

Kay Bradway Lucia Chambers Maria Ellen Chiaia

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#### Sandplay in Three Voices

Sandplay in Three Voices provides a unique and engaging understanding of sandplay—a growing modality of psychotherapy. Emerging out of informal conversations among three senior therapists, it examines the essential aspects of sandplay therapy as well as the depth and breadth of the human psyche.

The book is organized into eight sections covering eight of the most important topics in sandplay—Therapist, Silence, Child, Mother, Self, Shadow, Chaos, and Numinous. Each section begins with a trialogue discussing the theory, history and practice of sandplay in that area. The trialogues allow the reader to witness three senior therapists addressing and attempting to understand the many layers of each topic, and reflect their agreements and disagreements as they reveal their individual thoughts on, and personal experiences of, the themes they discuss. Each trialogue is followed by a set of solo presentations in which each author focuses on her contribution, and on the role of each topic in sandplay.

Illustrated by original clinical examples, this unique approach addresses issues of concern to analysts and other psychotherapists. Its basic orientation makes it of particular value in the study, practice and teaching of sandplay therapy.

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# Sandplay in Three Voices

Images, Relationships, the Numinous

Kay Bradway, Lucia Chambers and Maria Ellen Chiaia



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#### **PLATES**

These plates are intended to give the reader a sense of how each of the eight topics might look in a sandtray. They were selected from Lucia Chambers' collection. Except for the first plate, Therapist, they are not referred to in the text.

- 1 Therapist
- 2 Silence
- 3 Child
- 4 Mother
- 5 Self
- 6 Shadow
- 7 Chaos
- 8 Numinous

#### **Foreword**

Thomas Singer

This is a book by three women who have shared a calling to practice the art of sandplay therapy. They also clearly love theory and, like the alchemists of old, their work and art are a complex mix of theory and practice. Engaging in either theory or practice alone automatically invites the other to be considered. The authors have chosen a unique way in which to discuss their theory and practice. They have created their own sandplay in words in which they make a "tray" together by engaging in a "trialogue" and then they break down the "trialogue" by each making her own word "tray" based on her individual reactions to the preceding "trialogue." It makes for a rich brew, well worth working through carefully as it is filled with practical information and deep wisdom.

In first plunging into the material of this book, I was reminded of a "trialogue" that I attempted with two friends 35 years ago. The three of us were in our final year of medical school and we sat down one evening with a tape recorder in an effort to debrief one another about what had most impacted us in our then short but intense medical studies. Our talk was mostly filled with our shared anxiety and horror at having been exposed to such a large daily dose of physical and emotional suffering. We were very new to the art and practice of medicine, so that what comes through in a rereading of the transcript of that youthful exchange is our seriousness, the depth of our calling, and our inexperience. In this book, three mature women engage in a similar "trialogue"—but only after each has practiced her art for many years. What comes through in this "trialogue" is their seriousness, the depth of their calling, and their experience. What links the two "trialogues" is the fact that people don't bother to take note of such conversations unless what they have to say is incredibly important to them and they have a "calling" to pass it on to others.

Two other associations link the "trialogue" of my memory with this "trialogue." There are lots of "mm-hmm," "yep," "yup," or "that's right" and similar grunts of affirmation in this manuscript, as there were in the taperecorded conversation with my medical student colleagues. It is hard to make these utterances of visceral agreement come alive in a transcript—but I know from my own experience that each "mm-hmm" is an important, if somewhat awkward, cue to the reader that what is being said strikes a deep and resonant chord in the listener, as it should in the reader. Pay close attention to the "mm-hmms" in this manuscript. They signal that a chord of important, shared experience is being struck.

The other thing that came to mind as an associational link between the two "trialogues" is the almost Easter-egg-like thrill of the hunt for "pearls." As medical students, we used to walk around with our small black books in which we would write down "pearls." "Pearls" were those incredibly useful bits of practical clinical wisdom that one couldn't find anywhere other than on the wards, trailing around behind attending physicians.

