

**SANDPLAY THERAPY WITH
TRAUMATIC BRAIN INJURED ADULTS:
AN EXPLORATORY QUALITATIVE STUDY**

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Abstract

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

People with traumatic brain injury (TBI) face issues of mortality, the meaning and purpose of life, and significant changes in work, play, and love (Prigatano, 1999). They experience losses, sudden adaptations, and changes in cognition, emotion, and action that lie at the very core of their concept of selfhood (Langer, Laatsch, & Lewis, 1999). 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 concur that psychotherapy is a vital element in the rehabilitation of people with TBI (Ben-Yishay & Daniels-Zide, 2000; Christensen & Rosenberg, 1991; Cicerone, 2000; Langer et al., 1999; Miller, 1991, 1993; Prigatano, 1991, 1999), there are no studies that empirically examine the psychotherapy process of this population. George Prigatano (1991, 1999) provides a conceptual framework though, that is grounded in Jungian theory and influenced by the work of Dora Kalff. He postulates that people with TBI have conflicts that emerge in psychotherapy regarding normalcy, individuality and spirituality, and that self-expression through symbols helps begin a process of individuation to find meaning and purpose in their lives.

Jung notes that the individuation process is ego-transcending and spiritual in nature (Jacobi, 1965). He describes the individuation process as a systematic confrontation between the ego and the contents of the unconscious. This process of successive assimilations leads to the distant goal of complete self actualization (Jung, 1954). Individuation may occur naturally in midlife when seeking answers to questions about the meaning of life or be brought about forcibly by serious life upheavals such as sudden and significant loss or physical illness (Jacobi, 1965). People with TBI are brought

face-to-face with questions about mortality and the meaning of life, and may be consequently thrust into the process of individuation.

The work of Dora Kalff offers sandplay therapy as a nonverbal, symbolic means to facilitate psychological healing and transformation. Fundamental process themes emerge through sandplay to create a new worldview and facilitate a process of individuation (Ammann, 1991; Weinrib, 1983). Although Prigatano supported Kalff's theories, he never utilized sandplay in his work. However, because sandplay works with images for self expression, it may provide a window into the phenomenological experiences and individuation process of people with TBI.

Through the study of themes that emerge in a sandplay series, a greater understanding about both the *content* of psychological issues and the *process* of individuation in people with TBI is possible. The following research questions were posed to study the content and process of individuation in people with TBI.

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

Research Methods

Data for this naturalistic study were obtained from participants during an actual course of sandplay therapy. A collective case study approach using

four cases and multiple sources of information was selected to allow for the broadest exploratory qualitative examination of the data, while preserving the richness of each individual case (Creswell, 1998; Mason, 2002).

Participants were three males and one female between the ages of 18 and 39. These ages included the most typical age range for TBI patients (Kraus & Chu, 2005). Participants were diagnosed with moderate to severe TBI, and received sandplay therapy as part of an outpatient rehabilitation program. The diagnosis 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 identified in the patient's medical records.

Participants were chosen for sandplay by their rehabilitation team, because they were experiencing significant psychosocial adjustment difficulties and were considered good candidates for psychotherapy based on criteria offered by Bennett, 1989. The first four TBI patients between the ages of 18 and 39 who were referred to sandplay and consented to participate in the study became the research participants.

Participants were invited to create a picture in the sandtray in the presence of the author, who was trained in sandplay therapy. If the individual chose to tell a story about the scene, the therapist listened and withheld any interpretation (Kalff, 1993). The therapist took detailed notes about what was said, the constructions of the tray, and how the participant behaved. Each sandplay scene was photographed. When participants chose not to make a sandtray the therapist utilized a client-centered therapeutic modality.

Therapy is time-limited in outpatient rehabilitation. Katherine Bradway noted, “If only brief sessions (of sandplay therapy) are available the psyche rises to the occasion” (personal communication, September 3, 2006). Based upon the average length of stay in rehabilitation and Bradway’s teachings, this study was designed for participants to produce 12 sandtrays. They were aware of this at the beginning of their sandplay sessions. They also had an option to continue after the 12 trays, and one participant opted to continue and made 18 trays before completing therapy. At the conclusion of their sandplay sessions, participants received a 2-hour debriefing session where they examined slides of their sandplay series and reflected on their experiences. Therapy was terminated after the debriefing session.

