

# Sandplay Therapy

## Treatment of Psychopathologies

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**DAIMON**  
VERLAG

## Introduction

*Eva Pattis Zoja*

“How does one play with the sand?”

As she asks me this question, the patient begins to smile at herself. She realizes that prior to perceiving a new situation she is asking for rules. Knowing the rules of a game means understanding the possible requests that can come from the outside world. It makes no difference if the unconscious goal is to satisfy them, or to rebel against them: it's in any case a question of conforming automatically to an “external” situation before having shaped within oneself a feeling of one's own that might then enter into dialog with the outside world.

“The thing that most disturbs me when I find myself in front of the sandbox,” another person remarks, “is the lack of criteria. I don't know what I'm supposed to do, or how I'm supposed to do it, or even if I have to do anything at all. There's a total lack of co-ordinates for how I'm supposed to be. Is it right to smooth out the surface of the sand, or would making a mountain be a better thing to do? Do I have to say something, or stay quiet? For the very first time I do not know what's being asked of me, and I don't have any tools for finding out. I feel as though I'm going under.”



This book presents a theoretical and clinical description of sandplay therapy, as seen and practiced by ten European sandplay therapists. All of them discovered this particular field in the course of long and complex careers as practicing psychoanalysts, and in several cases after years of experience as psychiatrists and neuropsychiatrists. Francesco Montecchi is Director of the Department of Child Neuropsychiatry at Italy's most important children's hospital, "Ospedale Bambin Gesù," in Rome, and has to be numbered, along with Stefano Marinucci and Andreina Navone, as one of the country's ground-breaking pioneers: for years, now, sandplay therapy has been employed as an official form of therapy for children at "Ospedale Bambin Gesù." Vito La Spina and Lorenzo Bignamini, members of the following generation, successfully continued similar work with both young adults and mature patients in their roles as Directors of departments of psychiatry at public clinics in Alghero and Milan.

All of the authors are Jungian analysts, with the exception of Marcella Merlino, and all except for Franco Castellana are members of the ISST, the International Society for Sandplay Therapy. Ruth Ammann, from Switzerland and a founding member of the Swiss Sandplay Association, is currently the President of the ISST, and her work on sandplay therapy and psychosomatics is well known throughout Europe.

Though the range of application for sandplay therapy has considerably widened in the course of the last few decades, especially in the United States, language barriers have continued to result in inadequate publication of theoretical work in sandplay therapy. It's to be hoped this book will be only the beginning of the publication of a vast body of work, to be shared internationally, on a variety of important topics.



## *Introduction*

The theoretical underpinnings of the sandplay work described in this book are marked by a number of special features. One of them is the high degree of attention directed to the process of the transference and the countertransference. The therapist is constantly in contact with his or her own thoughts, emotions, and bodily sensations in order to perceive the patient's non-verbal and unconscious communications, to "filter" them, and finally, in the proper way and at the proper time, to give them back to the patient.

Sandplay is not universally employed in such a form, or on the basis of such premises, but the members of the ISST see it as their common basis. It is only in this way that sandplay therapy unfolds its full potential as a differentiated, psychotherapeutic instrument. The "inexpressible," or "what has never existed, and all the same been experienced" finds initial manifestation as cryptic shapes in sand. These shapes are accompanied by emotions. These emotions little by little assume the form of visual images, endowed with symbolic content. This symbolic content or "surplus meaning" leads by way of association to new relevant images – perhaps from the patient's biography, perhaps from humanity's stock of collective images – and these in turn become episodes of a narrative. The discovery of words then leads to the shaping of thoughts and concepts. Exercising patience and omitting no necessary passages, we re-embark with sandplay on the long route of the development of consciousness. If we follow it successfully, empty and traumatized places in the patient's personal history will be healed.

The pathologies which this book describes as open to successful treatment with sandplay therapy range from psychotic disturbances, to the borderline syndrome, addiction, the lesions left by child abuse, the psychosomatic illnesses, and character disturbances.



