

SANDPLAY—SILENT WORKSHOP OF THE PSYCHE

Kay Bradway and Barbara McCoard



London and New York

First published 1997
by Routledge
11 New Fetter Lane, London EC4P 4EE
Simultaneously published in the USA and Canada
by Routledge
29 West 35th Street, New York, NY 10001

Routledge is an imprint of the Taylor & Francis Group

This edition published in the Taylor & Francis e-Library, 2005.

"To purchase your own copy of this or any of Taylor & Francis or Routledge's collection of thousands of eBooks please go to www.eBookstore.tandf.co.uk."

© 1997 Kay Bradway and Barbara McCoard

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloguing in Publication Data

Bradway, Kay

Sandplay: silent workshop of the psyche/Kay Bradway and Barbara McCoard.

Includes bibliographical references and index.

1. Sandplay—Therapeutic use. 2. Sandplay—Therapeutic use—Case studies.

McCoard, Barbara 1944- II. Title.

RC489.S25B73 1997

616.89'165—dc20 96-16802

ISBN 0-203-97757-2 Master e-book ISBN

ISBN 0-415-15074-4(hbk)
0-415-15075-2(pbk)

Contents

List of plates	vi
List of figures	vii
Foreword	ix
Preface	x
Acknowledgements	xii
Introduction	1
Part I Background and reflections	3
1 Introduction to background and reflections	5
2 What makes sandplay work?	7
3 Beginnings	11
4 Comparison of three authors	15
5 Jungian analysis and sandplay	27
6 Co-transference	31
7 Rorschach and Rogers	35
8 Expression vs. experience	37
9 Judging	39
10 Sandplay appreciation	41
11 The fourfold base: freedom, protection, empathy and trust	43
12 Sandplay language	45
13 On interpretation	49
14 Sandplay is meant for healing	51
15 How I do it	53
16 Some essentials	57
17 Sandplay with children and adults	59

18	Understanding and interpretation	61
19	Levels, stages, sequences and themes	63
Part II	Symbol studies	71
20	Introduction to symbol studies	73
21	Turtles and transitional objects	75
22	Bridges and the transcendent function	93
23	Torii and transformation	101
24	Sun and moon	109
25	Hestia and Athena	111
26	Developmental stages in the sandplay of children	119
Part III	Individual cases	125
27	Introduction to individual cases	127
28	Kathy: self-healing in the sandtray	129
29	Jim: the development of the masculine	139
30	Ida: a woman's individuation through sandplay	143
31	Ilsa: a journey in five trays	155
32	Irene: from sandplay into life	163
33	Rhoda: seeking the spiritual	167
34	Ursula: ten trays in fifteen years	175
35	Amy: feeling trapped, feeling angry, feeling strong, feeling free	183
36	Emmy: the co-transference	195
37	Debbie: preparing to die	203
	Appendix	213
	What I look for in final case reports	215
	Lines from Kay	217
	Bibliography	219
	Index	223

Foreword

This book is about a healing process—more specifically, about a way Kay Bradway has found in sandplay to contain and further the process of her clients. What makes this book stand apart from so many others in humanistic psychology that have emphasized the importance of individual process in personal healing and growth is that it focuses not just on a stream of feeling that must be listened to respectfully, empathically, and without judgment if it is to flow in its own unique way toward the goal of greater human expression, but on a spontaneously selected sequence of images that give material, symbolic density to the stages of the course. In this, Dr. Bradway's emphasis is Jungian, because she believes just as much in image as in affect when she writes of the current of life energy that psychologists call process. But unlike many, if not most Jungian analysts, Bradway is not an interpreter of archetypal images, bent on developing an effective hermeneutics of unconscious imagery. Her approach, rather, is to value and to hold the image that appears in the sand, selected by the client from a universe of possible objects to express a feeling state, and to let that image have its way with her and her client with a minimum of commentary. Her interest seems to be above all in honoring the fact that this image and no other is there in the tray and thus has become part of the fate of the person seeking orientation to the purposes of the psyche by means of the sandplay work. Although the resultant image could be used either for diagnosis or as a springboard for various kinds of creative therapeutic intervention, Dr. Bradway's overall technique, as she explains it with Dr. McCoard in their section called "Reflections," is a method of "appreciation," and it is her rare capacity to appreciate the symbolic process of other people that gives this book its special glow.

Depth psychology has already entered a new era of its being by the end of its first full century of therapeutic application. This era could be characterized as one of respect for the choices of the Self. The client who turns to a shelf of objects and selects and arranges a few to give tangible meaning to the sometimes abstract notion of self-object is telling us that just these figures—this turtle or bridge, that witch or well, or the animal to drink from a pool of water scooped out by hand—are essential accretions of the Self. Bradway and McCoard write as if our field has always known this fact, which self psychology has struggled so hard to articulate to a clinical discipline more used to regarding symbolic choices as defensive, compensatory, or neurotic acts not at all deserving of anything but the most meticulous unmasking. Like C.G. Jung and Dora Kalff, Kay Bradway is there to let symbolic things happen. One gets the sense that she really enjoys learning from her patients, and perhaps that is why it is so instructive to learn from her.