The results of the sessions (photographs and notes) were independently reviewed by three certified sandplay therapists. They were blind to the purpose of the study, but were provided brief background information about the participants (age, gender and presenting issues). The reviewers did not consult with each other during the review process.

Data Analysis

Photographs of each sandtray, detailed session notes, and reviewer feedback comprised the data sources for this study. A Microsoft Excel spreadsheet was created to organize data entry and sort material by case, sandtray, and data source. The data were further organized as they pertained to three areas of inquiry: (Q1) participants’ experience with sandplay; (Q2) content themes such as grief, loss and normalcy, and (Q3) psychological process themes such as emotional expressiveness and expanded perspective. Data entries were made chronologically for each session, so that progression through the sandplay process could be viewed vertically on the spreadsheet.

To minimize evaluator bias, organization of data and theme extractions were conducted by a data analysis team (DAT). The DAT consisted of the author and two CST-T members of the Sandplay Therapists of America (STA) research committee. In brief, the DAT objectively sorted all the data to extract content and process themes and essences (Creswell, 1998). Themes were extracted to describe each and every action or observation that occurred during the sandplay sessions. Essences were derived for each session and accepted by the DAT if they concisely and inclusively captured the themes of the session. The DAT did not interpret material or place it into any predetermined thematic categories.

The DAT followed these steps:

1. The DAT read session notes for each case highlighting key quotes and narrative, and reviewing all sand scenes.
2. The DAT discussed the data, line by line, identified themes by consensus for each aspect of the session, and recorded information on the spread sheet.
3. The DAT reviewed themes to extract essences for each sandplay session, and recorded information on the spread sheet.
4. The findings from the DAT were analyzed by the author/researcher. Reviewer feedback was used for discussion purposes only, specific to research question four.

Results and Discussion

Overview of the Participants

The participants were “Joe,” age 30, who sustained a severe TBI in a motor vehicle accident 12 months prior to starting sandplay and completed

12 trays in 15 weeks; “Russell,” age 35, who sustained a moderate-to-severe TBI through a sports injury six years prior to starting sandplay and completed 18 trays in 12 months; “Pac,” age 24, who sustained a severe TBI by a self-inflicted gunshot wound six years prior to starting sandplay and completed 12 trays in 16 weeks; and “Karla,” age 21, who sustained a severe TBI when she was thrown from a moving vehicle 15 months prior to starting sandplay. She completed 12 trays in 9 months.

Q1: How do people with traumatic brain injury experience sandplay therapy?

The participants all stated that they were able to express themselves through sandplay in a manner unavailable to them verbally. 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, participants connected directly to their bodies, feelings, and creative energies. These connections, in turn, led them to self-discoveries and new possibilities. This process, which the author named “Sandplay’s Sensory Feedback Loop,” occurred in the client-therapist psychic field, repeated itself within each sandplay session, and gained momentum over the course of multiple sandplays until new insights manifested in the participant’s everyday life (**Figure 1**). The sensory feedback loop appeared to bypass cognitive limitations to provide participants with direct access to their preserved brain functioning.