I hope this book will make it clear that working with sand is more than a technical operation. The confrontation between the ego and the unconscious can never be a question of mastering a technique, which, once learned, can be expected to guarantee certain results. The confrontation between the ego and the unconscious is a dramatic existential situation, of which the final outcome is always unpredictable: something which even a prophet could never foresee.

While this book was being prepared, a tragic event took place. In July of this year, Lorenzo Bignamini became the victim of a murderous paranoid delusion on the part of one his patients.

It's to Lorenzo, now, that we dedicate this book. His life bore witness to the various ways in which the constant confrontation between the ego and the unconscious is an act no less of courage than of generosity.

## Understanding with the Hands

*Eva Pattis Zoja*

The ten year old Carl had a wooden ruler in his yellow pencil case, and he began one day to whittle on the end of it. Not that anything special was on his mind; he was simply doing it. He carved away, and the final result was “a little manikin, about two inches long, with frock coat, top hat, and shiny black boots.” He colored the manikin black with ink, sawed him off the ruler and put him in the pencil case, where he made a little bed for him. He even made him a coat from a scrap of wool. Then he had the feeling that he needed something more. He took a stone from his pocket, painted it, and laid it in the pencil case. He remarked to himself, “That’s his stone.” He hid the pencil case with the manikin on one of the beams beneath the roof of the family house. He knew that no would discover his secret.

He was later to write in his memoirs, “In all difficult situations, whenever I had done something wrong or my feelings had been hurt ... I thought of my carefully bedded-down and wrapped-up manikin and his smooth, prettily colored stone.”<sup>1</sup>

This was Carl’s game at the “climax and conclusion” of his childhood. That manikin, two inches long, was capable of establishing inner order, when everything outside was falling apart.



What happened with the rest of the ruler is something we do not know.

Thirty years later, the psychiatrist Dr. Carl Gustav Jung discovered that similar manikins and similar painted stones were used by the Australian aborigines. His childhood game came back to mind,<sup>2</sup> and he experienced an insight which led to one of the foundations of his work: the discovery of the collective unconscious. Play lay at the roots of the discovery of his main ideas.

Jung also played quite often in later years. But he didn't think of it simply as "playing." He always asked himself the question, "Now, really, what are you about?"<sup>3</sup> The whole body of his theoretical work is an answer to that question.<sup>4</sup>

Dora Kalff seems likewise to have asked herself this question. This is clear from her descriptions of her thoughts during therapy sessions. She didn't find it necessary to give them any outside theoretical formulation.

But she invented something new. Jung had achieved perception of interior visual images by way of active imagination. In sandplay, perceived interior images can be expressed three-dimensionally. But this is what's new: in sandplay, there are times when the hands unconsciously give shape to a form. It's first given shape and afterwards perceived. This image thus enters consciousness not from the inside, but from the outside.

Psychic substance is materialized with the help of the hands; one can touch it. For a moment, psyche and matter can no longer be distinguished from one another. This was Dora Kalff's inspired intuition.

Dora Kalff made concrete use – even nearly concretistic use – of Jung's ideas. She wasn't content with imagination, and created conditions in which unconscious contents can be retrieved from matter itself. In terms of the history of consciousness, this



counts as a regression. For a concrete object to be charged with psychic substance, for it not to be simply an image of something, but actually to “work” on its own as a *pars pro toto*, hearkens back to a very distant phase of human development.<sup>5</sup> It takes us back to the magical phase, in which magic wasn’t yet performed through words, recitations and incantations, but through things to be touched and handled, through amulets made from parts of plants or animals, through tiny figures. Narrative, myth, and fable had not yet been invented. This period’s representations of human beings often depict them without mouths.

Jean Gebser offers a thorough description of this phase of human development in his work *The Ever Present Origin*.<sup>6</sup> He distinguishes five phases of the history of consciousness: the archaic phase, the magical phase, the mythic phase, and the mental phase, which is the one in which we currently live. (He then describes a future, integrated phase of development, which we have yet to achieve.)