John Beebe

Preface

The “I” throughout the book is Kay’s voice. Barbara focuses on the clarity and aesthetics of its expression. She is behind the scenes—questioning and commenting, rearranging and revising, remodelling paragraphs and fine-tuning sentences. The “I” is happy to admit that the book would not be in existence without our working together. We jointly accept responsibility for the completed whole.

A word about “then” and “now.” It is not unusual to find that I contradict myself. Certainly, I view sandplay in a different way now than I did when I learned it from Dora Kalff and first started to use it in the 1960s. I initially used sandplay as a part of my diagnostic evaluations of children. Later, when I started to use it in therapy, I talked much more than I would now—just as I did in verbal therapy. I asked questions about and commented on objects after the scene was completed—as I would in dream analysis. I reviewed the scenes with the sandplayer earlier than I would now, often while the process was still in progress. I interpreted more. In most instances I have changed the text of my earlier writings to conform with my more recent and, I hope, more helpful ways of using sandplay, but not always. And I am sure I am still changing—I hope so. This means that each time I review what I have said, I always make additions or corrections. My ideas and my recommendations continue to develop. We are all still learning from our own experiences and from each other.

Another note about the earlier use of sandplay. Some of the first sandplay scenes discussed in the book were done in a square red tray without any sign of blue on the sides of the tray. Later I learned that it was not the official Dora Kalff size and I changed to a rectangular blond tray with the now familiar dimensions of 19.5 by 28.5 by 2.75 inches. The floor of the tray was the specified blue, but the sides were not. Still later, when I started to use trays with the sides also painted blue, I found that the scenes more frequently had a three-dimensional quality.

I was fortunate when I started to work with sandplay to have the use of the sandplay room at the C.G.Jung Institute of San Francisco with its collection of miniatures. Acquiring my own collection was a further step in my commitment to sandplay. And I found that it *does* make a difference to have the sandplayer use items personally chosen by the therapist.

Since we had to limit the number of illustrations which we could include in the book, we have resorted to verbal descriptions of some of the sandplay scenes. We chose this alternative instead of deleting individual cases altogether, which would have allowed us to include illustrations of all the scenes in the remaining cases. Some of the case studies in [Part III](#) have been published previously in earlier versions with more complete visual records; these can be located through the Acknowledgements and Bibliography. Additionally, in those instances in

which scenes were used in more than one chapter, we have referred to illustrations in previous chapters when discussing a particular scene. This is particularly true for “Jim” and “Ursula.”

The use of colored plates permits a more satisfactory reproduction of a sand scene, but also necessitates placing the illustrations some pages from the accompanying text. We hope, we trust, that our readers will adjust to such inconveniences and applaud our publishers as we do for including such a large number of illustrations—more than have appeared in any previous publication on sandplay.

Introduction

I was initially attracted to both Jungian psychology and sandplay therapy because of what I sensed as an accepting and valuing of individual differences rather than an emphasis on the judging of people. I had been taught in traditional American psychology to emphasize testing, which evaluates a person as better or worse than other people in various dimensions. So I was comforted by Jung's only test, the word association test, which simply identifies what complexes a person has without judging whether they are good or bad complexes. Moreover, his theory of typology is based on the principle that people naturally differ from one another in personality type and does not place a premium on one type over another.

I first encountered Dora Kalff's sandplay at her presentation for a joint conference of Jungian analysts in San Francisco in 1962. She showed photographs, with minimal comment, of sandplay scenes made by a child. The scenes "spoke for themselves." I don't remember the case but I do remember my impression of relief. Here was a therapeutic method where the therapist largely stayed out of the process and let the self-healing take place, guided by the child's psyche rather than by the therapist.

This was the beginning of my viewing sandplay as a place where the psyche works. I came to think of it as "playwork." We speak of homework, office work, why not playwork? Work in play.

The concept is at first easier to connect with children. After all, sandplay originated when a father observed that his two sons "worked out" their problems while at play with miniatures. Play as a form of therapy for children was easily accepted when it was first introduced fifty-plus years ago. But play as therapy for adults?! Most adults push it aside as not very serious. In fact, sandplay in its early form was used only for children. I do not think that Margaret Lowenfeld ever used it with adults. And the first edition of Dora Kalff's book on sandplay carried the secondary title, *Mirror of a Child's Mind*.

When adults came to my office for the first time and saw my sandplay set up, they often remarked, "Oh, you see children." It was difficult for them to take me seriously when I explained that adult patients used this setup also. But when adults do sandplay themselves, they no longer have such wonderment. They experience that sandplay works. It works largely in silence. And I think we are learning that it is the psyche that does the work.

