

SANDPLAY

Past, Present & Future

Rie Rogers Mitchell & Harriet S. Friedman

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Sandplay

Sandplay is one of the fastest growing therapies. As yet there is no single volume that provides interested readers with a comprehensive account of the history, current practice and future direction of Sandplay. *Sandplay: Past, Present and Future* does just that.

Rie Rogers Mitchell and Harriet S.Friedman present the historical origins of Sandplay, biographical profiles of the pioneers and major innovators together with discussions of their seminal writings. The major current therapeutic trends are explored and the final chapter looks at the future of Sandplay through emerging issues. Each chapter has a list of references. A special feature is the comprehensive international bibliography of Sandplay citations and a listing of sand tray videotapes and audiotapes. Much of the Sandplay literature is not easily accessible and this special feature will provide a unique resource for the reader.

Sandplay: Past, Present and Future represents an important and much needed milestone in the development of this exciting field.

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Foreword

I am glad to write a foreword to this book on Sandplay by my friend, Harriet Friedman, and her colleague, Rie Rogers Mitchell. It pays close attention to a subject whose importance cannot be overlooked because of its universality not only in a geographical sense but also historically. In her book *Themis*, Jane Harrison writes, "A child's toys in antiquity were apt to be much more than mere playthings. They were charms inductive of good, prophylactic against evil influences." Thus play is recognized as having a social as well as a personal significance; indeed it can enter into all fields of mental activity, especially those that are creative. I think, however, I can best introduce this volume by considering the great importance that play took on, both in the field of psychotherapy and education during the first half of the present century.

It was Melanie Klein who grasped the significance of play and toys as depicting, referring to or symbolizing small children's profoundest emotions. It was she, already in 1926, who grasped their significance and introduced play into the psychoanalysis of small children. It was play with toys which revealed the primitive unconscious elements lying at the root of developments both in infancy, childhood and later adult persons as well.

A colleague of Klein, Susan Isaacs, was deeply impressed with her findings and studied children in The Maltinghouse School in Cambridge from Klein's position. The recordings were not only of children's play which was, however, given a prominent place in the form of spontaneous behavior, thought and feeling but included play as a part of the educational process. Her work gave impetus to educationists to include it more in their curriculum. Amongst them was Dr Margaret Gardner, a Lecturer in Education at the City of Leeds Training College for Teachers, and I cannot do better than quote from the Preface to her book, *The Children's Play Centre*.

When we first opened the Play Centre we could not help feeling some anxiety lest we could never do anything worth while for the children in the limited space and very limited time at our disposal. We need have had no doubts. The children had none. From the first moment when the playroom doors were opened to them, those two hours in the week appeared to become the loadstar of their lives. Their attitude towards all of us, to the College and to all the materials and experiences open to them, was direct and confident. They knew what they wanted....

Later we realised that what we were encountering was not hunger for play, so much as hunger for experiences of all kinds, for creative and imaginative activities, for security and companionship, in short, for an expansion of the soul, a hunger for life itself.

In the meantime, apart from the enthusiasm engendered amongst many psychoanalysts, there had grown up a kind of therapy called specifically "play therapy." Toys were used and the therapist adopted a permissive and consequently passive attitude. The practice was quite widespread.

I think I have now given a sufficient glimpse into the source of the new knowledge that play was therapeutic and an impression of the widespread enthusiasm it created, especially amongst those engaged in child psychotherapy and education.

It was on this background that there grew up the vigorous and sometimes bitter conflict between Melanie Klein and Anna Freud, about the technique to be used in the psychoanalysis of children, which occupied much energy and left virtually none for considering Margaret Lowenfeld's work. That went on in the background. What was she achieving?

I consider it a valuable achievement to have invented a method of studying psychodynamic processes going on in children. Lowenfeld provided a small sand tray and an increasingly large number of toys as time went on. The children were invited to choose the toys they wanted and make "pictures" in the sand with them. The results were impressive and I made contact with her. Our contact could develop in a certain way because of her interest in archetypes. She had found, as I had too, that archetypal configurations appeared in children's play and she wanted to know what kind of toys should be used to help in detecting them. I was not keen on eliciting them so much as providing conditions under which children could express themselves archetypally or otherwise. Nevertheless I thought that the sand tray and toys for playing might facilitate the work I was doing and introduced it into my therapeutic efforts. I did so but eventually gave it up. I mention it to indicate that I formed quite a close relation with Margaret and that made it possible for me to arrange, at Emma Jung's request, for a meeting between her and Dora Kalff. That was one origin of the proliferation of "sandtray therapy" which has spread widely and which has been so successful in interesting Jungian analysts in the psychotherapy of children.

