



SPRINTS-Sand Play Reprocessing Integrating Nonverbal Trauma-Interventions and Self-Stabilization - A Clinical Update

Beate Leinberger* and Thomas H Loew

Abstract

Sandplay therapy, introduced nearly a century ago, was originally conceived as “world therapy” to provide children with a protected space to construct an inner world and process traumatic experiences. Later integrated with Jungian psychology and expanded e.g. Buddhism, sandplay has since developed into a culturally adaptable, nonverbal therapeutic modality used worldwide. Its applicability has broadened beyond psychodynamic contexts to include behavioral and trauma-focused interventions. The recent European refugee crisis highlighted the urgent need for treatments that transcend language barriers, leading to the development of SPRINT, a structured, low-threshold intervention created in Regensburg, Germany. SPRINT combines staged sandplay scenes with psychoeducation, self-stabilization techniques, and bilateral stimulation to facilitate trauma reprocessing in children, adolescents, and adults. SPRINT employs a standardized sequence: identification and staging of a traumatic scene using small figurines and simple materials; application of bilateral stimulation; paced breathing; and repeated assessment. The method allows full flexibility regarding verbal expression, enabling use across diverse linguistic and cultural contexts. Over the past decade, SPRINT has been implemented by trained local professionals in regions with limited access to mental-health services, including parts of Asia, Africa, and South America, showing clinical improvement typically after ten sessions. In Germany, SPRINT has proven effective as part of multimodal treatment for traumatized adults, complementing established approaches such as EMDR. Sandplay’s structured use within SPRINT appears to support containment of traumatic material and may enhance stabilization through tactile engagement. Its simplicity, cross-cultural applicability, and nonverbal accessibility position SPRINT as a valuable resource in global trauma care.

Keywords: Sandplay therapy program; Posttraumatic Stress Disorder; Children, Adolescents Adults; Aggression; Peer interaction; Slow Paced Breathing; Nonverbal

Introduction

About 100 years ago the british pediatrician and psychotherapist Margret Lowenfeld introduced sandplay into therapy to treat traumatized children and adolescents. By chosing the name „world therapy“ she referred not to the medium used but to the meanig, giving their patients the chance to create a mental space or better an “inner world“. Naming it „world therapy“ was the logical consequence. First publically in conferences presented in 1937 the swiss psychoanalyst C.G. Jung connected this approach with his theories, and so this special kind of art technique found is intresting but marginal position in Child and Adolescent Therapy. [1] Dora Kalff from Switzerland in the 50ies

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of the last century expanded the theoretical background from the Jungian Psychology to Buddhism. In our days the term „World“ can be understood even geographically, since preferred in cultures where sand as a creative form of cultural confrontation is part of spiritual life, e.g. Japan or Korea. [2, 3, 4, 5, 6] Evidence is given in the treatment of psychic traumatization but not exclusively [7, 8, 9]. Other disturbances as ADHD, Anxiety or Autism are even addressed by child and adolescent psychotherapists. [4, 6, 7] In the first decades sandplay was limited to psychodynamic and psychoanalytic therapists [2], with the upcoming behavioral therapies it was pragmatically integrated in these settings, too. Ten Years ago, the Refugee Crisis in Europe especially in Germany made it necessary to think about treatment settings across language boundaries and group therapy concepts. Hundreds of thousands children, many traumatized by war and flight, needed psychotherapeutic support. So SPRINT [10] was developed in Regensburg, Germany, evaluated and spreaded not only over Germany, it reached other areas where caring of traumatized children are an everyday business, e.g. in Palestine, India, South America or Africa. In a next step a teaching program was put in place which could be operated by already existing specialists, e.g. teachers, social workers, nurses having experience with this kind of children. In our clinical surroundings the problems remained important being confronted furthermore with persons not being able to speak German or English, so that we transferred the nonverbal approach SPRINT to adolescents and adults [11].

Materials and Methods

The central aspect is to offer the opportunity to stage the traumatic experiences. We use small dolls, figures, toys and natural materials (males, females, Children, different professions, e.g. policemen, soldiers, small everyday objects used, fences, cars, animals, tents, building blocks, little stones, shells, leaves, similar to the entities in the so called SCENO-Case [1]. To limit the scenes, we used sand boxes made from plastic (30*40*10 cm, see picture).