This book is based on presentations about sandplay which I have made orally or in writing since the mid-1970s. My earliest presentation, a comparison of the sandtrays made by "home" and "career" women, was made at one of Dora Kalff's Monday morning seminars at her home in Zollikon in 1975. I had shown her some of the pictures from this study during a consultation hour. Her encouragement freed me to work up something, which she later invited me to

present. She gave me the same free and protected space that is a hallmark of her sandplay therapy.

The book is divided into three parts. **Part I** presents some of my historical reminiscences about how sandplay first came into being, and attempts to get at what makes sandplay work. I had no doubt both from my own personal process and from witnessing the processes of many others that sandplay did work but, being a curious type, I want to know both why and how. At the same time I keep in mind a dream I once had:

I was carrying hundreds of little sandplay miniatures in my spread-out skirt from a darkened place where I couldn't see them to a place of light. As I moved toward the light, objects kept falling out of my skirt, until finally I had none left to look at.

There is some magic in our therapeutic work that cannot be brought completely into consciousness.

Part II presents my understanding of a few of the symbols we see in sandplay including three specific figures that I have "researched" more extensively than others: the turtle, the bridge, and the torii or Japanese sacred gate. It also discusses two more abstract symbolic concepts that can be useful ways of looking at sandplay scenes: differences between "Hestia" women who work primarily at home and "Athena" women who work primarily in the outside world; and differences in stages of development among children of different ages.

Part III presents ten in-depth studies of individuals. Earlier versions of some of these case studies have been published elsewhere. They have all been extensively revised for this book. I think this is the most important section in the book. Dora Kalff taught by leisurely presenting sandplay scenes of individuals with an emphasis on what was being experienced. This is the way I learned sandplay. It is the way I still learn.

A word about the Appendix. "What I look for in final case reports" is added here because therapists who are writing their final case reports often ask what readers look for when evaluating their write-ups. Over a period of years, I have made and revised lists of what I personally think is important. It is no way official. And the final lines are something I wrote for myself when I was in the early years of my own analysis.

Chapter 1

Introduction to background and reflections

This first part opens with a chapter on what makes sandplay work. The second chapter reviews how sandplay began and how I started using it myself, together with my personal remembrances of the founding of the international and American sandplay societies. The third chapter extracts quotes that I especially value from what three other authors have had to say about the theory and practice of sandplay in their recent books and compares them side by side. The fourth chapter looks at some of the similarities and differences between Jungian analysis and sandplay therapy. And the fifth chapter explains why I prefer the word “co-transference” to the less precise “transference-countertransference.”

The next several chapters are best described as my “from-time-to-time” reflections on different aspects of sandplay, including chapters on sandplay language and sandplay appreciation.

The final chapters of [Part I](#) present my more “how-to” thoughts on the role of the therapist and the process of sandplay, with an emphasis on empathy. [Part I](#) ends with a chapter on four key areas that I keep in mind when I am trying to understand sandplay scenes: levels, stages, sequences and themes.

Chapter 2

What makes sandplay work?

What is there about sandplay that causes both patient and therapist alike to experience it as having such power? What is there about sand in a 19.5 by 28.5 inch tray with blue base and sides, a supply of water, a collection of miniatures and the instructions “Do what you want in the sand” that is so effective in promoting both healing and growth?

Sandplay is a form of active imagination, but the images used in sandplay are concrete and tangible rather than invisible and intangible. Like dream scenes, sandplay scenes are a series of figures and actions. But, unlike dreams which must first be remembered by the patient, then reported to the therapist and then visualized internally by the therapist, sandtrays are immediately seen by both patient and therapist. And sandplay is, of course, play. But, unlike spontaneous play, it occurs within specified boundaries of time and space.

Even a single sandtray can have healing power. A few days before I left for a month’s vacation, a young man I had been seeing for several months came in and went directly into the sandplay room. He put his fingers into the sand down to the blue base and circled with them through the sand making the largest oval shape the rectangular box permitted. He ended up with an oval island in the center of the tray. He piled more sand on the island from the edges and proceeded to pat the sand down hard, adding water occasionally, and stroking and re-stroking the sand into a smooth, and smoother, hard surface. He said nothing until about half the time was up and then he asked me how much more time he had. When I told him, he heaved a sigh of relief and settled in. He spent the rest of the time smoothing and patting the oval island, sometimes with one hand and sometimes with both hands, circling it with his finger or fingers, and clearing the sand away from the blue so that there was a clear blue space around the hard central mound of sand.

I found myself relaxing with the rhythm of his movements. I had been feeling harassed with last-minute preparations for my trip. This hour put me in a centered space. He also seemed to enter a new place. I silently thanked this man. Later, I learned that for him, too, this had been a healing experience, and had prepared him for this interruption of his therapy. Words did not have to be spoken. No amplification, no interpretation, no verbal exchanges were necessary.