"Pearls" were the gems that older, more experienced clinicians had gleaned from years of practice and would pass on or "drop" as they made their rounds. It occurs to me that this is a book of sandplay therapy "pearls." They are dropped at unexpected moments and often catch the reader unsuspecting, such as an apparently spontaneous and unplanned "trialogue" about where sandplay therapists should best position themselves during the session. Again, I would advise the reader to keep an eye out for the "pearls" that are being rather casually dropped along the way in this book and can easily be missed. In fact, the best analogy that has come to my mind in trying to place this book in context for the reader is to think of it as akin to the "pearl" books we kept as medical students that gathered in one place all the elusive but essential gems of knowledge that one needs to survive in the survival business—but, in this case, the pearls being offered are of the highest grade. This is not a "how-to-conduct" sandplay therapy book; this is not a book about technique; this is a sandplay therapy "pearl" book.

A final reflection/association on the nature of this book. As I was reading the manuscript, the word *therapeutae* kept coming to mind. I couldn't remember who or what the "therapeutae" were—but I kept thinking to myself, the authors of this book are *therapeutae*. So I did a search on the *therapeutae* and found reference to them in an ancient text, *De Vita Con templativa*, attributed to Philo Judaeus and written in *c*. 30 CE:

They are called *therapeutae* and *therapeutrides*, either because they profess an art of medicine more excellent than that in general use in cities (for that only heals bodies, but the other heals souls which are under the mastery of terrible and almost incurable diseases, which pleasures and appetites, fears and griefs, and covetousness, and follies, and injustice, and all the rest of the innumerable multitude of other passions and vices, have inflicted upon them), or else because they have been instructed by nature and the sacred laws to serve the living God, who is superior to the good, and more simple than the one, and more ancient than the unity with whom, however, who is there of those who profess piety that we can possibly compare? Can we compare those who honor the elements, earth, water, air, and fire? To whom different nations have given names, calling fire *Hephaestus*, I imagine because of its kindling, and the air *Hera*, I imagine because of its being raised up, and raised aloft to a great height, and water *Poseidon*, probably because of its being drinkable, and the earth *Demeter* because it appears to be the mother of all plants and of all animals.

The therapeutic sect of mankind, being continually taught to see without interruption, may well aim at obtaining a sight of the living God, and may pass by the sun, which is visible to the outward sense, and never leave this order which conducts to perfect happiness. But they who apply themselves to this kind of worship, not because they are influenced to do so by custom, nor by the advice or recommendation of any particular persons, but because they are carried away by a certain heavenly love, give way to enthusiasm, behaving like so many revelers in bacchanalian or corybantian mysteries, until they see the object which they have been earnestly desiring.

So, this is a modern book by three women who, like the contemplative *therapeutae* of ancient times, share a calling—as sandplay therapists. They are passionate, knowledgeable and still asking all the important, basic questions about their theory and practice. Their

questions and continuing curiosity about their calling should not be taken as a questioning or doubt about the value of their tradition. They "know" it is a good and valuable work, and this book reflects the depth of their care and knowledge of their calling.

## Acknowledgments

Our gratitude centers on our teacher and mentor, Dora M.Kalff. It was she who started each of the three of us in different ways and at different times on our journeys that eventually led to the writing of this book. She has been therapist, teacher, mentor and colleague. What a magical way she had of combining theory, wisdom and inspiration!

Many colleagues have encouraged us in our writing of this book. We want to especially express our appreciation for the encouragement and help of John Beebe and Harriet Friedman.

Our heartfelt thanks go to Joyce Camuyrano Cunningham, who edited all of the chapters and assisted us in diverse other ways—always with good cheer. We think of her as a teammate.

Our greatest thanks go to the many sandplayers whose processes contributed to our learning, to our reverence for the human psyche, and now to this book.

Thank you all.

Kay, Lucia, Maria

#### Introduction

Kay Bradway

This book is not a "how-to-do-it" book on sandplay. How to do sandplay has been covered by several other authors, including Dora Kalff (1980, 2003), who developed sandplay therapy and founded the International Society for Sandplay Therapy, and Estelle Weinrib (1983) and Kay Bradway (with Barbara McCoard, 1997) who were co-founders of Sandplay Therapists of America.