In each of these phases, the human being finds access to a new dimension. Each transition from one phase to the next also causes the values of the foregoing phase to be experienced as deficient. (Since the end of the magical phase, magic has consisted of nothing but tricks; starting with the close of the mythic phase, ever more narratives have been produced, but no longer have cathartic effects; the final years of the mental phase see an ever more imposing accumulation of rational knowledge, but it no longer holds any meaning.)

If we delve a bit further into these terms, it soon becomes clear that most of what Jung discusses – the search for a personal myth, the complexes as forgotten gods – relates to the mythic phase. This is the phase in which the human being has first grown capable of the conscious perception of images, and of transforming them into narrative.



Sandplay, on the other hand, isn't necessarily built on narrative and reaches further back. Its roots lie in the magical phase.

Whenever the transition from one phase to the next hasn't been fully mastered, there's a tendency to regress into the former phase. We can see this as an unconscious attempt to achieve an harmonious existence, a wholeness, on a lower level. In therapy we can make good use of such regressions, since the valuable thing about them is that they put us back in touch with abilities and modes of perception that came in the course of progress to be seen as inferior, and to be abandoned.

Play is an excellent example of this.

Sandplay now gives us the possibility not only of reaching very far back into the individual childhood, but also of regressing to analogous depths in mankind's collective childhood.

This is to say that our differentiated, mentally oriented, present-day ego goes back through Dora's time machine directly into the magical phase. Psyche and matter are still undifferentiated, so a miniature of a tree is a living tree; it's the very essence of "treeness." We entrust ourselves to this trance-like atmosphere in which objects are living things, and we allow it to guide us.

But we also know that experiments with time machines are dangerous. The machine may be defective, and one runs the risk of no longer being able (or of being only partly able) to return to the time in which one customarily lives. The worst part, moreover, is that the person in question doesn't even realize that such a thing has happened.

Dora Kalff herself didn't fall victim to this risk. But this has to do with her personality and not with sandplay. Sandplay runs the danger, more than other therapies, of leading to a regression, and of leaving things that way.



## *Understanding with the Hands*

Dora Kalff was open to all the irrational impulses that approached her from the worlds of the past. She performed her experiments, but she always remained within the great theoretical framework of her predecessors: Freud and Jung.

Without Freud's discovery of psychoanalysis, neither Jung's approach to psychotherapy nor Dora Kalff's sandplay therapy would be thinkable. Freud invented the situation in which two people regularly meet each other, at the same time and place, with a view to excluding the usual forms of communication, and committing themselves, in a particular way, to unconscious phenomena, within a free and protected space. But then he filled the unconscious with interpretations which he then again excluded from it. He discovered a new continent, but described it from points of view that largely derive from the old natural sciences and their categories of cause and effect. Jung is the person we have to thank for the first breakthrough from the thinking of the natural sciences, and for entry into a spiritual dimension. One remembers that ruler – an instrument of precision and measurement – which his game transformed into a living manikin.

Dora Kalff, however – with the help of Jung's discoveries, her own spiritual instinct, and her own talent as a therapist – was to discover a way to preserve the “freedom” of the space which Freud discovered. Is that truly so important? I think it is.

If we attempt to lift Dora Kalff's invention of sandplay therapy out of this historical context, believing that it's capable of standing alone, we run the danger of doing nothing more than to simulate the final product of a process. Successfully achieved end products often look deceptively simple; one believes it possible to save oneself the trouble of the initial, preparatory steps from which they organically developed. Such simulations of end products appear in cultural history as “isms,” in religion as sects, and in political life as catastrophes.



So, the forebears of sandplay therapy are found, on the one hand, in pre-scientific healing rituals which are thousands of years old, and, on the other hand, in psychoanalysis, which has existed for barely a century.