Sandplay has parallels in alchemy, which Jung found so helpful in describing the process of individuation. The chaotic placing of a multitude of objects which often occurs in beginning sandplay scenes is like the *prima materia* of alchemy. “It provides a glimpse of the...chaos prior to the operation of the world-creating Logos” (Edinger 1985:12). In a sandplay process, one can often see order emerging from the chaos of earlier trays.

In the alchemical process of *calcinatio*, matter is burned into a white powder. Edinger refers to the ash that has survived *calcinatio* as the “white earth.” I liken this to the sand in the

sandtray, even to the whiteness of it. And, of course, the alchemical operation of *olutio* refers to water, represented in the sandtray by both the blueness of the bottom and the water that can literally be poured into the tray.

But it is Edinger's description of the alchemical procedure of *coagulatío* that most alerted me to the parallels between sandplay and alchemy. He states,

Concepts and abstractions don't coagulate.... The images of dreams and active imagination do coagulate. They connect the outer world with the inner world...and thus coagulate soul-stuff. Moods and affects toss us about wildly until they coagulate into something visible and tangible; then we can relate to them objectively.

(Edinger 1985:100)

Sandplay offers an opportunity for such coagulation. Emotions and moods are experienced concretely in the use of sand and water with, or even without, miniatures.

Dieckmann writes,

If the individual is concerned with consciousness, he will become acquainted with this unknown thing that is growing in him; if he is concerned not only to know *that* it is, but also to experience *what* it is, then he attempts to give form to the unformed, to speak the unspeakable, and to shape the chaos that is bubbling up.

(Dieckmann 1986:101)

It is the experiencing of molding the sand, of adding water in sprinkles or by cupfuls, of placing the objects, of burying them, of letting something happen, be it felt as creative or destructive, and of honoring whatever process takes over, that is healing. In watching patients work, I sometimes feel that they enter a near-trance state.

The sandplay therapist typically avoids intruding upon the patient's experience of this concretization, or coagulation, in the sandtray. It is out there in front, to be seen, to be felt with the hands, to be changed with the hands. But therapists do provide the necessary container or *temenos*. Kalf's phrase, "free and protected space," describes it best (Kalf 1980: 39). The holding container of the co-transference, a term I like to use for the transference-countertransference, is always there. It is an essential part of the therapy.

Both negative and positive transference may be depicted in the sand scenes. Sometimes the patient specifically identifies a figure as the therapist. This is more likely to happen in early scenes. As the sandplay process progresses, it tends to be accompanied by reduced consciousness, often verbalized by such remarks as "I don't know what I am making" or "I don't know why I am putting this in." It is at this time that archetypal symbols are most likely to be used.

Intrusive or premature interpretations may interrupt the only partially conscious processes of sandplay. Several psychoanalysts at Mount Zion Psychiatric Center in San Francisco designed a study (Gassner *et al.* 1982) to investigate Freud's early theory, which assumed that analysts had to interpret repressed mental contents in order to make those contents conscious. What they found did not support this theory. Repressed contents typically emerged without the analysts having made any prior interpretations that were relevant to the repressed contents.

The Mount Zion group found, however, that the lifting of defenses against the repressed contents did depend upon the therapist passing what they called the “transference test.” When the patient feels safe in trusting the therapist, feels held in a safe *temenos*, then the material can flow.

This therapeutic safety, Kalff’s “protected space,” is akin to what Goodheart calls the “secure container” or “secured-symbolizing field” (Goodheart 1980:8–9). And Kalff’s “giving the patient freedom to do what he or she wants to do” in sandplay can be translated into Goodheart’s phrase, “respect for the patient.” He sees this secured-symbolizing field as one of three fields that occur in therapy. In this state, the therapist is aligned with unconscious forces within both the therapist and the patient. According to Goodheart, the therapist’s most important job is to provide for and maintain such a space (Goodheart 1980:12).

Winnicott calls this field the “transitional play space” and the “area of illusion” (Winnicott 1971:95). He writes, “It exists as a resting place for ...keeping inner and outer reality separate, yet interrelated” (Winnicott 1971:11). Gordon refers to this space as the “third area” or “area of experience.” She adds,

when deintegrates emerge out of the self, they are at first crude... They are archetypal. However, if they can become contents of the third area, if they can be experienced and experimented with...they become “digestible” for integration into the ego.
(Gordon 1993:304)

This third area, this area of illusion or area of experience, is exactly the place where the sandplay process occurs. It is the place where inner and outer reality come together, sometimes more of one and sometimes more of the other. In the early trays, the contents are usually dictated more by outer reality. As the sandplayer gets deeper into the process, the making of the scene is often influenced more by inner reality. When the sandplayer says such things as “I don’t know what I’m doing” we can conclude that the inner process has mostly taken over the making of the tray.

Gordon feels that Winnicott’s theory of the third area provides analysts with a theoretical foundation for their practice and experience (Gordon 1993:304–5). And, I would add, a theoretical foundation for sandplay.