Nor does this book give a background or history of the development of sandplay. This is covered in a book by Rie Rogers Mitchell and Harriet Friedman (1994).

No, this book is not concerned with the practice or history of sandplay. It is concerned with some of the basic elements of sandplay therapy, in fact of all depth therapies, which we have struggled to understand more fully. Therapists who do not use sandplay will find our explorations and struggles compatible with some of their own queries and experiences. Jungian therapists will find familiar references and a familiar language. Jung was the one who stimulated Dora Kalff's development of sandplay therapy. It was when she was incorporating what she had learned from Margaret Lowenfeld's teaching of Sand Worlds that Kalff realized the extent to which clients' series of sandtrays followed the process of what Jung had identified as individuation. Jungian principles were used by Kalff throughout the development of sandplay. Sandplay is a nonverbal therapy using sandtrays, water and miniatures provided by an empathic therapist who encourages the making of anything one wants in the tray without interventions or interpretations. Verbal therapy is used as an adjunct to sandplay, or sandplay as an adjunct to verbal therapy, but the two are kept separate from each other, even, in certain circumstances, being done by two different therapists.

This book evolved out of informal conversations with each other about different aspects of sandplay. It became clear to us that an underlying aspect that has not received the attention it deserves is the importance of relationship in sandplay. There is, of course, the relationship between the therapist and client. But also there is the relationship of each to the sand; of each to their own unconscious and to the other's unconscious; the relationship to the unlived side of the shadow of each; the relationship to the numinous, the spiritual, to something beyond each where the Self connection is made between the two.

We wanted to get at the meaning of some of these connections. Not just a single meaning, but the many deep meanings; meanings that were personally important to each of us. We began to appreciate that our understanding of the basics of all depth therapies was being stimulated by our conversations and our mutual explorations. Our commonalities were valued, but our differences were enlivening. Along the way it occurred to us that it

might be helpful to others to see, to experience, some of our deliberations. Perhaps we should collaborate on a book.

To test the waters of collaboration the three of us put on a panel on sandplay at the 2001 Conference of the Division 39 of Psychoanalysis of the American Psychological Association in Santa Fe. In giving entirely separate presentations, we found that we not only respected each other's differences but learned from them.

Deciding which of many topics to concentrate our attention on posed an initial problem. We were particularly focused on the universal importance of relationship in many topics. But our guidelines were not rigid. The final selection of topics to receive our focus was narrowed down to: therapist, silence, child, mother, Self, shadow, chaos, numinous. To share our actual process, we taped our conversations about each of these topics. Our editing of the transcribed conversations was done jointly and consisted mainly of deleting excessively repetitive statements and off-the-track ramblings. Our three-way dialogues, which we came to identify by the more descriptive "trialogues," show our struggles in addressing and attempting to understand the essence and the many layers of each topic. They reflect our agreements and disagreements as we reveal our individual thoughts and personal experiences.

As we proceeded with this project, we recognized we are quite different from one another, with an age range of 40 years, with diverse family and religious backgrounds, with differences of style in writing. Our important commonalities are our several years of Jungian analysis and our individual excitement at the time we were introduced to sandplay therapy: Kay's "I was totally turned on," after experiencing a presentation by Dora Kalff of the sandplay process of a young child; Lucia's "It was heaven," when her analyst introduced her to using sandplay as an adjunct to the verbal analysis; Maria's "The creative, silent parts of me felt seen and held and found a place for expression."

Our initial enthusiasm for sandplay was heightened by our many years of employing sandplay in our own therapeutic work, both with children and with adults.

To highlight our differences in style, in experiences and in approach to each of the eight topics, we decided to include individual contributions by each of us to follow each of the eight trialogues. We did not compare notes about what we were writing until the completion of our individual contributions on each topic. And then we read them aloud. We were gratified by how different each was from the others in style and content and yet how well the three seemed to fit together.

Writing this book has been an experience in self-exposure, in letting down our hair. We have let ourselves ask naive questions akin to the child's universal question: "Is there a Santa Claus?" We have okayed our giving far-out answers. We have thought small and we have thought big. We have shown our familiarity with the writings of others and have referred to the theories of accepted authorities. But we have not been bound by any authority except by the mercurial one in each of us.

