

Sandplay

A Sourcebook for Play Therapists

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Epigraph

In my experience it is of considerable practical importance that the symbols aiming at wholeness should be correctly understood by the doctor.
Carl G. Jung, 1963



Preface

Why write one more book on depth psychotherapy in this age of the HMO when many therapists are looking to learn brief therapy skills so they can queue up and receive insurance payments? It is my heartfelt belief that even though brief counseling can be of great value in certain cases, however, in many others it will only provide a superficial Band-Aid. The psyche is complex and multi-layered. Its contents can be restructured. This book demonstrates ways this can happen. The case material that is presented in this book covers play therapy work that done by children over the past twenty-two years.

Over the years many professionals and interns have asked me to help with the interpretation of the sand trays done by their young patients. I have enjoyed assisting my colleagues, and have learned a great deal in the process. During these years I have been shown the actual sand tray that was created by the child, reconstructed sand trays, photos, slides, and have been given verbal descriptions of trays that were destroyed. Many questions have arisen concerning the symbolism contained in the trays.

One of my colleagues asked whether there was a reference available on symbol interpretation for play therapists. At that moment I believed that would not be a good idea since the materials are often so subjective and cannot be rigidly interpreted. I am a great believer in the intuitive process. After thinking about it, I realized that a book on symbolism for play therapists might be a good idea since there has been no single text that provides this information for the clinician.

This volume was written as an introduction to the process of child psychotherapy with special emphasis on the process of transformation. It is the author's conviction that sandplay offers deeper access into the child's dynamics than traditional play therapy alone. In its rich provision of

symbols by the therapist, sandplay provides the child's psyche with more appropriate tools for the process of transformation.

It is my hope that this book will be useful to either the novice, or the established child therapist, who would like to understand the process of sandplay symbol interpretation. The *Dictionary of Play Therapy Imagery* will enable child psychotherapists and other mental health professionals to understand the language of the metaphoric mind in greater depth.

This book is designed as a reference. The subject of this volume is child psychotherapy, however, many of the concepts and information contained within the book are applicable to adult psychotherapy, especially with people who have difficulty with language. As one reads through this text it may become apparent that I believe that a child specialist needs to be trained in play therapy, sandplay, and art therapy. I am not aware of such an educational program that combines all of these methods. A program that includes of these areas would demand that a depth approach be utilized, in addition to a study of psychometrics.

During the years I have followed many cases referred by social workers to various clinics in the Los Angeles area and I have noted to my dismay that the deep therapeutic work that the court and the Department of Children's Services wants done with children is not being done. Because of inadequate funding, some latency-aged children were placed in a group where brief interventions were given and then dismissed as having completed a course of therapy. This perfunctory treatment guaranteed that any deep pathology was left untouched. Others who were referred for severe physical and sexual trauma before coming into foster care were only treated to improve or end their relationship with their foster parents. This is a travesty. One boy, who was referred to neutralize the aggression brought on by years with gun toting, drug dealing parents, was helped to learn his multiplication tables by his therapist. Academic difficulties were not the reason this child was referred for therapy! I have seen more Band-Aids dispensed than I care to mention. It is my fervent hope that sandplay be fully utilized as the potent therapeutic medium that it can be. If this

book helps popularize sandplay therapy, and makes Jungian psychology as applied to child psychotherapy less of a mystery to my colleagues, or if it encourages more in-depth work with children, I will feel well rewarded for my effort.

Susan Perkins McNally, Burnet, Texas 2001

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Much of what I have learned about imagery in sandplay, artwork and dreams has come from extensive reading and my work in the field. Pioneers, such as Dora Kalff, and the children I have worked with have taught me much. I am indebted to each of them.

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One

“A Picture Is Worth a Thousand Words”

Nevertheless, we can learn the language of dreams, for it is not dreams that are obscure, but our understanding of them.

John A. Sanford 1978

What children do in the sand tray may be easily understood while other sand trays are mysterious. What do they mean? It can be disconcerting to delve into the realm of play therapy only to realize that children are communicating in an unknown language. Right brain thinking is quite foreign to most people. This is particularly true of academics. Intellectuals are typically left brained preferring to deal in words rather than imagery. Parents often dismiss a child's frightening dream with the minimizing statement, "It's just a dream, honey." As clinicians we would be unwise to have such a lack of awareness in our work.

Understanding the non-verbal communication of children is challenging. Unless one is skilled in art therapy, or dream work, is knowledgeable in the language of the unconscious, familiar with the content of children's television programs, movies and slang, much is missed that the child is communicating. A specialist in child psychotherapy must be well

grounded and ever growing. While this book cannot provide all the background a therapist requires it should give the clinician a strong foundation in the metaphoric mind.

When adults, or teens, see my sand trays they often experience resistance. I tell them that we have two minds—one communicates in words and the other in images. These two minds do not always agree. Most people seem to accept this notion readily. Unless clinicians understand this second language of imagery our ability to help is limited. We need to understand the way that each “mind” is in conflict.

When we receive our degrees in psychology, social work or medicine, do we immediately rush off to Germany, Italy or Africa and expect to speak in their native tongue? The idea is ridiculous. When we desire to become fluent in another language we study it. Similarly, we need to study symbolism if we desire to interpret dreams or understand sandplay therapy. This book will aid in understanding the language of the second mind. Reading introductory chapters and case studies and using the Dictionary of Imagery (Appendix A) as a reference will help novice or experienced clinicians grow in understanding this symbolic language.

The interpretation of children’s art and play is a sensitive art. I hope to give the clinician that works with children, adolescents, or adults, and has access to sandplay, a powerful tool for extending his or her understanding of the language of the second mind. As I discuss case histories later in this book I will be referring to landmarks in the history of child psychotherapy, therefore we need to briefly review the development of play therapy.

A Brief History of Play Therapy

The development of play therapy dates back to the Nineteen-Twenties. Hermine Hug-Hellmuth began using play for diagnosis and treatment of emotionally disturbed children. Anna Freud (1927) maintained that small children could not verbalize their conflicts, but could demonstrate them in the process of play. Eventually, it became traditional for therapists to use toys, small objects, and later games, in the treatment of children. Over

the years play therapy has embraced aspects of art therapy, and has expanded to include board games, card games, crafts and other relationship building or ego building activities.

Sandplay is a method of play therapy that is unusually productive. Unfortunately sandplay is a modality used less in the United States than in Europe. This has been changing as more support and training has become available for clinicians, including many sandplay books written during the nineties. The tendency in the United States still favors direct approaches, such as games designed to help overcome a specific problem. The subtly and sophistication of sandplay is often overlooked in our rush to quickly treat our young clients.

Over the years the types of items used in play therapy have increased greatly. Virginia Axline (1947) suggests using nursing bottles, a doll family, a doll house with furniture, toy soldiers and army equipment, playhouse materials, such as dishes and doll clothes, a di-dee doll, a large rag doll, puppets that include all possible family members, crayons, finger paints, clay, water, toy guns, little cars, airplanes, a table for finger painting and clay, a toy telephone, basin, small broom, mop, rags, drawing paper, inexpensive cutting paper, pictures of people, houses, animals and other objects. Other therapists have added such items as, blocks, games, woodworking, and crafts. Violet Oaklander (1978) adds music, pantomime and drama, poetry, movement therapy, the sand tray, projective tests used as therapeutic tools, and the Gestalt empty chair. Eliana Gil (1991) adds sunglasses, Feeling cards, (illustrations of facial expressions), video therapy, and therapeutic stories. Gil (1991) has clearly demonstrated the need for the child to move beyond posttraumatic play, or repetition compulsion caused by trauma. Movement is characteristic of a healthy psyche. Total blockage indicates a severe problem. Gil states the therapist may have to intervene to keep the child from being rewounded should his compulsive play fail to show movement after about eight sessions. Gil (*ibid.*) has also outlined an excellent approach to children with Multiple Personality Disorder. Art therapy is an excellent modality

for children that are comfortable with art materials, and are unconcerned about creating good art. Like sandplay, art therapy can promote depth transformation. For clinicians who want to promote this process vis-a-vis the use of art materials, *Art As Therapy With Children* by Edith Kramer (1971) is an excellent introduction. Unfortunately, many children believe they are incapable of producing good-looking artwork and shun art materials. Providing sand trays can help bridge this gap of confidence while expanding the arena of non-verbal therapy.

Games: Moving Beyond Win-Lose?

Board games provide interaction between the child and the therapist. Children who are out-going tend to enjoy the involvement with another person. Therapists need to avoid games that take too long to play since children may use them to avoid dealing with their issues. Sand tray therapy and art therapy are inwardly focused compared with interactive games, and may be the natural preference of introverted children. Art and sandplay therapy may not involve the therapist should the child prefer to screen him out. Ideally both extroverted and introverted personality styles should be offered a balance of activities.

The strength of sandplay lies in its power to touch the depths of the personality. Even though one may offer various activities, it seems logical that games are appropriate after deeper metaphoric work has been played-out, and a strong therapeutic alliance has been established. Each child's need is different and that must always be of paramount importance.

During my work in schools with children in the third through fifth grades I use many games primarily because the school wants so many children seen. When I have had small school groups of children from age five to seven I have provided toys from my sand tray collection. School counselors often call for more structured approaches in the belief that more can be accomplished in a short period of time with a curriculum or with therapeutic games than with play or art. The non-verbal approach and power of sandplay has to be seen and experienced to be believed. Amatruda and

Helm Simpson (1997) have found that a short number of sandplay sessions, five to ten, or even just one can be helpful.

Some children play with the full range of play therapy toys, sandplay and games without any difficulty. Many children love competitive games since they desperately want to win in life. Other children prefer to play games because they have an extroverted orientation that places the emphasis upon other individuals. These out-going children enjoy the opportunity to interact with the therapist during the session. Some of these children seem unwilling, or unable, to focus on anything other than the therapist. The inward movement of sandplay can be threatening to those who need to intensely engage the therapist. Certain children have not been safe enough to turn inward and develop the life of the imagination. Other children will focus primarily on sandplay and unstructured art materials. Motivation for these differences will vary greatly with different personalities and different presenting problems.

Play is natural to children and young mammals. Play is the work of the child. A red flag appears when a child's play is blocked. Narcissistic wounds often cause blocks to spontaneous play. Repressed children will not be able to expend energy upon the objects provided for symbolic play until they have found the therapeutic relationship a safe haven. Other children will use sandplay and art materials exclusively while avoiding the interaction of games. This could indicate that a child's fear of failure, or fear of intimacy. It also might indicate a rich inner life.

Many games created by psychotherapists do not place the child in a win-lose situation. The "Ungame" is a classic in the realm of non-competitive therapeutic games. I have found that many children so intensely want to win (feel good about themselves) that they reject this and other non-competitive games."The Talking, Feeling, Doing Game" created by therapist Richard Gardner, is designed to engage resistant and uncooperative children. Gardner's game, and similar games, has grown in popularity among child psychotherapists. It has a familiar format and engages the child's interest with a token reward system that is similar to other games where the

emphasis is placed upon winning. The emphasis of these games is upon the creation of therapeutically useful fantasy material. A game that includes competition, yet has its emphasis on the expression of feelings, is "My Homes and Places" by Nancy Bohac Flood, Ph.D. This game is a favorite with my young clients. Board games can provoke such a strong desire to win that some children cannot use them in conjoint sessions their rivalry becomes too intense and their egos are much too weak. The Childsworld/Childsplay catalog, listed in the Resource section in Appendix B, is filled with an ever-expanding variety of therapeutic board games.

The World Technique Becomes Sandplay

During the thirties sand tray therapy developed in Europe as the Lowenfeld World Technique. Margaret Lowenfeld credits a child with bringing small objects in her room over to the tray of sand. Lowenfeld called sand trays "worlds." A world can be seen as a picture of the psyche. Haim Ginott (1961) and Violet Oaklander (1978) are among the first child psychotherapists in the United States to write about the value of sandplay in child psychotherapy.

As if to underscore one of the theses of this book, Eleanor Irvin (1983, Schaefer and O'Connor, p. 156) writes: "One productive but rarely used activity that can stimulate fantasy play is that devised by the British analyst Margaret Lowenfeld." Irvin's referent is The Lowenfeld World Technique, now known as sandplay.

Margaret Lowenfeld (1979) notes that The World Technique is characteristically a right brain mode. She states that the production of worlds seems to be halfway between that of dreams, that are an unconscious creation, and art, that draws from the conscious, in the creation of structure and form, and the unconscious in the form of imagery.

Sandplay and Child Development

Bowyer (1970) divides behaviors seen in play according to developmental lines, and compared the work of 26 normal children and

24 “clinical” youngsters. She used Kurt Lewin’s developmental parameters of (1) increase in life space, (2) increased realism, (3) increased differentiation-integration in (a) use of the tray, (b) the fantasy-reality dimension, (c) use of sand and part-whole relationships. Using the control group as a baseline she observed four chronological stages, two to four years, five to seven years, eight to ten years, and eleven + years. Bowyer (1971) observed burying objects by children over age four was indicative of pathology. Bowyer’s control group engaged in intense burying behaviors at age two to three, and this decreased until four plus. “Toys were poked or flung into the sand, so they were buried or half-buried” (p. 26) From two to four children destructively used sand “pouring sand over people or things, or pushing toys into the sand, sometimes with the words ‘down, down!’...” (p. 28). Eve Lewis (ibid.) observed that the careful burying of an object seems to indicate acceptance into the unconscious of whatever the object symbolizes.

Charles Stewart (Bradway, et. al., 1981) and Louis Stewart incorporate the work of Erich Neumann, Dora Kalff, Ruth Bowyer, Piaget, and Erik Erikson with their observations of sand trays by children under twelve in an attempt to establish sandplay norms. Stewart’s synthesis of Neumann, Erikson, and Piaget’s developmental theories resulted in a four-stage construct, which he related to the Sutton-Smith (1974) classification of universal developmental games.

Infancy (Inf. II): 7-10 to 12-24 months

Games of appearance and disappearance (Peek-A-Boo)

Early Childhood I (ECI): 1-2 to 3-4 years.

Games of order and disorder (Ring Around the Rosy)

Early Childhood II (ECII): 3-4 to 6-7 years

Central-person games (Tag, Farmer in the Dell, Mother May I?)

Middle Childhood (MC): 6-7 to 11-12 years

Games of peer sexual differentiation (Jacks, Marbles) Sutton-Smith list games of success and failure. This would now include most board games.