Many therapists now appreciate the hazards of the therapist intruding into this space. Langs (1981), for example, ranks silence as the primary form of intervention.

Delaying or avoiding amplification and interpretation during the sandplay process does not, however, lessen the sandplay therapist’s responsibility to become familiar with the cultural and archetypal dimensions of the available objects, and to try to understand through both feeling *and* thinking what is going on as the process unfolds. Understanding and empathy are both essential, although they need not always be voiced. As O’Connell writes, “Silent amplification nourishes and expands the container.... There is meaning in the not-saying, in the conscious use of silent incubation, an inner witnessing” (O’Connell 1986:123). And with this witnessing, sandplay therapists often find themselves deeply moved.

For me the power of sandplay has to do with the coagulative potential of working with actual sand and water and miniatures, and with the freedom to do whatever one wants with these media while feeling protected by a non-intruding, wise therapist whom one trusts. It seems so

simple: a combination of sand and water, shelves of miniatures, freedom and protection. But this combination holds the potential both for healing and for transformation.

Chapter 3

Beginnings

BEGINNINGS OF SANDPLAY AND OF MY USING IT

Sandplay did not emerge fully formed. It has a long tap root. In the early part of the twentieth century, a father observed his two sons playing on the floor with miniature figures and noticed how they were working out their problems with each other and with the rest of the family (Wells 1911 and 1975).

Twenty years later, a child psychiatrist was looking for a method she could use to help children “express the inexpressible.” She recalled reading about the father’s experience with his sons and decided to add miniatures to the play room in her clinic. The first child to see them took them to the sandbox in the room and started to play with them in the sand. And thus what she called the “World Technique” was born (Lowenfeld 1979).

Then a child therapist studying with C.G.Jung heard about the work in England. With Jung’s encouragement, she went to London and studied under Lowenfeld. She realized that the technique not only allowed for the expression of the fears and angers and secret thoughts of children but also encouraged the individuation process, which she had been studying with Jung. This woman was Dora Kalff. (For a discerning and detailed account of the beginnings and development of sandplay, see Mitchell and Friedman’s (1994) book *Sandplay: Past, Present and Future*.)

Kalff introduced the technique which she called “sandplay” at a conference of Jungian Analysts in California in 1962. It was there that I first learned about sandplay and, soon afterwards, I had my initial sandplay experience with Renee Brand, the first American student of Dora Kalff.

As a psychologist, I was frequently involved in the evaluation of children, so it was in that way that I first used sandplay. I found it a helpful supplement to the battery of tests that I typically administered. But a little 8-year-old girl who was referred to me for therapy taught me to bypass evaluation and to instead incorporate sandplay directly into my play therapy with children. Kathy had had all the “testing” she could tolerate. She was dyslexic and had been through several batteries of tests to help psychologists understand why such a seemingly bright youngster was having so much difficulty in school. So I used no tests with her, but she took to the sandtray and started to use it the first time she came to me.

Kathy taught me much that supplemented what I was learning from Dora Kalff, who was supervising me during the time I saw Kathy. My work with her was the basis for my deeper understanding of sandplay: the significance of the initial tray; the role of transference-

countertransference (what I call "co-transference"); the importance of the appearance of the Self; the imprinting of an important tray on the sandplayer's mind so that a subsequent tray practically duplicates the previous tray; the appearance of several recurrent themes in the sandplay process.

But perhaps the most important experience I had with Kathy was the power of self-healing without interpretation. Kathy did not want to talk about her father, who had recently died. She did not want to talk about her problems with her mother, or with her siblings, or in school. She worked all this out in the sandtray without discussion. And, most importantly for her immediate needs, she worked on her visual-motor problems in the tray, "practicing" visual-motor coordination skills on the figure of the flower plot with its removable flowers. She used me as she needed to: as an enemy in one tray where we shot guns back and forth at each other over a ridge of sand; and as a co-worker in the final tray to help her construct a castle.

I had my longest delayed review with Kathy. When I was contacting people who had done sandplay with me to secure permission to use their material for teaching and publication, I called Kathy's mother to find out how I could locate her. I learned that she was away but would be home for Christmas. So I called her and made an appointment to review her trays. It had been twenty years. I was taken aback when I came to the waiting room and saw this grown-up woman waiting for me. I must say I felt resentful that she had replaced the little girl I had loved. But she turned out to be charming in her adult form, too. And the contact was a rewarding one. I learned much that I had never known about her during the time I was seeing her for therapy. And I learned that you cannot really know what is in the trays until the delayed review. Kathy was the last child I saw "in the sand," as we began to say. But she was one of my most important teachers.

FOUNDING OF ISST AND STA

In February of 1982, eleven of us in five different countries, all but three being Jungian analysts, received the following letter from Dora Kalff:

Dear

I am happy to inform you that from September 10–17, 1982 I organize a meeting with a few representatives of Sandplay therapists of various parts of the world. This letter is to extend an invitation to you to participate in this meeting in order to share experiences which you have undergone in the field of Sandplay therapy.