It may be of interest to state why I ceased my support for Margaret Lowenfeld, because it illustrates in rather a gross way why I no longer use a sand tray. Her method of child therapy involved a certain depersonalizing element. Most children's play is enacted in relation to others; first of all the breast expanding to other parts of his mother's and his own body, later father and siblings come into the picture to eventually include other persons outside the family. It is true that there is also solitary play like that which Jung engaged in as an initiation into his confrontation with the unconscious, but it is a mistake to diminish the personal nature of most play. This depersonalization went on into Lowenfeld's attempts to avoid the transference by not having a single therapist but switching the child between several. Also, if a child needed to make a mess he was removed to a special room where facilities were provided for him to do so.

In saying this I do not wish to claim that sand tray therapy, though I am critical of it, is not of value to children and that they get benefit from it as they do from all play. This special form of play has every right to be called therapeutic whilst in addition it can provide data of scientific importance.

Michael Fordham Jordans, December, 1990

Preface

This book emerged much as the unfolding of the Sandplay process—organic and flowing—with more surprises than would have been expected at the outset. In the beginning, our initial interest was in writing an introductory handbook on Sandplay. In preparation and research for that work, we were impressed to find the richness of Sandplay's lengthy heritage expanding over approximately sixty-five years. As we read these historical works, we were struck by their relevance for contemporary therapists.

Sandplay is the term created by Dora Kalff to differentiate her Jungianoriented technique from Margaret Lowenfeld's *World Technique*, while *sand tray* remains the generic term referring to the technique of using miniatures in a shallow box partially filled with sand. Unfortunately, much of the early work on the sand tray is difficult to access, except for the researcher who is willing to participate in the time-consuming task of finding the many outof-print documents in many different languages that have been written on sand tray. With this realization, we put aside our writing of a Sandplay handbook so that we could bring to light the contributions of the leading pioneers of Sandplay, who pushed the boundaries of psychotherapy and research into the nonverbal realm.

We were fascinated with what we found out about these extraordinary pioneers. For some of them, the nonverbal approach grew from their own personal experiences and became a lifelong quest; others were interested for a short time, enlarging our knowledge through their research and then moving on to other pursuits. Still others were superb teachers who excited the imagination of clinicians who felt the need for a more symbolic, nonverbal method.

Many synchronistic events have occurred over the 65-year history of sand tray, each of these events has supported and advanced the growth and development of this medium. One of these early events was child psychiatrist Margaret Lowenfeld's recollection of H.G.Wells' book, *Floor Games*, and his use of miniatures in his play with his young sons. Drawing on this memory and observing that the use of language with children was a limited way of communicating, Lowenfeld was inspired to include

miniatures in her therapeutic playroom for use by the children. In this setting the children spontaneously placed the miniatures in a small shallow box of sand to create scenes or patterns. Hence, in 1929, Lowenfeld's World Technique was born.

At that time, London was a fertile environment for many of the emerging ideas in child therapy. Melanie Klein had moved from Berlin to England in 1926 at the invitation of Ernest Jones. There she worked in the London Clinic for Psychoanalysis (Sayers 1991), developing her theories of child treatment based on Sigmund Freud's theories. She used toys to stimulate the child's imagination, and interpreted his/her play with emphasis on the internalization of early mothering (object relations) and its effect on the child/therapist relationship (transference). In 1939, Anna Freud moved to London and over time established both a day nursery and child treatment clinic. In the clinic she emphasized the interpretation of psycho-sexual developmental stages. In contrast to Klein, Anna Freud believed that the therapist/child transference with young children was irrelevant because they were in the process of developing mother—child relationships which precluded those feelings being transferred to the therapist. Michael Fordham, an English Jungian analyst, was also living in London and working with children. He pioneered a systematic, empirically-grounded developmental theory (based on infant observations and clinical studies) to substantiate the early development of the Self. Around this same time, Susan Isaacs and Donald W.Winnicott, two more prominent leaders in the field of child development and treatment, were also working in London. In this psychoanalytically oriented environment, Lowenfeld was a maverick and had her own independent ideas. She believed that theory should develop from observation of what emerged from children, rather than viewing the children's work from an established theory that may have been developed through analyzing adults. Therefore, her techniques were designed to facilitate the child's unencumbered communications with her in order to understand more clearly what was happening. It was out of this melting pot of ideas that a new therapeutic approach—the World Technique—was born.