If we neglect these two forebears, sandplay loses its individuality, its special features. If its traditional dimension is neglected, we reduce it to a psychoanalytic technique; if its psychological side is neglected, the result is more problematic: in the absence of the framework of an analytical setting, and in the absence of patient work on the countertransference, the unconscious contents of the therapist and those of the patient come to be confused with one another. Therapist and patient become fascinated by the archetypal contents that sandplay constellates, and their appearance isn't followed by the slow integration of these contents into consciousness. They don't give rise to understanding. The question, "Now, really, what are you about?" remains unanswered. The patient intuits that something fundamental is missing, but cannot formulate it. As a good patient, he'll repress his aggression, and idealize sandplay. Just as there is a false self, there are also false processes. They look very similar to authentic ones, but tend never to reach an end. The patient has two routes by which to leave this blind alley: he either feels betrayal and anger and stops the process, or he identifies with it and becomes a training candidate for this form of sandplay.

But if both sides of sandplay – the traditional side and the modern side – are respected, it stands among the avant-gardes of the methods in psychic healing, and ranks as an extraordinary instrument.

Our modern, psychoanalytic way of healing has developed considerably in recent decades. Aside from Jung, authors such as Spitz, Mahler, Klein, Winnicott, Reich, Bion, Fairbairn, Bolwby



## *Understanding with the Hands*

and Stern have enormously refined and deepened our abilities for listening. Yet in spite of these theoretical achievements, the practice of psychoanalysis – inclusive of Jungian analysis – has limits. And these limits, for example, are clearly present whenever we encounter preverbal and presymbolic states. Through perception of the countertransference, the analyst, yes, has access to these regions of experience, and can understand them; but we nonetheless find it difficult to transform that understanding into language. This is because the language involved ought to be the patient's language, and not the analyst's language. And at these levels, the patient's language is only a body language. The patient finds it impossible to recount a preverbal experience, since the patient has no verbal memory of such an experience, and often has even no visual image that derives from it. Our earliest emotional experiences are recorded in the body only as muscular tensions, or as vegetative reactions. None of the theoretical psychoanalysts has also developed – in addition to theory – a means of expression that corresponds to these earliest phases of development. Sandplay, in this sense, is the only self-consistent form of therapy: it deals with preverbal and presymbolic areas of experience by way of the shaping and manipulation of concrete objects. The hands assume the leading role: the body assumes the leading role. Not narrative, not language. Sandplay follows the patient into his or her particular phase of development, and its flexibility is sufficiently great as to allow it completely to adapt itself to whatever the patient's current needs. It has the presence at times of raw matter, at others of form, at others of image, at others of words. So it's functional at all these levels: the bodily and pre-symbolic, the imaginative, the eidetic, the symbolic, and as well the verbal.

Now I'd like to offer an example that shows how modern psychoanalytic technique and traditional healing practices flow



over into one another. Both the analyst and the shaman work with identification. The healer coalesces with the patient for a brief moment of time, as though seeing with the patient's eyes and hearing with the patient's ears: as though experiencing the patient from the inside. The analyst's subsequent step is to make the effort to integrate as much of this experience as possible into consciousness.

Here's the example:

A patient had been moving her hands through the sand for a considerable period of time. She seemed to be at ease, and she seemed to be searching for something. The analyst felt a sudden discomfort, nearly nausea. He concentrated on it, despite its being highly unpleasant, and attempted to feel his way into it. So, he was searching for a psychic correlative to this purely corporeal condition. He noted that the sensation of discomfort was accompanied by a strong feeling that "everything is hostile." He also noted that objects or forms with which he was well acquainted – like the pattern of the carpet in his office – had changed: festoons of flowers which always before had looked like festoons of flowers now suddenly looked like evil claws; even the carpet's usually pleasant colors screamed out and attacked each other. An entirely intolerable world. As he had grasped the feeling that "everything is hostile, the world is evil," his nausea had somewhat subsided. It seemed as though his bodily condition had already been transformed into psychic substance. Then came the thought, "the patient may have experienced a world or a state like this during the first days of her life." This thought was an hypothesis, an associative enrichment of the experience.

So, the analyst had started an interior digestive process. First he was gripped by a bodily experience. The patient had no consciousness of any such bodily experience; she had no memory of such a thing, and could therefore express it neither



through words nor through images. It was a split-off fragment for which the only means of communication lay in being passed along to another body through an act of projective identification. It was a lost and aimlessly wandering piece of the soul. The analyst's body had now picked it up, since the analyst and the patient were sufficiently ready to let that happen.

