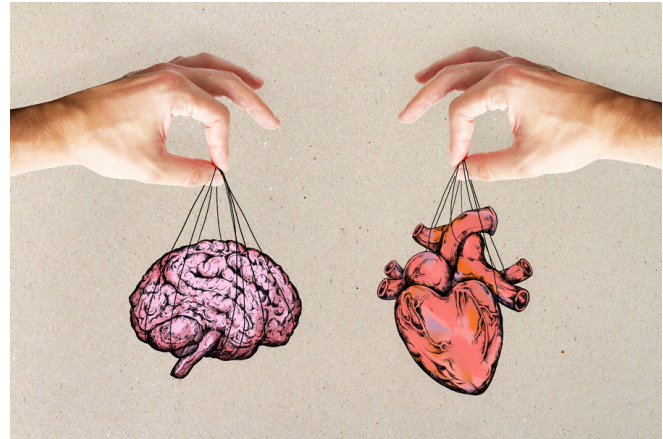
When the hand is open (flip your lid), the prefrontal cortex switches off, and the limbic system that houses emotions such as anxiety, fear, and anger takes over.

It is important to note that children who are constantly anxious and experience fear and abuse have a higher-than-normal resting heart rate. They, therefore, remain constantly in a state of vigilance ("alertness").

The higher brain functions need more oxygen to function, and due to this physiological influence during stressful periods, the higher brain functions are offline during trauma. The brain goes into survival mode and "saves" energy for the lower brain functions.

Why is this information important in therapy?

As mentioned, there is no access to higher-order brain functions during trauma. Still, therapists often assume that the traumatised client's prefrontal cortex (with higher-order functions) is in operation. Therefore, it is also called upon during therapy done on the client's cognitive functions and attempted to bring about change along that route.



We are often faced with a situation where a client KNOWS what to do on a rational level, but she/he cannot do it. For example:

Example:

- Mom knows it's counterproductive to yell at the kids, but once she gets stressed, she just can't help herself.
- The impulsive kid in class KNOWS getting on the desk is only going to cause trouble, but literally can't help himself.

During trauma the brain does not work at full capacity

The therapist must meet the client at the level he is at. It must therefore be assumed that only the lower brain functions can be achieved.

In sand tray therapy, the whole brain is working.

How the left and right brain work with sand tray therapy

The RIGHT BRAIN involves the person's emotional experiences, their perception of the world, and where trauma is stored. The LEFT BRAIN involves man's cognition, reasoning ability, and linear thinking (a+b+c).

The goal of therapy is often to heal traumatic wounds. It makes sense that feelings and emotions should be worked with during therapy - i.e., the right brain. How can the right brain be accessed? Through touch, movement, and images. And that's why sand tray therapy is so powerful. The right brain is accessed when the client's hands work in the sand, through imagery, etc.

The brain then brings those experiences to consciousness, and only then can they be verbalised (words are attached to the experiences and associated with them). After that, it can be worked on cognitively and rationally.

In the case of children, the right brain is mainly relied upon up to the age of eleven (concrete phase). Thus, there will not necessarily be verbalisation during therapy but self-healing. An "a-ha" moment is often experienced, where healing of earlier wounds can take place on a deeper, unconscious level.

So when you are again confronted with the concept of sand tray therapy, you can rest assured that it is not mere child's play in the sand. It is indeed a very powerful tool for the path to emotional healing.



BRONNE:

I've used mainly the following sources for the compilation of this information sheet:

Amy Flaherty of the Southern Sand tray Institute (www.southernsandtray.com)
Linda E. Homeyer en Daniël S. Sweeney's book "Sandtray Therapy: a practical manual", Daniel Siegel's hand model of the brain, as well as personal experiences in the private practice of the author.