About this same time in several parts of the world, the idea of using miniatures in a defined space for therapeutic or diagnostic purposes sprang up independently, demonstrating that the time was ripe for using this type of approach. A short time after Lowenfeld developed the World Technique in London, Erik Erikson developed the Dramatic Productions Test (DPT) at Harvard in the 1930s. Erikson first used the DPT to study the development and character formation of a group of Harvard students by examining how they placed miniatures in a defined space. Later in the 1940s, Erikson once again used the DPT to study the development of 100 youngsters over a three-year period who were involved in a twenty-year longitudinal study at the University of California, Berkeley. Also in the 1940s, child

psychotherapist Gerdhild von Staabs authored the Sceno-Test in Germany, a diagnostic technique designed for children in which they used human miniatures to create a scene. Later in the 1950s, Lois Barclay Murphy developed the Miniature Toy Interview, which used miniatures to assess the free play of preschool and early latency aged children at the Sarah Lawrence College Nursery School in New York State. The purpose was to assess a child's needs, drives, problems, and ego structure in relation to his/her temperament and perception of life space. It was astonishing to realize that at the beginning of their work, Lowenfeld, Erikson, von Staabs, and Murphy were each unaware of the others' pursuits.

Another contributing factor in the growth of sand tray technique was that it attracted therapists from many different theoretical orientations and backgrounds who were able to incorporate it into their work. Lowenfeld (1979) herself believed that the technique was free from any theoretical bias:

A psychoanalyst will find sexual themes, sometimes overtly, sometimes symbolically represented there, for the reason that sexuality does play a part in a child's "World" picture. The Adlerian will undoubtedly find the power complex.... The "World" apparatus should appeal to the heart of the Jungian, seeing that the "World" cabinet is richly furnished with already completed archetypal symbols. (Lowenfeld 1979:7)

Lowenfeld's belief that her method could be applied by therapists from a variety of orientations was validated by the many people who integrated the sand tray into their own frameworks. For example, Charlotte Bühler, a faculty member at the University of Vienna and later associated with the University of Southern California, observed Lowenfeld's work in London during the early 1930s, incorporating the use of the World Technique into her own research. She used it as a diagnostic instrument for cross-cultural work and as a means of ascertaining the mental health of both children and adults. Later, Bühler developed the "World Test" (later known as the "Toy World Test"), which was used to generate normative data associating certain types of trays with specific behaviors. In turn Bühler influenced many other researchers and practitioners, including the French clinician Henri Arthus, who developed the "Village Test" as a diagnostic instrument in 1939. Subsequently, Arthus' work and writings caught the imagination of several French psychologists, including Pierre Mabille, who developed his own "Village Test" in 1945, and Roger Mucchielli, who published his "Test of Imaginary Village" in 1960.

In Sweden, Lowenfeld's influence took yet another form. Gudrun Seitz, founder of the Erica Institute in Stockholm, visited Lowenfeld in the 1930s and brought back the idea of using miniatures and sand with the children at her Institute. In the 1940s Gosta Harding, psychiatrist at the Erica Institute,

used these materials to develop the Erica Method, which became a widely used diagnostic test in Sweden.

