



## **Coping with Pregnancy Loss Through Sandtray Therapy**

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Perinatal loss refers to a pregnancy loss at any gestation stage or a neonatal loss. Miscarriage or early pregnancy loss occurs before 20 weeks of gestation; a stillbirth or late-term loss refers to when a baby dies after 20 weeks of gestation. Neonatal loss is defined as the death of an infant within the first 28 days of life. The documentary "Don't Talk About the Baby" the narrator reports that 1 in 4 pregnancies result in a loss. Michigan State University's Department of Public Health reports that about 650,000 women in the United States experience perinatal loss yearly (<https://publichealth.msu.edu/flint-research>). A late miscarriage (after 3 months but before 20 weeks occurs in 1-2% of pregnancies in the United Kingdom (tommys.org). This article focuses on a woman's journey with a late miscarriage.

Perinatal loss, or the death of a child shortly before or after birth, is an under-researched area of bereavement associated with high levels of complicated and disenfranchised grief (Shannon & Wilkinson, 2020). Also under-researched is the use of sandtray therapy with adults experiencing perinatal mood and anxiety disorders and perinatal loss. Those that have experienced pregnancy loss at any stage benefit from therapeutic interventions that allow for a safe place for processing, therapeutic distance, and alternative means of expressing emotion. Sandtray therapy provides each of these qualities and more (Homeyer & Sweeney, 2023).

### **Pregnancy Loss and Pregnancy After Loss**

Grieving after a perinatal loss resembles other forms of bereavement, including anger, anxiety, depressed mood, and changes in eating and sleeping patterns (Badenhorst & Hughes, 2007). There are, however, several distinctions that counselors should be aware of when working with perinatal loss. Universally, loss of pregnancy at any stage is difficult and often not talked about. Loss survivors often feel they cannot talk about their baby to co-workers, friends, and even family. They often deal with invasive questions about the loss or when they will try to get

pregnant again. Some people may never acknowledge their loss. Many survivors of perinatal loss have reported that people make invalidating comments such as, "There

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is a reason for everything," "this is part of a bigger plan," or "you never even met this baby, why can't you move on?"

Parents who lose children before birth never have the chance to interact with their children in ways that other parents do. Perinatal loss often involves a sense of biological failure, loss of identity, experiencing the lack of shared memories, and declining hopes for the future (Badenhorst & Hughes, 2007). The resulting distress can keep survivors from returning to normal activities for months after a baby's death, and significant distress is often experienced for years (Badenhorst & Hughes, 2007). Many struggle with pregnancy announcements of others, going to baby showers, and meeting friends' newborns, causing a rift in close relationships, adding to the layers of loss experienced. Another aspect not commonly discussed is that people experience perinatal mood and anxiety disorders after the loss of a pregnancy. Lactation can begin after the loss, which further complicates the grieving process.

Complications such as major depression or post-traumatic stress symptoms may also occur, and parents should be made aware of signs and symptoms (Badenhorst & Hughes, 2007). Struggles with anxiety are commonly experienced. Should they become pregnant again, anxiety may return as they worry about another miscarriage. During a subsequent pregnancy, they may have trouble with feeling excited or cautious with creating an attachment out of fear. Complicated feelings around being pregnant again may arise as clients have reported worrying that they are replacing the lost pregnancy. Many survivors will feel activated when experiences associated with the loss are present. They may even avoid returning to clinics or hospitals they used during the pregnancy that ended in loss. Anxiety and trauma flashbacks can increase around significant gestational milestones. Memories of the prior loss often come up around milestone dates and activities such as going to appointments, getting ultrasounds, and constantly comparing their past experiences to their current experience of being pregnant again.