Sandplay's Sensory Feedback Loop

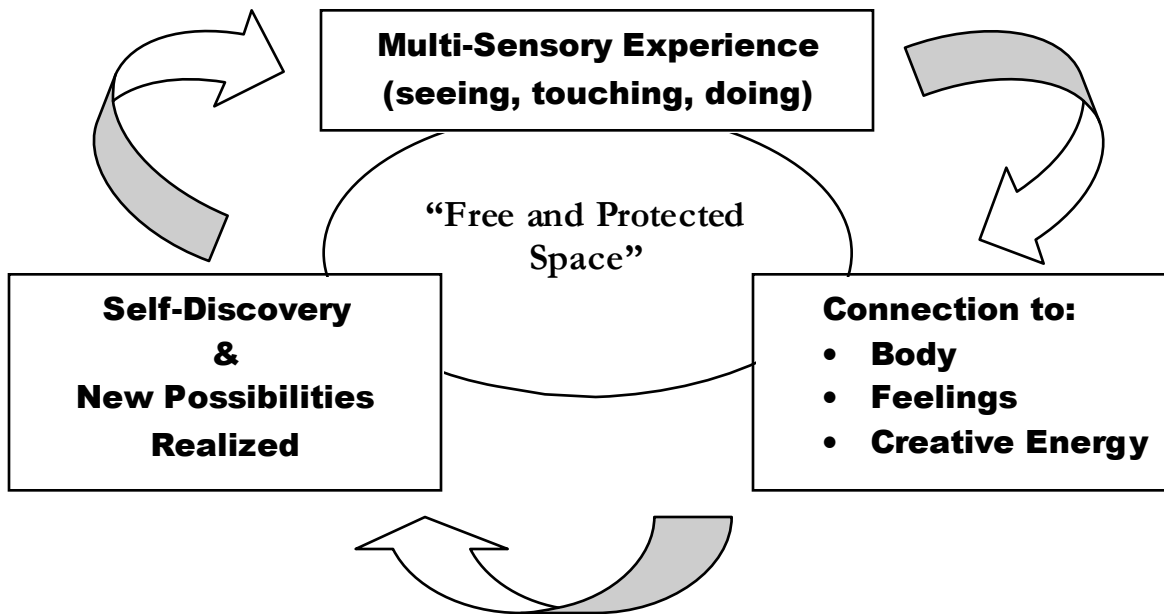


Figure 1. Sandplay's Sensory Feedback Loop.

Massaging the sand evoked intense emotion for Joe and connected him with his feelings. When he looked at the images he had made, he often thought of new ideas and returned to the shelves to find additional figurines to enhance the self-discovery process. Russell accessed creative energy through play that was otherwise unavailable to him cognitively. He used sandplay to “shift gears” to a new perspective 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.”

Q2: What are the phenomenological experiences of people with TBI as depicted by the content themes that emerge through sandplay?

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. Their approach to sandplay was one of urgency. Additionally, each pursued a more fundamental psychological goal: Joe sought wholeness, Russell searched for purpose, Pac longed for connection to life, and Karla desired acceptance.

Table 1. Content themes by participant.

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" of his accident left him shattered and confused. He sought to put the pieces of himself together in order to become "a complete man." During his process, Joe confronted the traumatic event, his grief, loss, regret and uncertainty, his identity and spirituality, his relationship with time, and his independence and normalcy. Normalcy for Joe involved returning to his home and family, barbecuing for friends, and returning to work.

Joe called his second sandtray (**Figure 2**), "The eventful night." In the center is a donkey covered with alcohol bottles and monsters. He said, "I was an ass." In the close-up (**Figure 3**) a car is turned over at a lake, representing the scene of Joe's accident. **Figure 4** shows Joe's representation of himself at this time. He said, "He (the gargoyle in the wheelchair) has a heart of stone."



Figure 2. Joe- Sandtray #2



Figure 3. Joe- Close-up of Sandtray #2



Figure 4. Joe- Close-up of Sandtray #2

In Joe's seventh sandtray (**Figure 5**) the gargoyle in the wheelchair transforms into a phoenix and Joe describes his survival as "a miracle."



Figure 5. Joe- Sandtray #7

In Joe's final tray (**Figure 6**) he returns home to the scene of the accident. He said, "How many birds does it take to make a complete man?" Then he placed various birds in the tray announcing their qualities, "the swan for its peaceful nature, the eagle for its grace and power, the owl for its wisdom..." Joe emphasized that he was all of these birds, but mostly the "daddy duck" in the pond leading his children. He stood as a superhero by the lake where his accident took and said, "Wolverine has healing powers and he can protect his family." (**Figure 7**).



Figure 6. Joe- Final Sandtray



Figure 7. Joe- Close-up of Final Sandtray

Russell's fundamental quest was for purpose. He repeatedly asked himself, "Who am I and what am I doing here?" With sandplay he embarked on a metaphoric hero's journey (Campbell, 1973). As a warrior he searched for the oracle, encountered adventures, faced death and perfection, found his

authentic self, and eventually gained a new perspective on life. During Russell's process he confronted grief, loss and regret, depression, cognitive difficulties, family of origin issues, chronic pain and health concerns, educational and vocational interests, and existential issues. He became "a college graduate with a brain injury."