The connections extended yet even further—Lowenfeld also influenced Dora Kalff, a student and associate of C.G.Jung in Switzerland. In 1937, Lowenfeld had presented a case using the World Technique at an International Congress in Paris, which was attended by Jung. Some seventeen years later, when Kalff indicated her desire to work with Lowenfeld after attending one of her presentations in Zurich, Jung recalled the lecture he had attended and encouraged Kalff to study with Lowenfeld. Jung was personally aware of the healing powers of his own imagination. By uniting her Jungian background with Lowenfeld's technique, Kalff added another significant clinical dimension to the sand tray, joining a symbolic, archetypal orientation with Lowenfeld's perspective. Kalff emphasized the importance of using the tray in a free and protected space, enabling clients to contact the unconscious and express preverbal experiences and blocked energies. She found that the effect of this expression was the activation of regenerative and healing energies. This process enhanced the connection between the unconscious Self (the source of human spirit) and the ego (conscious awareness and choice), resulting in the restoration of the capacity to function normally and restoring the psyche to its natural functioning. Jung likened the healing tendencies of the psyche to that of the body. He said, "Just as the body reacts in a purposeful manner to injuries, infections or abnormal ways of life, so do the psyche functions react with purposeful defense mechanisms to unnatural or dangerous disturbances" (Jung 1960:253). Kalff's Sandplay approach was based on this fundamental premise that the psyche can be activated to move forward in a purposeful and healing manner.

In Austria and later in the United States, psychoanalytically oriented clinicians Hedda Bolgar and Liselotte Fischer developed the "Little World Test" as a projective instrument for diagnostic use. In Britain, Ruth Bowyer, a faculty member at the University of Bristol and later at the University of Glasgow, developed norms for the World Technique, using it to determine the emotional adjustment of deaf children.

Although many diagnostic applications of Lowenfeld's World Technique were in use at one time, the projective/diagnostic emphasis has waned (even though the research findings remain sound and pertinent) in favor of its therapeutic application. Currently, its main use is as a therapeutic tool of self-expression and healing, as the sand tray allows an opportunity in therapy for a fuller expression of the joining of the mind, body, and imagination together. Even though there remain a sizeable number of practicing Lowenfeldians, as well as therapists who are attracted to using sand and miniatures in a tray within their own particular orientation, Kalffian Sandplay is currently the major approach worldwide. The practice of Sandplay today usually includes two sand trays (one wet and one dry) of prescribed dimensions, painted blue on the bottom and sides to represent water or sky. After the therapist has introduced the procedure and given the client an opportunity to engage (touch, manipulate) the sand, miniatures on nearby shelves are selected by the client and placed in one of the trays to form a scene. During the creation of the Sandplay picture, the therapist becomes a "silent witness" to the process. Interpretation of the tray is delayed until a series of trays has been completed, over a period of time, so that the process can unfold naturally without interference from the intellect. A photograph is taken of each picture after the conclusion of the session. Some time later all of the photographs (or slides) may be reviewed by the client and therapist together. The joining of cognitive awareness to the deeply felt experience of Sandplay at this later time often brings a new level of insight.

The view of childhood itself has undergone dramatic changes throughout history. It is only recently that childhood has been recognized as the most formative period in the life of a human being. While the image of the child has historically evoked a universal archetype of caring and compassion, in reality it was not until fairly recently that infants and young children were considered valuable human beings whose lives were not expendable (Schorsch 1979). This was understandable as in earlier times the infant/ child mortality rate was so high that parents could not afford to become bonded to a child until the child was old enough to survive. In contrast, today infancy and childhood are not physically precarious states as they were previously, and the child, as well as childhood, can be more wholeheartedly embraced. Childhood now is seen as a critically important period. Currently adults even look to children and their play for cues in studying imagination and creativity. A prime example is the use of the sand tray, a vehicle developed for the self-expression of children which is now benefiting adults as well as children.

The name "Sandplay" can initially evoke a negative response from adults until the process itself is directly experienced. Even though it is recognized that children have played throughout history (see Foreword by M.Fordham; Lowenfeld 1935), today there continues to be a lack of wholehearted acceptance of the benefits of play both in our society and in some therapeutic circles. This rejection of the spontaneous, creative, unfocused, and more feminine aspects within us is indicative of a widespread patriarchal attitude in society that values focused and rational thinking.

In the contemporary Sandplay community, play is recognized as one of the important ingredients in promoting healing, as it encourages the necessary transcendence of the thinking and cognitive realms. Kalff recognized that symbolic play creates a dialogue between the unconscious and the conscious mind (Dukes 1992). Stewart (1981) also reflects this view of play when he says: