# A case study of sandplay therapy for 6-year-old ukrainian boy experienced emotion difficults related to war refugees

## Studium przypadku terapii piaskiem 6-letniego Ukraińca, doświadczającego trudności emocjonalnych związanych z uchodźctwem wojennym

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**Abstract:** The case study sheds light on the importance of sandplay therapy in dealing with negative emotions and traumatic experiences of children affected by war. The purpose of the article was to show the effectiveness of one method of working with negative emotions and traumatic experiences–sand therapy–in recovery and healing. The article presents an example of two-month work containing eight therapy sessions with a six-year-old boy–a war refugee from Ukraine–experiencing emotional difficulties (anxiety). The presented example of work with the child shows the process of healing. The sand therapy method can be a source of practical knowledge for professionals helping people in traumatic experiences and non-normative crisis.
**Keywords:** trauma, child, war, sand therapy, psychology.

**Abstrakt:** Studium przypadku rzuca światło na to, jakie znaczenie ma terapia piaskiem w zwalczaniu emocji negatywnych oraz traumatycznych doświadczeń dzieci dotkniętych wojną. Cel artykułu polegał na pokazaniu skuteczności jednej z metod pracy z negatywnymi emocjami oraz traumatycznymi doświadczeniami – terapii piaskiem – w powrocie do zdrowia i zdrowienia. W artykule został przedstawiony przykład dwumiesięcznej pracy zawierającej osiem sesji terapeutycznych z sześcioletnim chłopcem – uchodźcą wojennym z Ukrainy – doświadczającym trudności emocjonalnych (lęku). Przedstawiony przykład pracy z dzieckiem wskazuje na proces zdrowienia. Metoda terapii piaskiem może stanowić źródło wiedzy praktycznej dla pracowników zawodów pomagających ludziom w traumatycznych doświadczeniach i kryzysie nienormatywnym.
**Słowa kluczowe:** trauma, dziecko, wojna, terapia piaskiem, psychologia.

## 1. Introduction

With the outbreak of war in Ukraine, thousands of children have experienced various types of trauma ranging from psychological trauma associated with separation from loved ones, death of loved ones in front of the child's eyes to physical mutilation due to Russian missile explosions and sexual rape and murder by Russian soldiers. Psychotherapists (Ayalon, 2022) emphasize that many children are in need of psychological help, so they are looking for effective forms of help and support for children in traumatic situations linked to refugees and war.

One of the themes we want to address in this article is a description and empirical report from psychological practice of therapeutic measures taken to reduce anxiety in a six-year-old, a war refugee from Ukraine, using the sand therapy method. Sand therapy, created by Dora Kalff (2013), is derived from Jungian therapy and is counted among the effective methods for working with childhood trauma and negative emotions (Giza-Zwierzchowska, 2013b; Kalff, 2013; Sakovich, 2006; Wiersma, 2019).

### 1.1. Traumatic event. Trauma

In the course of development, the child experiences not only normative developmental crises, which relate to developmental challenges and are associated with the acquisition of new competencies against old ones, but also non-normative crises, which in-

volve the passage through difficult experiences that require changes in role, status, and are associated with excessive psychological strain. The literature emphasizes that non-normative crises: „They are the result of overload resulting from an imbalance between the resources at hand, the existing system of natural social support and the emerging new, unexpected and sometimes unpredictable burdens. Symptoms of overload can be evident in all areas of functioning–physical, mental and social" (Appelt, Brzeźińska & Ziółkowska, 2016, p. 87). War is one of the traumatic events that carries negative consequences for the individual, in other words, it leaves traces in the mental sphere–cognitive, emotional and is reflected on behavior. Among researchers (Appelt, Brzeźińska and Ziółkowska), there is a belief that with traumatic events special competencies are needed to cope with them. „The strength of the impact of these events, the lack of appropriate competencies and the growing sense of inability to cope as the difficult situation continues can create a particular developmental risk system and greatly disrupt the development process–slowing it down, speeding it up and making it difficult or even impossible to master further competencies" (Appelt, Brzeźińska and Ziółkowska, 2016, p. 58). Hence, it is important to provide support to children in a traumatic situation.