The purpose of this meeting should be:

- 1 An attempt to define the essential characteristics of Sandplay understood within a Jungian framework.
- 2 To communicate what we feel is essential in this therapy. Therefore I suggest that we all present a case and a short paper where we define what we estimate as the essential point.
- 3 To integrate and draw conclusions of the variety of different views of what has been said.
- 4 To establish an organization of Sandplay therapists to meet periodically to further the study and practice of Sandplay.



Figure 3.1

The need for such a forum was born out of concern to establish a solid base for this type of therapy. During the meeting there should be ample time for the participants to exchange views among themselves, to discuss case material outside the formal sessions. In the hope that you will be able to participate I expect your reply.

With cordial greetings

(signed: Dora Kalff)

All but one of the eleven persons receiving this letter appeared in the Kalff living room in Zollikon seven months later. Few of us knew each other. I had never met the other two from America, Estelle Weinrib and Chonita Larsen. The others coming for that initial meeting were: from England, Joel Ryce-Menuhin; from Italy, Paola Carducci and Andreina Navone; from Japan, Hayao Kawai and Yasuhiro Yamanaka; from Switzerland, Kaspar Kiepenheuer and Martin Kalff. Kazumiko Higuchi from Japan could not be with us at that time. Two others from Japan who were in the area were invited to join us for that first meeting: I. Ankei and Takao Oda.

Dora arranged for a reception in the afternoon of 10 September for us to meet each other, and for us to attend a Tai Chi performance by Al Huang that evening. The pace for the presentations the rest of the week was leisurely with one-and-one-half to two-and-one-half hours for each presentation with discussion, and four hours for lunch and rest. The presentations focused on a diverse set of subjects: bridge phobia; a warning about too much explanation; the triangle as a symbol of the heart; psychosomatics; anorexia; the cannon and the crown as symbols; nature play. Some of us shared personal dreams.

On the next to the last day Dora had a surprise for us, a journey to Bollingen to visit C.G. Jung's Tower. While we were there we were invited to sign the guest book under the heading, "First Annual Congress of the International Sandplay Society."

We met each of the succeeding two summers at Zollikon and worked on forming an international society. We continued the same format for these meetings; each of us always presented a case, despite the time and energy we were expending on working out the numerous details of a formal society. The official founding of the International Society for Sandplay Therapy (ISST) was August 1985. By this time, Cecil Burney from America had also joined. A photograph of the twelve members assisting Dora in founding the Society is reproduced in [Figure 3.1](#) (standing, left to right: Kazumiko Higuchi, Kaspar Kiepenheuer, Martin Kalff, Chonita Larsen, Estelle Weinrib, Kay Bradway, Joel Ryce-Menuhin, Hayao Kawai; sitting, left to right: Yasuhiro Yamanaka, Andreina Navone, Dora Kalff, Cecil Burney, Paola Carducci). Tragically, Cecil died the following year. Sigrid Löwen-Seifert was invited to come in later to represent Germany and became the final official founding member.

After the founding of ISST, Estelle and Chonita and I proceeded to form an affiliated society in America. We used the ISST guidelines, whose principles have changed very little in the intervening years. There were eight additional Americans eligible to join ISST and the affiliated American group by 1987. Our initial meeting was in my home that year in Sausalito, California. Dora Kalff joined us in the afternoon and we discussed the steps we needed to take to form an official society. The following year the group met again in Sausalito and we were ready to choose a name, the Sandplay Therapists of America (STA). The Minutes of the 1988 meeting show that the founding group consisted of eleven people: Kate Amatruda, Linda Bath, Kay Bradway, Lucia Chambers, Lauren Cunningham, Harriet Friedman, Chonita Larsen, Susan Macnifsky, Mary Jane Markell, Estelle Weinrib and Barbara Weller. Jungian analysts June Matthews and Louis Stewart, who were pioneer followers of Dora Kalff, have joined since.

The beginnings are not far behind us, but membership and activities have expanded exponentially. By the end of 1995, ten years after its founding, ISST membership topped one hundred. There are now affiliate groups in Canada, the UK, Germany, Israel, Italy, Japan, Switzerland, and the USA, all actively engaged in training other sandplay therapists.

As of January 1996, there were fifty-two members in STA from fourteen different states, plus Canada. Two California members were residing outside of California, one in Amsterdam, the other in Japan. The society had sponsored a national conference every three years; the first three conferences were held in Minnesota, California, and Washington. The *Journal for Sandplay Therapy*, first published by the Society in 1991 under the editorship of Lauren Cunningham, was in its fifth year of publication. And the circle of people interested in sandplay continues to grow.