It is important for a clinician working with this population to be aware of dates or times of year that are significant around the loss, such as: projected due dates, miscarriage/loss dates, dates of a certain diagnosis, or when they first learned that they were going to lose the pregnancy and/or procedures undergone. Further, it is pertinent to make sure that you are aware of how the individual prefers to refer to their loss, whether that's *baby*, *pregnancy*, *fetus*, *child*, or if they would like to share the name given to the baby. Some individuals will have a name of their baby that they would be happy to have you use, while some may tell you their baby's name and ask you not to use the name. Some individuals may not have given a name or nickname to the baby and prefer that you refer to the pregnancy or pregnancy loss with other terms. The therapist needs to be comfortable to ask what is desired.

## **Sandtray Therapy for Grief and Trauma**

Gil (2006) described sand tray as a treatment approach, an intervention, and an



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assessment tool for trauma that provides a unique safe and protected environment to allow the client to reconstruct a trauma story. Sandtray therapy is increasingly recognized as an effective therapeutic tool in trauma and grief counseling (Webber & Mascari, 2008). Webber and Mascari explain that sandtray therapy is helpful when the trauma is so unmentionable and unspeakable that clients cannot begin the process of healing through traditional verbal interventions. The arrangement of miniature figures in sand reflects the client's inner world and evokes spontaneous metaphors and healing narratives that provide an understanding of the trauma story (Webber & Mascari, 2008). I have found it incredibly effective for those with early-term pregnancy loss, later-term loss, stillbirth, infant loss and termination for medical reasons.

## **Sandtray Therapy for Adults**

Sandtray therapy is adaptable for all ages including adults of many identities and populations. Although use of a sand tray has historically been used as a play-based intervention with children, it is adaptable for many adults and their presenting issues (Garrett, 2013). The therapeutic use of sand tray work as an expressive arts intervention has been expanded to include counseling work with adolescents, adults, couples, families, and groups of all ages (Garrett, 2013). The symbolic nature of the miniature figures used in therapeutic sand tray work can be adapted to meet the specific needs of the client and/or the setting (Garrett, 2013; Homeyer & Sweeney, 2023). The use of specific miniature figures can be seen as important in understanding underlying themes in the client's struggles (Garrett, 2013; Gil, 2008). The majority of clients I work with are adults with perinatal post-traumatic stress disorder from various types of birth trauma, including infertility, perinatal loss, stillbirth, or infant loss. With adults, the level of direction given to clients regarding what to build or create in the sand is determined by the theoretical orientation of the therapist and the type of work being done in therapy (Garrett, 2013).

## ***Adlerian Sandtray Play Therapy***

The case study described below will be explored through an Adlerian theoretical perspective as articulated through a play therapy lens. Kottman (2023) listed sandtray play therapy as one of the 6 strategies used in Adlerian play therapy. Adlerian play therapy is a counseling approach that integrates Adlerian psychological concepts and techniques into the practice of play therapy (Kottman & Meany-Walen, 2016).

Adlerians believe the relationship between therapist and client is the foundation that allows the therapeutic process to unfold (Kottman & Meany-Walen, 2018). The phases of Adlerian play therapy are: building an egalitarian relationship, exploring the client's lifestyle,



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helping the client gain insight into his/her/their lifestyle patterns, and reorienting and re-educating the client (Kottman, 2023, Kottman & Meany-Walen, 2016, 2018). Adlerian applications of sandtray play therapy follow the same 4 phases, using the modality of sandtray as a tool (Kottman, 2023). During reorientation and reeducation, the client learns new ways to view themselves and the world (Kottman & Meany-Walen, 2018). An initial task of the Adlerian therapist is to assess the client's lifestyle and identify mistaken beliefs that are keeping people from achieving their goals (Sweeney et al., 2003). Kottman and Meany-Walen (2016) explain that Adlerian Play Therapists view lifestyle as the individual's subjective way of understanding situations and interacting with others. Once the therapist explores the lifestyle, they start to understand how the client views themselves and the world. People filter their reality through already-formed perceptions in their lifestyles that re-prove what they already believe about themselves; this leads to the formation of mistaken beliefs that are self-defeating and discouraging (Kottman & Meany-Walen, 2016). People will not change their behaviors until they gain insight into their lifestyle, and by understanding the subjective way that the client views the world, or their mistaken beliefs, we as therapists can identify when mistaken beliefs about self are present and offer another way for clients to look at things (Kottman & Meany-Walen, 2016). Identifying the client's lifestyle assists the client's development of insight necessary for change needed to accomplish the client's goals (Sweeney et al., 2003). The therapist explores how the client sees themselves, others, and the world by way of the client's patterns of thinking, feeling, and behaving and then helps them gain insight to make more adaptive beliefs about themselves, others, and the world around them (Kottman & Meany-Walen, 2018).