## 1.2. What is trauma?

According to Ayalon (2022): Trauma is often the result of extreme stress beyond an individual's ability to cope. The responses to trauma are:

- physiological reactions–reactions of surprise, physical pain, loss of appetite, difficulty sleeping, night terrors;
- emotional reactions–fear of real or imagined dangers, feelings of hopelessness, shame, anger, irritability, reluctance to talk about the trauma or open elements of trauma in play;
- cognitive sphere–memory impairment, difficulty concentrating, focusing, anxiety, intrusive thoughts and memories about the traumatic event, avoidance of trauma remnants;

- social sphere–isolation, suspiciousness, outbursts of anger and aggressive behavior, rebellion against authority or increased need for support and dependence on significant/authoritative others.

Contemporary psychotherapists working with children experiencing war and refugees, among others, Ayalon (2022), point out that most children experiencing trauma are resilient, recover and heal. However, as Ayalon (2022) points out, a large number of children face serious consequences in their physical, psychological and social development. According to Ayalon (2022), symptoms of trauma can appear immediately or can be deferred over time. The process of healing and coping with trauma, so-called psychological resilience, according to Sroufe et al. (2021, p. 300), depends on the support provided in childhood, changes in stress levels and the support received. Sroufe et al. (2021) emphasize that positive changes after periods of hardship occur as a result of reduced stress, received support or a combination of both. Cohen, Mannarino and Deblinger (2011, p. 4), on the other hand, emphasize that the impact of a stressor depends on innate resilience, learned coping methods and external sources of support (physical, emotional and social). In conclusion, an analysis of the scientific literature shows the importance of support in coping with trauma. As Barabas (2015, p. 95) states: „Lack of potential sources of support for children or so-called negative support can result in disorders and abnormalities in the course of human development". Polish researchers (Grzegorzewska, 2013), as well as foreign researchers (Sroufe et al., 2021), pay attention to the role of family and non-family factors, which have a protective function and promote the proper course of development. Speaking of non-family factors, the researchers give great importance to teachers, sports coaches, extended family members and neighbors. Psychologists, therapists, crisis interventionists, clergy, social service workers and others play an important role in the protection and recovery of mental health.

## 1.3. Psychology of the 6-year-old child

The importance of the age of late childhood (early school period) has been written about by 20th century researchers such as Erikson (1997), as well as contem-

porary researchers, including Sroufe et al. (2021). According to the aforementioned researchers, the age of the six-year-old has very important developmental tasks. According to Erikson, this developmental stage can be described in the form of a crisis–„industriousness vs. feelings of inferiority" (1997, p. 269). Industriousness, according to Erikson (1997), involves the taming of skills such as writing, reading and calculating. It is worth noting that late childhood is not only a stage of intensive cognitive development, but also of social development. The task of the child in this period is to master both schooling (independent reading, writing, et al) and to build proper social relations with peers. Sroufe et al (2021, p. 202) distinguish the following developmental tasks of children at this age:

1. doing well in school;
2. taking responsibility for behavior;
3. developing talents.

The very process of a child's adaptation to school and the school demands associated with mastering new skills (reading, writing) and the ability to cooperate with students is associated with stress in a child. American researchers Sroufe et al (2021) draw several important conclusions about child development based on their research on child adaptation in the early school period:

- first, early childhood experiences gained in the first and second years of a child's life are of great importance;
- second, relational experiences are important, this includes not only parents, but also siblings, peers, adults compressing the child's care, etc;
- third, the child's history of adaptation, his active participation in development is important;
- fourth, circumstances are important, including new contexts, new experiences (compiled from Sroufe et al. 2021, p. 203-204).

At this developmental stage, support and assistance from both parents and teachers is crucial. Sroufe et al (2021, p. 305) speak of supportive care that „fosters both positive expectations of self and others and the ability to regulate emotional arousal".

Referring to the emotional sphere, there are several important points worth noting. One is that emotions reflect an individual's attitude toward reality (Musiał, 2007). Another important point is that emotions are more persistent over time at school age, compared to previous developmental stages, which is associated with intense cognitive development (Musiał, 2007). Hence, negative emotions can leave very strong traces in a child's psyche. The next important point is that a child learns emotions by imitating adult behavior, among other things, in difficult situations. If we talk about a child experiencing the necessity of fleeing from war, then in addition to normative developmental crises at this age, the child also experiences non-normative ones. Confronted with the reality–war–the child has to cope with the stress associated with refugeeism, loss of relationships with family, peers, teachers, interruption of schooling. These difficult experiences will always leave a mark on the child's cognitive, emotional and behavioral spheres.