# Part I

Therapist

# Chapter 1 **Therapist trialogue**

LUCIA: Sometimes I wonder who is the client, because the interaction and what

happens in the trays are just as challenging and transforming for me. And the client does not seem to notice anything, but I am sure going through a lot. Sometimes there is an interchange of energy; and sometimes, there may be transformation or shifting in the psyche. I really wonder if they

are there for me or I if am there for them.

KAY: Both. That is a good point, though.

LUCIA: So that means the therapist has to be open to the same transforming

energy and shadow stuff as the client. Or maybe more, do you think?

KAY: Well, you can't just say, "I'm going to be more open." Or, "I'm going to

be related to my shadow."

LUCIA: You either are, or you're not.

KAY: That is the reason we have so much training: for people to learn how to

do sandplay because it is very hard. You don't talk so you can't cover up. Just like with children, you can't cover up things, they seem to know. When you get related, then you can't cover up. And, if you haven't had enough training yourself and therapy yourself, you're thinking and feeling

things that you don't even realize the client may pick up.

MARIA: When we trained in sandplay, I never liked the idea of the witness, that

we are witnessing the sandplay process. This idea never really fit for me because we are impacted by feelings and body sensations as well as the imagery that appears in the sand. We are not just witnessing; we are fully

engaged.

KAY: True.

MARIA: With all of ourselves. We are responding—not only responding to but

also being a stimulus to what is created.

LUCIA: "Witness" is kind of impersonal, isn't it?

MARIA: Yeah, too objective or outside of.

KAY: Engagement is like being in the soup together, not just stirring the soup.

MARIA: Right. This reminds me of Jung's Psychology of the Transference [Jung,

1966d] where there is an alchemical image of the king and queen getting

into the bath together. For Jung the king and queen were the symbolic therapeutic couple. Patient and therapist are in the soup together—the bath.

KAY & LUCIA: Mm-hmm.

MARIA: They are both naked, then they merge together and then separate out. But

first, when they are both naked, one can feel both of them in it together, both vulnerable and both being transformed. This reminds me of something Jung said, analysis or therapy does not start until the patient

has become a problem for the therapist.

KAY: I don't know that.

LUCIA: You don't?

MARIA: You don't know if you agree with that.

KAY: Well, it seems that it could be that an untrained therapist who was seeing

someone for the first time might have a problem more quickly than someone who was very well trained. I wonder, from what Jung said, does the therapeutic process start more quickly for the untrained

therapist?

LUCIA: Do you mean the sandplayer brought up your own issues?

KAY: Stimulated and engaged your issues, maybe.

MARIA: Stimulated and engaged us to work with our own unconscious as we are

working with the sandplayer.

KAY: Yeah, that's better. That makes sense about the engagement. But for the

trained person, the patient might not be a problem for them as soon as for an untrained person. So that is the reason I don't like that word "problem." "Engaged" is better. Engagement can be fully experienced without there being a problem. But the experiencing of a problem always

carries with it an engagement.

MARIA: Yes, I like "engaged" too. In The Psychology of the Transference, Jung seemed

to be struggling with his own issues involving the transference.

LUCIA: And it's a very different way of looking at it than—than Freud did, for

example. For Freud, therapists are supposed to keep themselves totally out of their emotional responses to the client. But we're not talking only about being emotionally responsive either. We're talking about some

other kind of connection.

MARIA: That is fine but I would not want to take the emotions out of it.

LUCIA: The emotions are a signal that something else is going on. It is a symptom

or a—

KAY: Sign.

LUCIA: A sign. Yeah, a road marker.

KAY: Well, I was thinking that, when therapy first started, with Janet, for

instance, the relationship with the patient was one of curing the patient of pathology. The therapist in those early days used hypnosis to change the patient. I understand that Jung, in the early stage, also used hypnosis.

And then he wanted to be completely away from the patient because of Freud's influence, I suppose. And so he even had patients write down their dreams and not give them to him, so he'd be more out of it.