Russell called his third sandtray "dreams falling away" (**Figure 8**) and revealed a sense of loss and devastation. Later, in his tenth sandtray, he recreated a mountain similar in shape that he called "the trail to Nirvana." (**Figure 9**).



Figure 8. Russell- Sandtray #3



Figure 9. Russell- Sandtray #10

Pac's fundamental quest was for 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. In his fifth sandplay (**Figure 10**), Pac describes himself as “covered in death.” In his seventh tray (**Figure 11**) he stated he felt “alive but dead.” Later Pac realized his past attempts to manage grief, loss, and trauma were ineffective. In his final sandtray he represented himself as Timone from *The Lion King* atop a ferris wheel over looking his future (**Figure 12**). He proudly declared, “God is in control of my life. I am alive. I have this life.”



Figure 10. Pac Sandtray #5



Figure 11. Pac Sandtray #7



Figure 12. Pac Final Sandtray

Karla's quest was for acceptance. She had difficulty accepting her circumstances and herself. She wanted to be loved and accepted by others and live a normal life. During her process Karla confronted her traumatic ordeal, grief and loss, her 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. **Figure 13** shows Karla's fifth sandtray, when she felt immobilized with depression. **Figure 14** shows Karla's eleventh sandtray wherein she represents herself as a smiley-face candle embracing her interest in computer-assisted drafting. Time is behind her. It appears that she accepted the fact that she can be successful even if she takes longer than other students to do her work. With the completion of her sandtray series Karla was "awake and wise." (**Figure 15**).



Figure 13. Karla- Sandtray # 5



Figure 14. Karla- Sandtray # 11



Figure 15. Karla- Final Sandtray

Q3: How does the course of psychological development progress in people with TBIs as depicted by their sandplay process?

During the first few trays, participants presented their phenomenological experiences and everyday struggles, as if to tell the therapist, “This is what I deal with everyday.” Then in various ways, they accessed and shored up their inner resources. The safety of the therapeutic relationship, their recognition of strong and preserved personality traits, and the importance of rest and restoration predominated. After this, they plunged into issues of death, darkness and despair, followed by a period of transformation and hope. They created and experienced a numinous state of wholeness before bridging opposing forces and integrating their experiences into their everyday lives. These seven phases are presented diagrammatically in **Figure 16**.