In adolescent or adult therapy explaining basic concepts of Trauma and posttraumatic stress disorder and the applied concept is the first step. Very important is before starting sandplay to teach them self-stabilization-techniques as slow paced breathing, or autonomous applicable bilateral stimulation or fast drawn lying eights. For this purpose a special composed song is used [12] (see box) A standardized assessment follows after thinking about the problem-scene which should be presented (3 dimensions – Upcoming emotion while thinking about the problem, body-sensation and burden, each of them from 0 (no reaction) to 10 (strongest imaginable).

The sequence we use in a session (duration about 50 min) is identifying one of the traumatic scenes, which is staged. The choice is up to the patient. He or she decides how far he

or she wants to go. If the patient likes to talk, he is allowed to (even in his native language). The therapist does not influence the play, does not intervene. When the patient has prepared the scene, Reprocessing starts, the patient considers the scene. Then bilateral stimulation is applied for about 1 minute (fast eye movement from one side to another, 1 Hz, or tapping, or drawing lying eights following the preferences of the patient). The next phase consists in 3 min paced slow breathing (PSB) [13, 14], followed by a re-assessment. Bilateral stimulation and SPB is repeated as often as it takes to reduce the assessment parameters down to 3. If it is not working, the time of bilateral stimulation can be doubled. If the patient is able to perform a conversation about what happened in the session, there can be included a verbal exchange with the therapist (“What did You feel“). If this is not possible due to lack of a common language, it is ok, too. The session with 3 minutes Somatic Universal Regulatory Exercise [15]. The patient is encouraged to take a picture from the scene staged. If the patient likes to change objects or positions while processing, it is ok, too.

Results

In the last 10 Years SPRINT was applied by therefore trained experts in regions (Asia, Africa, Middle and South America) where alternative trauma care was not easily accessible. The reasons are multiple: political – there are no circumstances traumatizing people; or the traumatizing situation are socially accepted (religion / capitalism) supply-related – no psychologists or psychiatrists available; or simply because of the quality assured by a simple applicable one sheet only tests [16] before-after some sessions - normally 10 sessions will bring a clinical improvement, even in cases of severe trauma using a short questionnaire which is available in many languages. In our department since about 7 years we apply SPRINT in traumatized adults, first because of the possibility of a mostly nonverbal approach, then in German patients, too, because of the lived efficacy. But we have to note, that the usual setting in our country is more complex, the patients get a multimodal therapy, including group-, relaxation-, art- and movement-therapy, when individual therapy is not sufficient.

Discussion

Sand-Play has since at least 60 years its place in child psychotherapy and there is neurophysiological evidence that it works [16]. A more pragmatic processing including bilateral stimulation (as practiced in EMDR, but without narrative) and other standardized self-stabilization techniques came about 10 years into the scene. Due to the need to treat patients with many different languages, which are not common in our country as Arab, Farsi, Pashtu, East African Languages, Ukrainian etc., and the amount of request, we were forced to think about cost-effective, simple approaches. SPRINT

is one solution for all age groups and all cultures. Playing every human knows. It is undisputed necessary for the psychic development. We use it in a standardized form for the treatment of psychic traumatization. Last but not least: What is the sand good for? [17, 18] We think, most important is limiting the traumatic scene. This can be reached using a piece of paper (Din A3), a towel or a quarter painted by a chalk on the floor, too, but better a box filled with sand. The sand in the box helps simply stabilizing the figures and structures as fences, trees or buildings by boxes, so the can't tip over. Maybe the haptic experience is important, too, it could lead to a higher oxytocin-production and therefore self-calming, as a complimentary effect.

Conclusion

Off-Line Video-Teaching is available in German, English, Spanish and Italian. A written concept is available in English [16] and can be translated in most languages. We encourage all professionals (teachers, nurses, psychologists etc.) There is no copyright or disclosure. Sandplay is a potential way to implemate help for affected people all over the world. Let us save the children.

TraumaSelfHelp-Song

If men were cruel, nasty, mean,
turn Your inside out in scenes,
and catch your life, your thoughts, your dreams

Take sand and figures with your arms
and play the ugly things that harm
If fears rise up and tears will come

Use tapping slight

Fifty times bad thoughts will flight
and you will feel your chest gets light.

The sorrows vanish like a breeze
and You' ll feel save and fill with ease.

Refrain

Though afraid here I stay. Swinging move my fear away.
Count 4 while breathe in, count 6 while breath out.

I' ll be calm in minutes though they shout me loud.
Cross clap my arms, look left and right won' t freeze,

I' m clear, can concentrate.

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Conflicts of Interest

Both autors are writing articles in the field and give seminars on the topic of the article

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