The patient, whom the analyst at this particular moment asked how she felt, replied that she had never felt better, and now finally felt liberated.

And now? What does the analyst do? Does he keep this fragment? We've said that he performed an act of digestion. One could also say that he had resolved this wandering fragment into an image: but that was his image, not the patient's. What's to happen now? This still homeless "element" must somehow get back to the patient, and be recognized as her own, and integrated; otherwise, this whole interaction will come to nothing.

How should this come about?

A good interpretation would be a possibility. But not everybody has the talent for that. In the case I've described, the analyst found no convincing interpretation within himself. So, in the course of this session he said nothing. In the next session, a week later, the following took place:

At the beginning of the session, the patient felt disturbed by the analyst's presence. She said that he shouldn't look at what she was doing. After a while, she expressed surprise. She had drawn a line in the sand, and said: "Oh, look! That's death." The analyst looked at the sand and saw the face of an infant. Its mouth was open in a scream, its forehead seemed crushed. The image gave off a feeling of extreme desperation. The analyst said, "What I see looks more like a child." The patient was struck, and began to cry, and had a strong cathartic reaction.



“How,” she asked, “could my mother not have seen this?”  
“This” referred to the child’s desperation.

It seems as though the split-off experience of the previous sitting had now taken shape on its own, and shown itself in the sand. The patient had drawn nothing but lines in the sand, and this “materialized” scream – along with the child – had suddenly stood within it.

Starting out from these emotional experiences, it was slowly possible to work towards integration; the “intolerable” was represented step by step, and described. “Child” motifs could be seen in the sand, again and again. Only several months later did the face of a cautiously smiling child appear, among thick curls of hair.

Analysis, here, had begun its work in the realm of pre-symbolic representation. There had been no form, no image, no memory, nothing but a bodily sensation which had been transmitted to the body of the analyst.

The shaman too temporarily takes the patient’s illness into his own body. Then a transformation of this thing that makes the patient sick takes place. And afterwards the shaman has all sorts of possibilities for once again getting rid of it.

The psychoanalyst first elaborates it for himself (in Bion’s terms, he transforms “beta” elements into “alpha” elements) and then attempts an interpretation. In sandplay, on the other hand, the restitution takes place in the way that’s most direct and logical. It passes once again through the body. That’s to say that now it’s up to the patient’s body – the patient’s hands – to reappropriate and shape in sand the piece of the soul which has been split off, and which the analyst has digested. Now the patient can see it in the sand. Since this bodily condition has become an image, it can find its way into consciousness, with the help of the analyst’s work as a catalyst.



## *Understanding with the Hands*

So, we find ourselves in the prescientific healing arts, and *also* in modern psychoanalysis. Projective identification is the most primitive form of communication, and as well the most refined of our analytical instruments. By means of it, even a variety of elements which are presymbolic, formless, and without access to images can be grasped, and then resolved into image.

Let's now draw a few more distinctions between sandplay and analysis without sand. I don't say "verbal analysis," since there is no such thing as entirely verbal analysis. Every effective interpretation comes into being on the basis of the analyst's non-verbal perceptions.

First of all, there is a structural difference: the triangular constellation of sandplay. In sandplay, the room no longer holds only two participants. Instead there are three: the client, the analyst, the sand. Three is an unstable number, and easily falls apart into two plus one. (As is surely clear to anyone who is one of three siblings.)

In the setting of analysis, two individuals attempt to elaborate a third region of communication, which is the symbolic dimension. Together they create a field of energy that's enriched with unconscious elements, and they attempt to grasp a few of them, and to bring them into consciousness. If they don't succeed, their shared unconscious will tend toward acting out.

Sandplay begins differently. This third and potentially symbolic space is foreseen and present from the start as something concrete and material. It is simply there.

In terms of the patient's attitude, this situation often causes a sudden constellation of its other, hidden side.