Sandtray can be used as a lifestyle assessment to learn about the purpose of client behavior, and the therapist can gain insight into clients' goals and movement toward them (Eberts & Homeyer, 2015; Sweeney et al., 2003). Adlerians believe movement towards goals is purposeful and powered by private logic and attitudes that are not always verbalized, therefore sandtray therapy is beneficial for the therapist to learn about the client's lifestyle (Sweeney et al., 2003).

## **Sandtray Therapy for Perinatal Loss: A Case Study**

Counselor sensitivity to a wide range of client interests and needs is critical in building the collection of miniature figures (Webber & Mascari, 2008). For perinatal mental health and pregnancy loss, the collection includes multiple figures that could represent pregnancy, pregnancy loss, infertility, grief, procedures, postpartum, and bringing the baby home. These include fertility symbols, pregnant and nonpregnant bodies/symbols, breastfeeding figures, sonograms, representations of fetuses, grief/loss symbols, hospital/emergency equipment or vehicles, labor, and delivery equipment, babies, baby toys, baby furniture, etc. (Examples shown in figures below). The use of a sand tray creates therapeutic distance for those needing time to



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process the specifics of the trauma associated with the loss and a way to bridge the conscious and unconscious. Staying in the metaphor and enlarging the meaning is essential during the processing of the created sandtray. The exception to staying in the metaphor would be when the client initiates making connections between elements in the sandtray and their life situation (Homeyer & Sweeney, 2023). It gives the client multiple opportunities to build the narrative in multiple ways, as many times as they need. The trays that will be shared will show the process of someone starting counseling soon after their traumatic loss experience up until coping with the anxiety and excitement of a subsequent pregnancy.

**Figure 1**

*Miniature Examples: Sleeping babies, angel babies, wings, sonograms, rainbows*



**Figure 2**

*Miniature Examples: Various fetal sizes, pregnant torso/empty torso, woman with hole in stomach, and angel baby on her shoulder*





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**Figure 3**

*Miniature Examples: Pregnant body, birthing/delivering body, holding baby after birth, other pregnant and postpartum bodies, rock depicting surrogacy*



**Figure 4**

*Miniature Examples: Hospital/emergency equipment, ultrasounds, incubator, scales, cribs, shots*





### ***Overview of Client***

The client will be referred to as Callie in this case study. Callie and her partner had struggled with infertility before becoming pregnant for the first time. Callie came to counseling after experiencing a pregnancy loss between 14-15 weeks gestation. Callie had been concerned with the health of the pregnancy for several weeks, and doctors told her “things were fine and not to worry.” She suddenly started to feel pains, and as her worries intensified, she went to the emergency room. There she delivered the pregnancy and needed an emergency dilation and curettage (D&C) procedure.