## 2. Sandplay therapy

Sandplay therapy as an effective form of working with a child experiencing trauma and emotional difficulties.

Researchers are looking for effective forms of psychological and psychotherapeutic help for children experiencing trauma and emotional difficulties (anxiety, anger). According to Radziwillowicz (2020), effective methods for combating anxiety include cognitive-behavioral and psychoanalytic psychotherapy. The sand therapy method is counted among psychoanalytic methods and is recommended as an effective tool for working with anxiety and trauma (Ayalon, 2022; Giza-Zwierzchowska, 2013b; Jang et al, 2019; Wiersma, 2019). Giza-Zwierzchowska (2013b) argues that more and more therapists worldwide, when working with trauma patients, prefer non-verbal methods, including sandplay. In addition to its therapeutic function, according to Giza-Zwierzchowska (2013b), this method can also have a „growth" function–to stimulate the child's development. Wiersma (2019) states that years of research show that sandplay therapy can lead to positive brain changes and affect our neurology as a whole.

As contemporary therapists working with children experiencing war trauma, including Dr. Ayalon (2022), point out: "Sandbox therapy is a powerful tool to support trauma coping and recovery. It is visualizing imagery using sand–it addresses the healing process and trauma". Psychotherapist Ayalon (2022) appreciates the value of sand therapy, emphasizing that it allows the painful elements of a traumatic event to be revealed in a safe way. Similarly, therapist Giza-Zwierzchowska (2013b, p. 77) writes: "The child symbolically acts out what he or she is unable to express in words: his or her personal experiences, relationships with important people, healthy and dysfunctional aspects of his or her own psyche, sometimes pre-verbal expressions repressed into the subconscious".

Sand therapy is an effective method for several reasons:

· first, it allows one to understand the client's inner world;
· second, it allows one to bypass defense mechanisms in working with the client;
· third, allows building a bridge from a position of victim to a position of winner (compiled from Sakovich, 2006).

As Ayalon (2022) and Sakovich (2006) emphasize, the child is the perpetrator of events and by building a bridge from the past to the present–he or she heals. The client builds a bridge from the unconscious mental layer to the conscious one, from the inner world to the outer world, from the spiritual to the physical, from the non-verbal to the verbal (Sakovich, 2006, p.18). According to both Polish and foreign scientists and therapists (Giza-Zwierzchowska, 2013 b; Kalff, 2013; Müldner-Nieckowski and Rutkowski, 2005; YounSoo, 2020), the healing process takes the shape of a mandala (circle symbol). The aforementioned researchers say that the mandala image contains circles and is a symbol of entirety and wholeness of life. „Dr. Marie-Louise von Franz explained that the circle (or sphere) is a symbol of the Self (quoted by Jaffé, 2018, p. 332). Quoting Jaffé (2018, p. 347): "The circle is a symbol of the psyche (already Plato described the psyche as a sphere)". According to Kalff (2013), integration of the Self takes place during sand therapy. „At the end of the day, the patient reaches with his images what we could call the expression of his unity, or following Jung–his self " (Kalff, 2013, p. 39). According to Müldner-Nieckowski, Rutkowski (2005, p. 66): „Scenes arranged in the sandbox in which contact with the self is expressed have characteristic features. The following appear in them: circles, mandalas, religious symbolism, concentration of miniatures or unification of opposites in the middle field".

This method is particularly important when working with traumatized clients. Sand therapy helps to relive the traumatic experience in order to get rid of it. During the therapy, the psychological trauma defines itself and has a chance to be worked through in a safe environment. According to researchers (Giza-Zwierzchowska, 2013b; Kalff, 2013; Sakovich, 2006; Wiersma, 2019), sandplay therapy activates personality resources that help an individual's psychological healing.

## 3. Sandplay therapy process

Sandplay therapy method. Stages of sandplay therapy. Specifics of the stages of working with a child.

As therapists note (Giza-Zwierzchowska, 2013b; Müldner-Nieckowski and Rutkowski, 2005), there is no single correct method for sandbox therapy. Instead, it is worth considering two key factors proposed by Kalff (2013), without which effective therapy is not possible, namely: knowledge of the language of symbols and the therapist's ability to create a free and safe space.