LUCIA: Huh!

KAY: And it wasn't until later that he became the way that, I think, most

analysts operate now, which is to engage and let the engagement go

without either hypnotizing or being out of it completely.

LUCIA: So the engaging, the being engaged, how or where does the engagement

happen? Does it happen on the feeling level? Does it? What is happening

in this engagement?

KAY: I don't know whether you call it feeling or what, but the guts

LUCIA: The diaphragm, the guts—the hara?

KAY: Yes, the Japanese word is hara. That's where the real engagement is, and

> the head may be involved in that, but the hara, that is where the deep engagement is. But you don't get that right away, although with some

clients you may get it more quickly.

LUCIA: Mm-hmm.

KAY: It's due to transference. The client reminds you of someone and that's

just pure transference. And you like them and so you get engaged more

easily maybe. Or you may not like them.

LUCIA: So, are we talking about transference? Is it the same thing?

KAY: No, it isn't the same thing. I use the word "co-transference." I think

> "co-relationship" is probably better. "Co-transference" was only used because people were using the term "transference/countertransference"

and I wanted to make it just "co-transference."

LUCIA: Mm-hmm. Mm-hmm.

KAY: The transference is there, but the relationship is more than just

transference.

MARIA: Well, that fits with the modalities of thinking right now, getting out of

> the transference/countertransference dichotomy. Steven Mitchell and others have started a whole school of relational psychology [Mitchell, 1993]. And in sandplay therapy we are also focused on the relationship

between the therapist and sandplayer.

KAY: The mother-child relationship is the first relationship that a person has

and then, later, the sexual relationship. There are many other relationships, but these are the two maybe prime relationships that come

into the patient-therapist relationship.

MARIA: Which two? Mother-child?

KAY: Mother-child and the sexual relationship.

MARIA: Lovers.

KAY: There is also the sibling relationship, but that's different. The parent—

the mother-child—is the first. And, in therapy, you do get an erotic relationship many times. It might be necessary for this erotic feeling to constellate. And the handling of these feelings takes a tremendous amount of experience. And some people don't want to talk about it.

LUCIA: Mm-hmm.

KAY: I have found that the erotic feelings may exist for same gender or

opposite gender. It's often there.

MARIA: I guess what you're saying is that there are the feelings of this kind.

KAY: That's true. But there is the need for the recognition of those feelings and

the handling of them. And that's one of the reasons I think sandplay is so helpful because these feelings can be handled, and often are, in the

sandtray.

LUCIA: In the sand.

KAY: Without your having to engage in sexual talk or explanation.

LUCIA: When intimacy is present on an ego level, then you get into problems.

What are you going to do then? But if the intimacy, or the relationship, is on another level, it can have a whole different impact on the psyche of

both the client and the therapist.

MARIA: So what level are you talking about? LUCIA: That's what we keep talking around.

MARIA: Well, my first thought was that the connection is symbolic, but it's not just

symbolic.

LUCIA: No, it's real.

MARIA: Because it's a real relationship. There is a *you* and there is a *me*: there are

the two of us and we are in a real relationship.

LUCIA: Yeah. I wonder if it isn't some kind of an experience of the Self. There is

a coming together of who the client is and who the therapist is and there is an acknowledgment of some kind of completeness or place of meeting.

KAY: Or potential for completion.

LUCIA: Yes, that! There is a feeling of totality

KAY: Of wholeness.

LUCIA: Of wholeness. Yes. So I would think that, on a non-ego level, there could

be a profound spiritual union, or a potential or a sense of possibility

within the relationship.

KAY: It is very exciting. Sometimes it makes the therapy go. But it can be very

dangerous.

LUCIA: How can it be dangerous?

KAY: If therapists aren't sufficiently experienced, their feelings are in danger of

being acted on or they may turn the feelings into rejection of the patient.

In sandplay there is a protection from this.

LUCIA: That's right.

KAY: I know this from experience. People have come to me for analytic work

after they have been severely hurt because the previous therapist was not able to handle their own sexual feelings. I don't find this in sandplay. I

don't think I've ever known or heard of it.