### ***Client Presentation and Symptoms***

Callie presented with significant anxiety, some depressive symptoms, withdrawal from close friends, and multiple trauma-related symptoms. The trauma-related symptoms include nightmares and trouble sleeping, intrusive thoughts and flashbacks, anxiety and panic, avoidance, undeserved guilt, and feelings of responsibility. The feelings of guilt and responsibility for the loss are common mistaken beliefs of survivors of perinatal loss. Callie thought it was important to share that she was a practicing Christian and was struggling with her current faith system. Callie stated that Christian counseling was not necessary but thought the recent rupture in her faith would come up. Although the therapist is not a Christian counselor, the therapist let Callie know that she was still welcome to bring in her religious beliefs. Using the sand tray to address religious and spiritual issues that may arise in a secular counseling setting can provide a platform for Callie to fully express him or herself through a medium that allows the trained sandtray counselor to operate without fear of overstepping the boundaries of the therapist's professional competence (Garrett, 2015). Specific to the needs of non-secular counseling issues, a secular therapist may want to have a variety of religious symbols, figures, and buildings available to the client (e.g., church clergy, angels, deity figures, Bibles/Torahs/sacred writings, crowns, churches and other religious buildings, as well as a variety of miniature figures that could symbolize sins) including a full representation of a variety of religiously or spiritually based issues and related abstract concepts (Garrett, 2015).

### ***Client Goals***

Callie stated her goals were to process and cope with trauma and loss, decrease anxiety, and explore feelings related to trying for another pregnancy. The therapist immediately thought of sandtray therapy as an intervention due to the amount of grief and trauma Callie had experienced. It would provide her the therapeutic distance, and the time she may need to share her narrative in a different way than she had shared before. Therapist agreed with the goals and



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also wanted to facilitate Callie to process the sense of guilt and responsibility she was holding as mistaken beliefs about herself. Homeyer and Lyles (2022) share a personal communication with Eliana Gil, "Sandtray is one of the expressive therapies well suited to traumatized child and adults as a beginning externalization or a deepening process of understanding and developing self-empathy, as well as challenging the narrative of responsibility for the trauma" (p. 205 ).

## ***Approach to Counseling***

Callie was willing to try creating a sandtray immediately and continued to build trays for many of the counseling sessions. Additionally, there were times when traditional trauma-informed talk therapy, mixed with parts work and inner child work, was solely used. Parts work, inner child work, and EMDR were integrated into the sand tray work as well. Typically in my sand tray session set up, processing, and closing, I follow the same basic steps. I offer the client the choice if they would like a prompt or not and, if they do, if they would like that prompt to be derived from something that we have already been discussing in session prior to the build or if they need something more directive than that. Adlerian play therapists use several approaches to the use of sand trays: spontaneous trays, non-directed trays, semi-directed trays, directed trays, quasi-directed trays, therapist-created trays, and co-created trays (Kottman, 2023).

In the creation of sand trays, the Adlerian sandtray play therapist is flexible so they can adapt to the needs of the client in a customized process Kottman (2023). The prompt offers a moment of aligned goals for therapist and client, where each moves toward curiosity and remains open to the unfolding nature of the sandtray therapy session (Homeyer & Lyles, 2022).

Sweeney et al. (2003) suggest being attentive to the client's process during the creation of their sand tray. During the building of the sand tray, I observe the client's approach to the miniature figures and the sand tray and notice any verbal or non-verbal cues. Homeyer and Lyles (2022) suggest observing a client's nonverbal expressions while gathering images by tracking behaviors and choices in your mind and reflecting emotions internally as they come into awareness. These will be clues as to where clients are in their widows of tolerance and offer quiet support in the already-occurring meaning-making processes (Homeyer & Lyles, 2022). Once the build is completed, I invite the client to take a deep breath and notice any body sensations or overall feelings they are noticing. This can be a good reference point for clients and therapists during and after the discussion of the tray as a way to check in with the client. Consistent with my theoretical approach, I am ready to witness the client's sand tray with curiosity and non-judgment as the Adlerian play therapist is respectful of the client's worldview (Sweeney et al., 2003). The processing step is the formal step in which Adlerian play therapists collaborate with the client exploring the meaning of the figures and their placement (Kottman, 2023). During the processing, I first allow the client to share the tray as a whole as I want the initial processing to be client led. I may circle back and reflect on certain miniature figures or parts of the tray





depending on what seems to be important or activating to the client during the initial discussion of the tray. Many of the questions I ask come to me at the moment based on what the client has brought up while sharing their own in the tray or if I believe that the non-verbal processing holds some significance toward certain miniature figures or parts of the sandtray. Closer to the end of the session, I invite the client to look at the tray again as a whole and see what they notice about the tray after processing it or if they feel anything else needs to be explored.