The following describes one method of working with a child in a sandbox according to Sakovich (2006), which includes 6 stages: creation, experience and reconstruction, therapy, documentation, transition, dismantling.

Stage 1 – creation. At this stage, the psychologist mainly observes the client's behavior, including: the choice of toys, verbal and non-verbal communication (facial and body expressions), the process of playing.

Stage 2 – experience and reconstruction. This stage involves a dialogue between the client and his own inner world. The psychologist's task is

to let the client stay in the world he has built, and after that the client can, if they want, make changes in the built world (reconstruction).

Stage 3 – therapy. The therapist makes a tour of the client's world with the child. The psychologist asks the question, "Tell me something about this world"; "Who lives in it?" etc. Still another version may be the phrase: "Create a story of this world". It is worth noting that the latter version is recommended for creative clients. At this stage, the psychologist also asks questions like, „We are approaching the end. How would you like the meeting to end? We can leave things as they are, or make changes" (Sakovich, 2006, p. 18).

Stage 4 – documenting. The psychologist documents–takes a picture, which in the future helps him to follow the dynamics of change, make analysis.

Stage 5 – transition. This stage applies to work with adolescents and adults. At this stage, the psychologist asks the client to explain how the world he has constructed reflects the client's real life and its problems. When working with children, we skip it because such a task is beyond their capabilities. As Sakovich (2006, p. 72) points out, this stage of therapy turns into self-therapy.

Stage 6 – dismantling. Often children do not want to dismantle their work and ask to leave it in the sandbox unchanged (Sakovich, 2006, p. 71). It is important at this stage to emphasize that the client can also get a photo as a souvenir. The work in the sandbox, as stressed by researchers including Sakovich (2006), should be dismantled.

According to Allan and Berry (1987, after: Giza-Zwierzchowska, 2013b, p. 83), three stages can be distinguished in sand therapy with children: chaos, struggle and solution. The chaos stage becomes apparent when figures are scattered in the sandbox, often buried and without any logical sense. The battle stage, on the other hand, involves the arrangement of a battle, a war using soldiers and robots, and often ends with no clear resolution in favor of either side. Equilibrium takes place when the balance in the sandbox is restored–things find their natural place, roads appear, infrastructure appears, trees bear fruit–that is, the world is put in order. According to therapists (Giza-Zwierzchowska (2013a, p. 83), after just three or four sessions the therapist can see progress in therapy.

### 3.1. Client's behaviors and reason for therapy

Psychological help was requested by war refugees from Ukraine–a mother with a 6.5-year-old child who was struggling with anxiety. It is worth noting that anxiety, despite being a negative emotion, also performs a signaling, mobilizing and motivating function (Radziwiłłowicz, 2020). Researchers (Oatley, Yenkis, 2005; Nesse, 2020; Radziwiłłowicz, 2020) often emphasize that anxiety is a normal reaction to difficult situations, in which case we speak of normative anxiety, which enables adaptive reactions and struggle against challenges. On the other hand, if anxiety becomes so severe that it prevents normal human functioning and disadaptive reactions occur, then we are dealing with pathological anxiety (Radziwillowicz, 2020). Researchers Haj (2021), Lawrence, Murayama, Creswell, (2019), Radziwillowicz (2020), among others, note that psychosocial factors play a huge role in the emergence and development of anxiety disorders in children and adolescents. According to Haj (2021), there is an interaction on the „gene-environment" axis. At the same time, the aforementioned researcher emphasizes that: „Anxious children may reduce or exacerbate their anxiety over time, depending on what is communicated to them by their parents" (Haj, 2021, p. 67).

Radziwillowicz (2020) distinguishes a group of factors that cause anxiety in a child:

· abnormal family functioning;
· negative social experiences;
· other traumatic life experiences (Radziwilowicz, 2020, p. 432).

In the case of the six-year-old boy in question, the anxiety disorder was complex, it seems, for several reasons:

· first, they involved problems of abnormal family functioning (divorce of parents), separation of the child from his father, who stayed in Ukraine;
· second, the mother's worries related to the move to a new country, the lack of a job and a place to live, and the care of her elderly mother caused anxiety in herself, which also affected the child's well-being;

· third, the experience of difficult social situations associated with moving to a new country – language, place of residence, lack of friends, information from Ukraine about the war. All of that inevitably aroused negative emotions (anxiety) in the child.

## 4. Qualitative research results

The client actively participated in 8 sessions (from May to June 2022). The boy was accompanied by his mother in each session, which had a positive effect on both the child and the mother. The child felt safe in the presence of the mother, and the mother, in turn, had the opportunity to observe her own child, become more familiar with the therapeutic method and also expand her psychological knowledge of anxiety issues and improve her parenting skills. According to foreign researchers (Lawrence, Murayama, & Creswell, 2019), prevention programs with children and parents that are oriented toward preventing anxiety are of great value (Radziwillowicz, 2020, p. 434). A similar view is held by Cohen, Mannarino and Deblinger, who postulate: „We see parents as an important source of support and reinforcement for children's progress both during therapy and afterwards" (2011, p. 40). Kendall and Hedtke argue (2022) that it is also important to work with parents, including joint analysis of family factors that may influence the persistence of problems and also hinder therapy. In conclusion, researchers including Cohen, Mannarino and Deblinger (2011), Kendall and Hedtke (2022) repeatedly emphasize that it is the parents who can have a significant impact on children's recovery.

### 4.1.    Fighting Phase

The first two sessions contain scenes of war, concretizing the war between two nations–Ukrainian and Russian. In the upper part of the diagonal sandbox, you can see an army of Ukrainian soldiers (in green uniforms), and Russian soldiers (yellow uniforms) below. The battle ended with the death of all the soldiers on the battlefield. There was no victor. Sand Picture analysis from the first session reflected the current state of events that took place in Ukraine and played out in the child's psyche.



Figure 1. Sandpicture 1 (session 1)



Figure 2. Sandpicture 2 (session 2)

Analyzing the pictures from the first two sessions, it was noticeable that the theme of war was repeated, with „cultural" symbols–flags–being noticeable in addition to „natural" images (as defined by Jung, 2018). Natural symbols, according to Jung (2018, p. 231), come from the unconscious layers of the psyche and represent archetypal images. Cultural symbols, on the other hand, are symbols accepted by society ( Jung, 2018). The similarity in the subject matter of the images from the first and second sessions may point to the source of anxiety and trauma associated with the war. According to psychotherapists Ayalon (2022) and Giza-Zwierzchowska (2013b), elements of trauma can be discerned from the repeated pattern of play. It was also characteristic that the client's work in the sandpicture began with the omission of the first phase–chaos, which is not typical for children and is probably linked to high tension and trauma associated with the experience of war.

### 4.2.    Balance phase

After the first two sessions, which reflected the battle, the child moved to the next stage–balance. The scenes began to reflect the theme of nature, animals and vegetation appeared, order was noticeable. Below are two images from the penultimate and final session. Focusing on the penultimate child's work (7th session), we can notice that a sense of security appears in it, while the viper, which found its place in the composition, no longer posed a threat as in previous sessions (did not devour animals) – it was behind the barrier. The world in the eyes of the observer was becoming safe and understandable.

The last sand picture contains circles – „a symbol of totality and wholeness" (YounSoo, 2020, p. 109). Such a change, according to the above-mentioned researchers, indicates integration and healing. From the picture, it can be seen that smiling people are embodied in the form of fruits and vegetables form a whole in the shape of a circle, which resembles a mandala. The overall analysis of the child's work indicates ego transformation and development.

## Conclusion

In conclusion, the article is a structured study shedding light on the issues of negative emotions and traumatic experiences associated with war refugees and effective forms of helping children, including sand therapy. The case described proved that sand therapy is a natural form of working with a child experiencing war trauma, in which he or she willingly engages and safely reflects his or her difficulties and emotional tensions in the sandbox. As Kalff (2013, p. 38) states: „Through immersion in play, inner images become visible. In this way, a relationship is established between the inside and the outside".



Figure 3. Sandpicture 7 (session 7)



Figure 4. Sandpicture 8 (session 8)

The results of the described case prove that sand therapy reduces anxiety in the child, which was also confirmed by the child's mother in an interview. This method also makes it possible to work with the parent. The article also emphasized the role of the parents, especially the mother, as an important source of support for the child during the therapy process and after it is completed. Meetings with the mother also enabled psycho-education of the parents, which in our case included expanding the mother's knowledge of trauma, anxiety and how to have an age-appropriate conversation with the child about the war and the war events in Ukraine in order to protect the child's psyche.

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