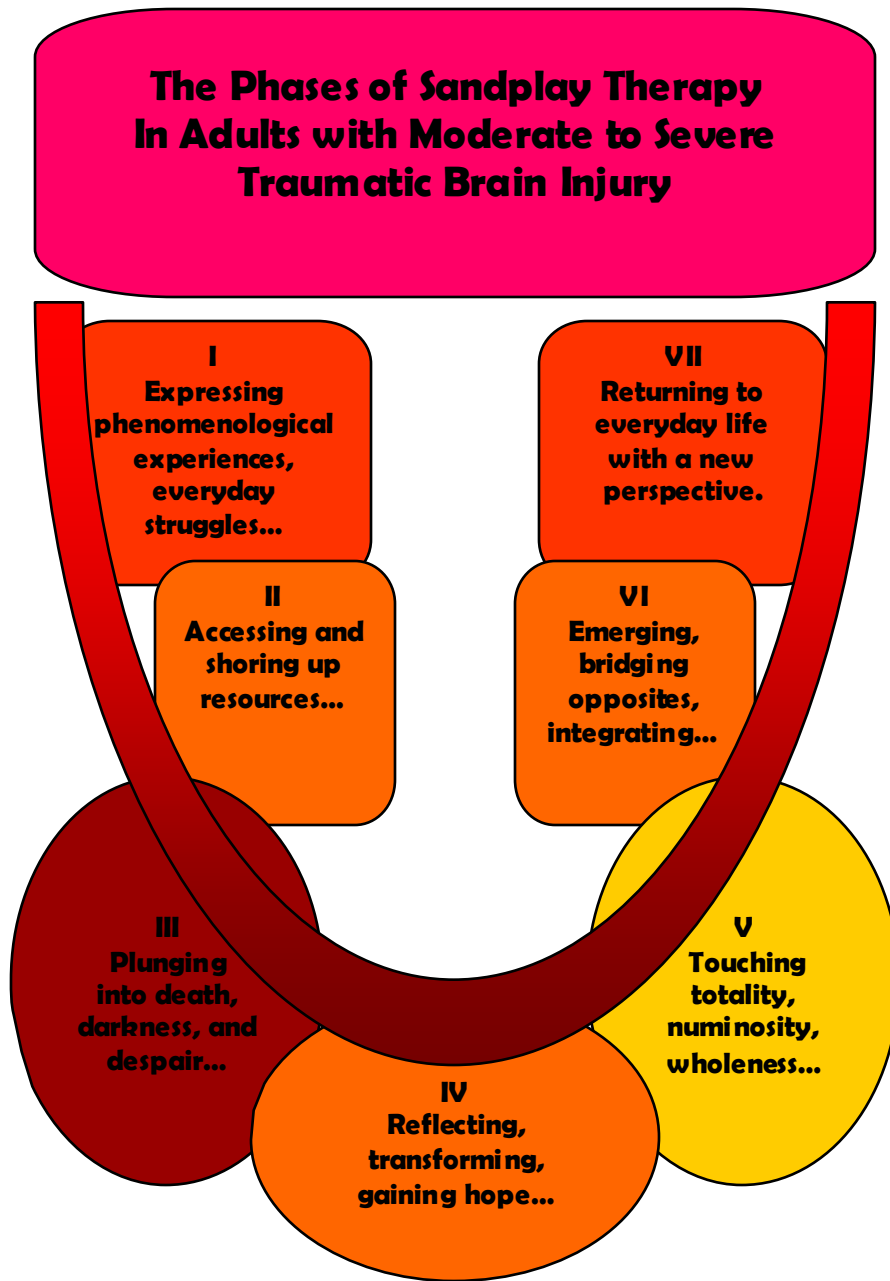


Figure 16.
The phases of sandplay therapy in adults with moderate to severe TBI.

Progression through these phases, although sequential, was not linear. Overlap occurred when one sandtray incorporated the work of more than one phase, and some of the participants returned to a previous phase before moving onto the next. Finally, some participants remained in one phase longer than others. **Figure 17** shows the progression of participants through the seven phases of their sandplay series.

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		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	III		IV			V	VI	VII							

Figure 17. Movement through the seven phases of sandplay by participant.

Q4: What might be revealed about the individuation process in people with TBIs as depicted by their sandplay therapy process?

Jung described the individuation process as an ever-evolving journey with transformative results wherein successive assimilations of unconscious material occur (Jung, 1954). In this study participants were repeatedly confronted by unconscious material through sandplay. Russell touched on this notion when he stated, “It (sandplay) is like dreaming with toys.”

Jung emphasized that assimilation is never a question of “this *or* that,” but always of “this *and* that” (Jung, 1954, p.156). At the conclusion of their

processes, the participants were able to tolerate the tension of opposites and returned to their everyday lives with a new perspective. 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 alive and aware of everything. 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.

The seven phases of sandplay that emerged resembled an archetypal journey, and involved at least two essential confrontations that occur in the individuation process: confrontation with the shadow and manifestation of the Self. Although participants dealt with shadow material throughout their therapy, it was most apparent during the third phase of their sandplay process. Joe encountered his 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 her fifth tray when she experienced a state of complete emptiness and inertia. Russell plunged into shadow in his seventh sandtray when his warrior figure and its traveling companions were thrust into the underworld and engulfed by demons. Finally, Pac encountered shadow material most vividly during his fifth and seventh sandtrays when he was “covered in death” and “lifeless.” After these experiences with shadow, each participant entered a phase of reflection and transformation, followed by an experience of the Self.

Self-encounter involves the integration of opposing energies and creates a state of grace and psychic harmony (Amatruda & Helm-Simpson, 1997). Kalff (1980) highlighted the role of sandplay in facilitating Self-encounters and noted that sandplay establishes a core of transforming

energies. Joe's most vivid encounter with Self occurred during his ninth sandtray 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 stood with the therapist in awe before his image (**Figure 18**). Reviewer 2 noted Joe seemed to have found his center. In his outer life he became less narcissistic and more relational.



Figure 18. Joe- Sandtray #9- Self Experience

Russell's most intensive encounter with the Self occurred during his seventeenth sandtray when he arrived at the oracle and stood speechless before perfection (**Figure 19**). Reviewer 3 commented, "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."