Chapter 4

Comparison of three authors

A number of publications and books on sandplay have appeared since Dora Kalff's seminal book, *Sandplay, a Psychotherapeutic Approach to the Psyche*, was published in 1980 (revision of her 1971 *Sandplay: Mirror of a Child's Psyche*). Three books on the theory and practice of sandplay, published between 1983 and 1992, are authored by members of the International Society for Sandplay Therapy (founder: Dora Kalff) who are also Jungian analysts: *Images of the Self: The Sandplay Therapy Process* by Estelle Weinrib; *Healing and Transformation in Sandplay* by Ruth Ammann; and *Jungian Sandplay: The Wonderful Therapy* by Joel Ryce-Menuhin. All three authors studied with Dora Kalff during the 1970s and 1980s. All have made significant contributions to the understanding of sandplay in a Jungian context.

As I was rereading these three books to prepare a summary of their ideas on the theory and practice of sandplay for this book, I found myself selecting a number of complete quotations that I especially liked from each of them. I wanted to preserve many of them in full rather than trying to paraphrase or summarize them. Then I saw that they could be collected together in a few key categories which coincide with many concerns frequently voiced by therapists interested in doing sandplay. And I found that juxtaposing the quotations from each of the three authors under these headings facilitated the highlighting of their similarities and differences. So I decided to share these quotations with the reader in this way, adding just a few of my own comments. I like letting the authors speak in their own words.

As I was comparing the writings of these authors, I was reassured to find how much they agree about many specific aspects of sandplay. There is a large area of commonality among them, as well as individual differences and unique contributions to the study of sandplay. One can sense that sandplay has a solid foundation out of which it can grow.

PROCESSES IN SANDPLAY

Weinrib distinguishes two processes going on in sandplay: (1) "*healing*," and (2) "*expansion of consciousness*." These are related but not identical.

Healing implies first that there has been a wounding and possible impairment of natural organic function, and second, that the wound has then been remedied and natural function has been restored. Consciousness implies awareness of what one is feeling, thinking and doing and the capacity to make choices in one's actions and communications that are relatively free of control by complexes. Expanded consciousness, while it may contribute to healing, does not ensure it. On the other hand, healing, by restoring the

psyche to its natural functioning, creates a condition out of which the insight and consciousness that are natural to the human personality will evolve organically.
(Weinrib 1983:21-2)

Ammann also differentiates between two processes in sandplay: (1) the "*healing process*" and (2) the "*transformation of the personal world view*." In describing the healing process that goes on in her patients, Ammann says,

These people suffer from a so-called disturbance of the primary relationship with the mother or mother figure which makes it impossible for them to grow up with a healthy trust in the world or in their own life process...the therapeutic process leads into the deep-seated layers of experiences of early childhood. These layers are beyond consciousness and verbalization. Psychic energy then flows back until it reaches the healthy core of the psyche. The pictures and powers of undisturbed wholeness are animated and become effective through sandplay and a healthy foundation is formed on which the new structure of the personality is built.

(Ammann 1991:4)

Ammann describes the process of transformation, on the other hand, as occurring

with persons who have a fundamentally healthy foundation in life and a stable ego, but whose world view is too narrow, one-sided or disturbing. They sense something is wrong with them...and enter the process consciously, not simply driven by unconscious suffering. The process of transformation includes, for example, confrontations with the Shadow, transformation of the feminine, encounter with the Self as an image of God, and so forth. Such psychic transformations which change the basic world view of a person presuppose a healthy ego consciousness and feelings of self-worth. They represent steps in individuation.

(Ammann 1991:5)

By contrast, Ryce-Menuhin does not differentiate between two separate processes in sandplay therapy. He characterizes all sandplay as a "healing therapy". According to him,

[The] symbolic attitude refers to a contact between the ego and inner psychic contents that in sandplay may lead to a *healing process*. This *transformation* can be brought by the ego towards the self in an approach which has the 'as-if' symbolic quality. [emphasis added]

(Ryce-Menuhin 1992:20)

Here he seems to equate healing with transformation.

Along with Weinrib and Ammann, I also see two processes going on in sandplay. I identify them as: (1) "*healing*" and (2) "*growth*." In both verbal analysis and sandplay therapy, these twin urges for healing and growth are simultaneously activated if an appropriate atmosphere is provided by the therapist. In sandplay we identify this atmosphere as freedom, space, protection and empathy.

I do, however, depart from Ammann in her more definitive separation between healing and transformation. Some training institutes similarly distinguish between a personal analysis and a training analysis. This distinction is based on the assumption that those who come for training already have a fundamentally healthy ego and do not require the kind of analysis offered to those who come as patients. Other institutes, however, believe that there is value in treating each analysand as one who has been wounded and in letting analysands go at their own pace in the analysis.