The analyst offers an additional, concrete space, which indeed is more neutral than the analyst might be. It invites the patient to communicate with him- or herself. There's a sense in which the patient is more alone with him- or herself. Everything that's painful, or that causes fear or rage, can now make its



appearance. The analyst stands far less “in the way.” And for the patient, everything bad is out there in the sand, and not inside the Self. The patient can temporarily distance from it, while nonetheless staying in touch with it.

For patients who constellate intense transferences, this also means that they have come into possession of a piece of the analyst, and can peacefully and quietly take control of it, without having to be afraid that the analyst may feel wounded, overwhelmed, or too intensely loved. Everything unimaginable can take place first in the sand, and only later be risk being voiced within the relationship.

Jung describes the transition from three (a dynamic number) to four in *Aion*. Whatever has remained excluded from a whole will be drawn into play by the triangular situation’s instability.

Even before anything has been expressed in the sand, this triangular situation can also activate the most primitive tendencies toward the splitting of the personality.

We normally presuppose that unconscious contents allow themselves to be given three-dimensional representation in sandplay. But this holds true for contents which are close to consciousness, and which already exist in the form of images. But there are also unconscious elements which have no form at all, and no connection with images; they may even, perhaps, as yet possess no psychic substance. In dreams too they don’t present themselves as images, but instead can be considered the underlying structure of certain dreams: invisible but omnipresent, and omni-determinant. Such elements show the tendency to explode all frameworks. So, they can be neither remembered nor represented. But they constantly constellate themselves in relationships.

The triangular sandplay situation makes itself available to precisely such invisible “disruptive” elements, and we then find the following sort of scene:



## *Understanding with the Hands*

In one session, the patient plays with the sand and is full of initiative. He experiences the sand as pleasant, shapeable, protective, and he feels at ease. "If only," he thinks, "the analyst weren't there, disturbing things by scribbling away in his notebook. He blocks my creativity. He controls my movements. If he weren't there, I could make all sorts of things...."

At the next session, the same patient begins by declaring that the sand feels cold and coarse. Its color too strikes him as different; it's darker. What's happened? Nothing at all seems to want to take shape. And the miniatures? They had always seemed so inviting. But now they just stand around and look so ridiculous, pure kitsch. Luckily the analyst is there. He sits there patiently. He's someone at least you can talk to. He'll understand.

On one occasion the sand is good and the analyst is bad. The next time around the sand is bad and the analyst is good. The patient has the personal experience, through all his senses, that the same sand and the same analyst repeatedly flip-flop, and reverse their qualities. This is to say that the patient can catch his own unconscious splitting phenomena while in fact they're underway. The analyst had done nothing to promote that awareness, and simply allows himself to be used as a neutral object. In this particular moment, he too was one of the miniatures, and the sandbox was the whole room, the whole analytical setting.

The triangular situation not only gives patients an additional realm of expression; it also does the same for the analyst.

Since the patient is only partially focused on the analyst, the analyst too has a greater chance to constellate an "other side." He sees what the patient creates in the sand, and at the very same time has an interior perception of it, as though looking into *his own* imaginative sandbox. He perceives his thoughts, his feelings, his bodily sensations, his impulses to say or do



something, and all of these things can be reactions to what's taking place in the sand. He then elaborates these perceptions internally, without directly communicating them. He's involved in something like digesting them, before attempting to give them back to the patient. Yet, giving them back may often not even be necessary, since what the analyst has meanwhile processed may appear in the sand on its own.

Let's now move on to the last of the differences which we are able here to discuss between sandplay and analysis without sand. The hands.

As Ruth Amman remarks, the hands pick up a movement that comes from the body, and they allow themselves to be guided by it. The existence of a level of bodily perception that doesn't pass through consciousness has today been confirmed by research in neurophysiology. Damasio offers an example.<sup>7</sup> Patients who suffer from visual agnosia are unable to recognize photographs of relatives since particular regions of their brains have been damaged. They look at such a photo and remark that they have never seen that person before. But their bodies react to the image. There are highly significant changes in the electrical resistance of the skin, and also in body temperature. The body "recognizes" the photo, without any participation from consciousness.