### ***Building an Egalitarian and Collaborative Relationship and Exploring the Client's Lifestyle The Client's First Sand Tray***

Callie and the therapist started to establish an egalitarian relationship, as is crucial in the Adlerian therapeutic relationship (Sweeney et al., 2003). Therapist and Callie had spent several weeks on resourcing, coping skills, and affective regulation. Callie had been sharing details about the day she went to the emergency room and her feelings around the loss for several weeks. The therapist used a semi-directive prompt to invite Callie to build a world in the sandtray, keeping in mind what she had been discussing for several sessions. During the processing of the sand tray, Callie immediately began to share that when she looked at the tray, she noticed it looked so sad, and sometimes she forgets that this was real (See Figure 5). Callie noticed that she chose the torso that still had the baby in the belly and said she was not sure why she picked that one instead of the empty torso, then stated, "I guess I just don't want to accept that I am not pregnant anymore. I am not part of the mom club anymore." Callie reported she felt left behind by God and was angry at him since this experience. She continued to say that she worried that this somehow was her fault and it makes her have anxiety about trying to get pregnant again. Callie questioned herself and her body by stating, "What if my body is not enough and this happens again?" Callie noted that the baby (fetus) looked "safe" in the bubble and this brought her comfort. Therapist reflected that it seemed that "it" (fetus) was telling her it was okay. Themes of abandonment, anger, loss, responsibility, and trauma were present in the processing of the sandtray. While Callie was struggling with the grief and trauma, she seemed to find some peace with the thought of her baby being safe now that the dangers that happened in the ER were over. Therapist reflected this sense of peace she was feeling and installed that sensation she was feeling with a few butterfly hugs to close down the processing of the tray. The therapist noted the mistaken beliefs around responsibility and abandonment from God that Callie was holding onto as a result of the loss.

### ***Continuing Sandtray Therapy***

Over the course of several months, Callie continued to engage in talk therapy and used sandtray therapy often. Callie was still struggling with trauma-related symptoms and was not ready to try



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for another pregnancy even though her husband was willing. During the next sand tray, the therapist and Callie explored her hesitance further (see Figure 6). Callie said that she was worried that if she moved on too fast, it would mean she was replacing her previous pregnancy, which is very common for those with pregnancy loss. The therapist gave a directive prompt, per Callie's request, to build with her statement, "I don't want to replace him," in mind.

**Figure 5**

*Callie's first sandtray.*



She stated that the coffin represented the memorialization of "the baby" and talked about some of her plans to continue to honor him. The coffin also represents some of the letting go she has had to do, as it marked the beginning and the end of her baby's life. During further discussion of the miniature figures, she reported feeling angry at herself and disappointed as she often wondered if she should have done something differently. This tied into her mistaken belief that she had not done enough or that her body had done something wrong and caused the miscarriage. Callie reported that when she thinks about getting pregnant again, she fears this will all happen again. She wonders, "Will I even be able to be happy if I am pregnant again, or will I always just be preparing for another loss? Will I always be haunted?" After processing other parts of the tray, Callie turned her attention to the angel baby. She noted that the angel baby is the



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only one in the tray that can see everything, and he is the only one that is "totally okay and peaceful." Callie seemed comforted when she said the baby was okay and not worrying. Therapist noted out loud to Callie that the safety and comfort of the baby seemed really important to her in this tray and the last tray. The therapist documented that even though Callie's mistaken beliefs of responsibility were present and her frustration with God was also present in this tray, Callie is finding comfort when she is able to think about her baby being safe.

Callie and therapist continued processing the grief, trauma, and frustration with her faith. Callie said she noticed she was angry that her faith was supposed to provide comfort at this time, but it was not. Callie said that she really did want to have faith in God again, but at this point was not sure how to do so, and this tied into her feeling fearful about trying to get pregnant again.

## Figure 6

*Callie's second sandtray.*



Callie built a tray around times that her faith was tested per a directive prompt from the therapist. A mistaken belief that Callie worked through during this tray was realizing that she thought the miscarriage was a personal attack from God. Callie reported that she is starting to realize that



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this wasn't purposefully done by God to her, and this does bring her some relief. Although she is seeing things differently, she is still needing to process her relationship with God.

A few sessions later, Callie had reported that many of her symptoms were becoming intense again. The therapist wanted to have her build a tray with a calm place in mind so she could use this as a coping tool when the symptoms were overwhelming. When Callie started processing the tray, she noted that it was hard for her to access any of the calmness that she built in the tray. After some time, the therapist stated that if Callie needed to she could revisit the miniatures and see if there was something she could use that would serve as a container in the tray; a place where she could put things that are worrisome in the container so it doesn't interfere with the calm place. Callie added a little rock cave to the scene she had built. When Callie returned to processing the sandtray, she reported that she could feel some calm sensations in her body when the therapist asked her to do a body scan to notice any sensations she had.

### ***Gaining Insight into Lifestyle and Mistaken Beliefs***

During one session, Callie stated that she was hesitant to engage in therapy as she reported emotions have been intense and she didn't really feel like talking. The therapist suggested sand tray and did not give a directive this time and simply invited Callie to build a world. During the discussion of the sandtray (see Figure 7), Callie stated she noticed that the 'world' she created looked 'lonely' and all of the good stuff is "locked and God will not open it for me." Callie said she was tired of watching everyone else get pregnant and have babies as this made her feel like she had been forgotten by others and God. On her own, Callie turned the bench around. Callie described being torn between wanting to be pregnant again and thinking she has to pretend that she doesn't want it. At times when Callie appeared to be dissociated while processing verbally, the therapist invited Callie to touch the sand in hopes that it would provide some grounding. Callie reported that this helped. A theme that was discussed in this tray, as well as in previous talk therapist sessions, is a deep desire to know what was the cause of this loss. She really wanted to know who was to blame, God or herself. Callie is struggling with feeling out of control and felt that if she didn't know the cause of what happened or who to blame, then this made her scared that the next pregnancy would end the same way.

In subsequent sessions, Callie continued to process the mistaken beliefs around the loss being her fault and used language such as, "What is wrong with my body" and "What if it was my uterus (that caused this)?" The therapist believed that Callie needed to work through this mistaken belief specifically and asked how she felt about creating a sandtray with the prompt, "What if this was my uterus?" Callie agreed to this prompt. As Callie reviewed the sandtray (See Figure 8), she reported at the therapist's direction that the main feelings she noticed were sadness and anger. Callie described that the figure that looked like it had a split in its head represented her feeling like her body was broken and untrustworthy. She further processed and



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stated that the barbed wire reminded her of how she felt about her body and stated, "My body is a death machine." The therapist reflected her statements with empathy and curiosity. Callie continued processing verbally and said she worried that in trying to hold on to the pregnancy, her womb might have trapped her baby and caused him harm. Callie appeared sad as she said she thought he (the baby) is mad at her. The therapist attempted to deepen the meaning of her statements and asked the client, "Do you think your baby blames you?" Callie stated she thinks he might have been confused, but she thinks that he knows she tried. Callie then moved the baby to another location that she said felt safer and knocked down the barbed wire fence (Figure 9). Callie appears to be finding ways to cope with the mistaken beliefs by manipulating the miniature figures around in the sandtray.

**Figure 7**  
*Callie's 5<sup>th</sup> sandtray.*





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**Figure 8**  
*Callie's 6<sup>th</sup> sandtray.*



**Figure 9**  
*Callie's change of 6<sup>th</sup> sandtray.*





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During the build of the next sand tray, Callie said that she wanted to process the upcoming due date and continue working on her being torn about trying to get pregnant again. Callie also stated that she is thinking about re-joining some of the activities that she stopped because she was avoiding people who knew about the loss. Callie created a sandtray about thinking of how it will be re-engaging with these people. During the verbal processing of this sandtray, Callie started by saying that she feels like she has been left out of the mom club, making it hard to be around those that are pregnant or have babies. Through the use of bilateral stimulation and the use of the EMDR basic protocol, Callie discovered that she was worried she would never be part of the "mom club" because she feared she did not deserve a child. After processing more mistaken beliefs with bilateral stimulation, Callie realized that she has a strong love for her baby, and she did all she could to try to protect him and believes that he wasn't harmed by her. The therapist asked Callie if she felt there was anything she needed to do in the tray after this realization. Experiencing and offering the possibility of rearrangement--the purpose of the "experiencing" part of this process is to invite the client to consider all of the aspects of the tray and experience a variety of perspectives on the tray Kottman (2023). Callie turned the clear torso figure around to face the other moms in the tray and said she still has a purpose and can see herself being part of the "mom club" one day.

After months of trying to get pregnant with some fertility interventions, and worry and fear still being present, Callie did get pregnant and is now coping with pregnancy after loss. Callie expressed having many mixed emotions present during this pregnancy. The therapist gave a semi-directed prompt to explore the conflicted emotions she was experiencing (see Figure 6). Themes of conflict, fear, and memories of the trauma and loss were present. Callie expressed anger that so many of her past memories and feelings after the loss are coming forward after having time of feeling like she was making progress. Callie said that she liked the dancing Jesus miniature figure and that she feels some repair in her relationship with God. Callie stated that the memories and emotions were making it hard to embrace her excitement about finally being more secure in moving forward with another pregnancy. The therapist explained to her, as she explains to other Callie's that are pregnant after a loss, "It's not that you aren't excited about this pregnancy; you are just afraid to feel that excitement."

### *Reorientation and Reeducation*

As the anniversary of the day she delivered her baby approached, Callie started to notice her grief, and traumatic memories began to resurface. This anniversary also mirrors her gestational timeline as she is 15 weeks pregnant with the subsequent pregnancy. This also activates many of the memories, feelings, and symptoms she struggled with following the loss. Callie reported struggling to feel excitement as she is so scared that she will lose this pregnancy. Callie stated that she is worried that she is not a good mother as she is not spending time getting



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**Figure 10**  
*Callie's 8<sup>th</sup> sandtray.*



to know this pregnancy. Therapist explained that the relationship with her baby that died did not stop. She is still a parent to him while learning how to be a parent to this new baby, and holding space for both can be difficult to navigate. Callie stated that she wants to continue processing the grief and the trauma of the anniversary with sandtray in future sessions, as it has been helpful for her while she is coping with pregnancy loss.

Callie came in for the session, and the therapist asked her if she still wanted to build a sand tray around her feelings that are resurfacing during pregnancy after loss. Callie agreed and discussed how she noticed that there has been a shift in her thoughts and feelings since last session. The therapist asked her to continue speaking about the shift she noticed. From there, the therapist and Callie co-created a prompt for the sand tray which would be around giving herself permission to be happy and sad during this pregnancy.

Callie said that when she looked at this sand tray, she saw how many peaceful things were in the tray compared to the last tray (see Figure 10). She talked about the sleeping baby being the first thing she put in the tray and said that she still believes he (baby) is safe and even though he is still on her mind, she doesn't feel as terrible as she did this time last year. She discussed the other miniature figurines in the sand tray representing hope and reconnection with people she





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**Figure 11**  
*Callie's 9<sup>th</sup> sandtray.*



once withdrew from. Callie stated, "I am realizing that last year I had a lot of beliefs that weren't true, and now I can see things differently." She continued to note that where she once believed that she did something wrong and God was punishing her, she now doesn't view herself as doing something wrong and that God didn't do this to her. Callie said that she was trying to find someone to blame for the loss because she was trying to make sense of the loss. Callie said that she is happy to be in this place now where she can carry some hope and embrace her excitement around this pregnancy. She continued, "I am starting to enjoy our story again and that good things are coming, which I didn't feel this was possible for a long time." The therapist reiterated the shift in beliefs by stating out loud that Callie was feeling peaceful in the present and this was helping her see her progress over the last year. The therapist asked Callie to return to the 'sleeping baby' that she started the tray with and asked if there was anything else she was noticing about the figure that she started the tray with. Callie said that she realized from last session that she is figuring out how to parent both of these babies and she once believed she had to have all of the grief and trauma processed before she got pregnant again, and she now sees that there are things she can



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**Figure 12**

*Callie's 9<sup>th</sup> sandtray, modified.*



continue to do for her baby while embracing this pregnancy. The therapist asked Callie to look at the whole sandtray one more time and see what she noticed or needed before wrapping up. Callie said the rainbow needed to be moved to the side representing the future and stated, "There was hope in the past, but now there is hope in the future as well." Callie appears to have gained some insight around how her anxiety and grief were creating inaccurate thoughts and through her processing over the year, she has been able to reframe her mistaken beliefs of being responsible, being isolated and alone and feeling hopeful in repairing some ruptured relationships. Her anxiety around something bad happening in this pregnancy is dissipating, and she can hold space for hope for the future and still grieve and honor her previous pregnancy.

### *Summary of Client's Sandtray Therapy Progress*

The dynamics of perinatal trauma and loss were present in Callie's sandtray work. The trays included aspects of her trauma narrative and evidence of integration of the trauma she



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endured. In her initial trays Callie created vivid memories of the events surrounding the loss in the sand and there she was able to express thoughts and feelings she had toward the loss, herself, and her environment. Even in the beginning, Callie seemed to have moments of hope that she would process this loss and move forward with another pregnancy. Toward the middle group of trays, she deepened the processing of the themes of trauma, grief, loss, anger, and her relationships with her baby, her friends, and with God. Callie seemed to make much progress in terms of being able to continue processing her trauma and feel less isolated with her loss. She reported a reduction in symptoms, including a significant reduction in panic attacks, the ability to return to work with a modified schedule, repairs in her relationship with God, reconnection with some friends, better sleep, and a willingness to start trying to get pregnant again. Even though a new pregnancy after loss carries a significant amount of anxiety and cautious optimism, Callie appears to be able to hold moments of hope and excitement, as evidenced by the work in the tray she created after she learned she is pregnant again. The sandtray continues to provide her a safe and meaningful way to process issues that come up related to her prior pregnancy loss.

## Conclusion

Previous and current literature shows that sandtray interventions are so powerful for clients who have experienced various forms of trauma and those who are learning to cope with grief in their daily lives. Many of the perinatal loss clients I work with have found the sand tray beneficial and described liking the feeling of seeing the story in a different way, getting what was inside their bodies and minds out into the tray. Even though I have heard many aspects of each narrative shared, the client feels they have shared so much of their trauma narrative verbally. They reported being able to feel and see their narrative in so many different ways than they have with words alone. The sandtray seems to help bring to mind memories or aspects of the trauma that were there already, and although painful, the clients finally felt those aspects could be moved. One client stated, "It feels so good to see the things that move around in my head in the tray as it feels like I can finally get it out of me." Sandtray therapy can provide healing when words are difficult, or memories are fragmented. As sandtray therapy has been shown to be effective for adults with trauma and grief, its healing powers are equally effective for perinatal trauma and loss.

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