Figure 19. Russell- Sandtray #17- Self Experience

During his ninth session Pac experienced totality and wholeness when he played freely and joyfully with the therapist (**Figure 20**). He left his mark in the sand, made with the stroke of both hands at the same time (affected and unaffected hand) and punctuated his image with his initials. 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.”



Figure 20. Pac- Sandtray #9- Self Experience

Karla's encounter with totality and wholeness occurred in her tenth sandtray when she created "the whole year." She represented life in the winter and life in the summer and dwelled in both seasons. There were no time constraints and Karla felt a deep calmness (Figure 21). 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."



Figure 21. Karla- Sandtray #10- Self Experience

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.

Summary & Conclusions

In this exploratory qualitative study sandplay therapy was used to investigate the phenomenological experiences of adults with moderate to severe traumatic brain injury (TBI), and to understand the process of individuation as it occurs in these individuals. The first research question examined how people with TBI experience sandplay. All participants stated they were able to express themselves through sandplay in ways previously unavailable to them verbally. It appears the multi-sensory aspects of sandplay allowed them to bypass cognitive limitations and gain direct access to preserved brain functioning. The touching, seeing, and doing aspects of sandplay seemed to be especially transformative for them and facilitated self-discovery and new perspectives.

These findings support the clinical work of Akimoto (1995) who used sandplay with brain-injured elderly psychiatric patients. Akimoto reported, “the sandtrays seemed to reveal the patient’s latent capacities, whereas intelligence testing highlighted their deficits” (p.62). The results also support the work of Prigatano (1991, 1999) and Weinrib (1983). Prigatano asserted that symbolic expression helps persons with TBI to further their psychological development. Weinrib 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 (1983, p.68).

The second research question explored the phenomenological experiences of persons with TBI as depicted by the content themes that emerged in their sandplay process. Regardless of the length of their recovery

gender, ethnicity or life situation, the content of psychotherapy for all participants centered on their TBI experience and its devastating impact on their lives. To varying degrees they confronted their loss, trauma, regret, uncertainty, isolation, identity, self-acceptance, spirituality, normalcy, and relationship with time. Additionally, they each pursued the more fundamental psychological goal of wholeness, purpose, connection to life, and acceptance.

These observations are consistent with Prigatano's findings that conflicts regarding normalcy, individuality, and spirituality, emerge in psychotherapy with brain-injured individuals (Prigatano, 1991). Additionally, this research is consistent with a general body of literature that indicates people 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. They are faced with a pressing need to address the psychological implications of their trauma as they strive toward psychological wholeness (Miller, 1993; Prigatano, 1991, 1999).

The third and fourth research questions addresses the course of psychological development and the individuation process in persons with TBI. Findings suggest psychological development is stimulated by the multisensory aspects of sandplay and progresses 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

The seven phases of psychological development that emerged are remarkably similar to Jackson (2000) and Shaia's (2006) observations about sandplay, and are consistent with Jung's theory of individuation. Jackson conceptualized the sandplay process as similar to Joseph Campbell's hero's journey. In this journey the hero answers a call, secures a "free and protected space," descends into the unconscious, experiences a confrontation with the shadow, develops awareness, experiences a constellation of the Self, relativizes the ego, reconciles opposites, obtains a treasure, and brings this treasure back into daily life. Shaia developed the term "quadratos" 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).

Although there is a need for more research about the Jungian concepts of personality structures and individuation, the findings of this study suggest 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.

The samples in this research are intentionally small, which precludes generalization. Additionally, all members of the data analysis team were experienced sandplay therapists and their theoretical orientation may have impacted the findings on some level. Despite these limitations, this study represents the first known empirical research to provide an in-depth exploration of psychotherapy in persons with TBI. It provides a way to conceptualize psychotherapy and psychological development in persons with

TBI and underscores the use of multisensory methods in addressing their needs. It is timely in its implications for use of sandplay with war veterans suffering from active duty related brain injury. Finally, it encourages the use of sandplay with persons with TBI, and demonstrates an underlying tendency toward psychological healing and individuation which according to Jung, is inborn in every individual (Jung, 1960).

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