So, the hands are vehicles not only of unconscious self-expression, but can also perceive a feeling, an atmosphere, an interactive field without these things having passed through a process of consciousness.

In the early stages of child development, the hands and the mouth are linked to one another. The sucking reflex and the reflex of closing the fists can both be observed within the uterus.



While nursing, babies often close and open their fists in accord with their sucking rhythm. During these first few weeks and months, emotional experience takes place in the region of the mouth (in the “oral cavity,” as R. Spitz<sup>8</sup> calls it) and is accompanied by the gestures of the hands. The ways in which some patients handle the sand can be quite reminiscent of these movements on the part of infants.

The possible existence of a special bond between a patient’s mouth and hands once presented itself before my mind on hearing the woman remark: “Words are different when my hands are in the sand.” She had always gotten lost within her words, ceaselessly talking away and growing ever more confused. Since starting to sit before the sand, she had begun to speak differently. She spoke more slowly; she made pauses; she repeated words and sentences; her speaking took on a rhythm. Above all, she now for the very first time patiently listened to herself.

Contact between the sand and the palms of the hands will sometimes activate a patient’s earliest experiences.

An example.

The patient moved the sand, and said it was like the sea. This continued for a while, and she felt at ease. Then she had the feeling that the sea was sucking her under; she felt dizzy; it was “sucking out her brain.”

A state of disintegration had come to expression as both an image and a bodily sensation.

Now she gripped the sand tightly in her fists, and remarked that the undertow and the dizziness had ceased. She was relieved. She began again to open her hands and to feel the sea, and the terrifying undertow returned. Again she closed her fists around the sand.

She had the crucial experience that she herself could put an end to the undertow; that by tightly holding the sand, she could also hold onto herself. Concretely holding onto the sand thus



turned into holding herself psychically together. The remembered condition of disintegration was now counterbalanced by a new experience: that now this state – unlike before – could be halted by an act of will. Having an effect on the outside world is one of a small child's most important experiences, since it's by way of such experiences that the formation of the ego takes place.

In conclusion, now, I'd like to offer a few more words on the naming of things, and on the liberation that can come through language.

When words are spoken at the right moment, they can be just as vital as miniatures, and there are cases in which they assume such functions: they serve as the analyst's miniatures.

If sandplay remains exclusively preverbal, the final step – the step that brings us into the present – remains unachieved.

The orientation of the world in which we live is mental. In order to be able to understand it, and not simply to live in it passively, we must speak its language, which is to say that we have to be able to coordinate our thoughts, ideas and images by way of words.

We cannot behave as though we did not have our present-day ego – our complicated, verbally-oriented ego – simply because there are times when it causes us to suffer.

When I began to see Dora Kalff for sessions, I had worked as a Jungian analyst for eight years. I knew I could learn sandplay from her, but I wasn't expecting to learn much from what she'd say.

In one session, I picked up a handful of sand, and let it run slowly down like rain, all over everything, for a good deal of time. It gave off a barely audible rustle. I found this event quite wonderful, and it was more than enough for me. But then came the point, after quite some time had passed, when Dora Kalff carefully brought her words into this silent event: "And



that's how every tiniest grain of sand finds its place." These unrequested words changed something fundamental.

Her words were no explanation, and no interpretation. But they delineated a meaning. Without these words, this experience, once the session was over, would have slipped back into unconsciousness, and would probably have succumbed in the world of everyday reality. It was by way of Dora Kalff's words that it became a part of my life.

So, sandplay can be just as verbal as every good analysis.

Its special feature lies in its quantum-like readiness in any given moment to jump from matter to psyche, or from psyche to matter. It is always just as much matter as needed, and just as much psyche as possible; or just as much matter as possible, and just as much psyche as needed.

## *References*

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- 2 Ibid., p. 38, "There came to me, for the first time, the conviction that there are archaic psychic components which have entered the individual psyche without any direct line of tradition."
- 3 Ibid., p. 197.
- 4 Ibid., p. 225, "It all began then; the later details are only supplements and clarifications of the material that burst forth from the unconscious, and at first swamped me. It was the *prima materia* for a lifetime's work."
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