I see an overlap between the two processes in sandplay: what I call the "healing" that is akin to Weinrib's "healing" and Ammann's "healing process;" and what I call the "growth" or individuation that is akin to Weinrib's "expanded consciousness" and Ammann's "process of transformation." I take my paradigm or model from nature. A tree that is injured will generally heal if protected; growth is usually impaired if healing does not occur. But the two may occur together. The acorn has within it the blueprint for the growth and repairing of the tree, just as the unconscious guides the growth and healing of the individual. Jung says, "Life has always seemed to me like a plant that lives on a rhizome. Its true life is invisible, hidden in the rhizome" (Jung 1961:4).

SANDPLAY AND VERBAL ANALYSIS

All three authors favor the concurrent use of sandplay and Jungian analysis. Weinrib speaks of their taking place simultaneously, with "insights garnered from the sand pictures [used] in the analytical sessions just as ideas gained analytically shed light on the meaning of the pictures" (Weinrib 1983:15). She adds, "in some cases, the interaction between sandplay and verbal analysis appears to have a synergistic effect" (Weinrib 1983:82).

Ammann similarly sees analysis and sandplay therapy as going on together. She says,

During my analytic work I use both verbal analysis and sandplay simultaneously. But it can happen that an analysand first expresses himself through sandplay and then, later, after working through the sand pictures analytically, continues with dream analysis. Another possibility is that an analysand alternates between verbal analysis and sandplay. He may perhaps create especially important stations of his process in a sand picture or treat specific or especially difficult themes or transitions in the sand.

(Ammann 1991:XVII)

According to Ryce-Menuhin, his "own preference is to use sandplay in conjunction with a long, deep verbal Jungian analysis of many years" (Ryce-Menuhin 1992:33). In one of the cases he presents in his book, however, he uses sandplay without other ongoing analysis. And he points out that his experience corroborates Kalff's experience that results from the sandplay method by itself can be deeply impressive.

I, too, have found that verbal analysis and sandplay usually occur concurrently, but sometimes one is emphasized more than the other, and sometimes they are done with different therapists. Often verbal analysis takes center stage and sandplay remains an adjunct to the verbal analysis. At other times, sandplay is the main mode of therapy and verbal analysis is clearly an adjunct to the sandplay, which is how Dora Kalff used sandplay. And, occasionally,

analysts who do not use sandplay themselves have referred their patients to me for sandplay which went on in tandem with their regular verbal analysis.

REGRESSION

All three authors believe the regression which sandplay encourages is an essential ingredient of the healing process. Weinrib notes that whereas verbal analysis encourages progression and the thrust toward consciousness, "sandplay encourages a creative regression that enables healing precisely because of delayed interpretation and the deliberate discouragement of directed thinking" (Weinrib 1983:22). In this way, "sandplay therapy attempts to repair damage to the archetypal mother image by metaphorically reconstructing the disturbed mother-child unity" (Weinrib 1983:35).

Ammann also values the regression that is fostered by sandplay (Ammann 1991:XVII) and observes that the sandplayer often goes back to earlier childhood experiences, especially to the mother-child relationship, but this time with the therapist.

Here he can relive the vital primal mother-child relationship, but this time with the therapist. This, however, will succeed only if the therapist can fully accept, protect and guide the child during the regression and accompany him in the subsequent reconstruction of his personality.

(Ammann 1991:86)

Ryce-Menuhin adds,

Atmospheres of childhood are more non-verbal in memory than adult life usually is and the medium of sand can sometimes release more quickly the hidden, repressed content of early memory and begin to reconstruct the past.... Sandplay facilitates the return of early memory and can lead on to valuable work in the reconstruction and repair of a traumatic childhood.

(Ryce-Menuhin 1992:105)

MATRIARCHAL AND PATRIARCHAL ELEMENTS

Weinrib differentiates between the masculine logos of verbal analysis and the feminine container of sandplay. Verbal analysis

is the analytical interpretation of concrete daily life events, as well as unconscious material such as dreams, fantasies and active imagination in the thrust toward increased consciousness. [On the other hand,] the making of sand pictures is a deliberate regression into the pre-conscious pre-verbal matriarchal level of the psyche.

(Weinrib's introduction to a paper she presented on 21 September 1991)

The aim [in sandplay] is to provide a maternal space or psychological womb, an emotional metaphor for the uroboric mother-child unit. In this safe "space" healing of the inner

psychological wound can occur, the Self can be constellated and the inner child re-discovered, with all of its potentiality for creativity and renewal.

(Weinrib 1983:28)

Later, stages of the individuation process

continue in the more cerebral and sensate way that is characteristic of the patriarchal level of consciousness hypothesized by Neumann—one more corroboration of his concepts.

(Weinrib 1983:88)

Ammann distinguishes between the quiet period of making the picture in the sand during which the attention of both analyst and analysand are directed to the inner world of the analysand and the subsequent interpretive period during which the analyst and analysand become partners in trying to understand the meaning in the pictures so that they become more connected to the experience of the analysand. She identifies these two periods as representing two distinct therapeutic attitudes of the analyst: first maternal or matriarchal and then paternal or patriarchal. To avoid evoking gender-specific roles, however, she prefers to use the terminology of the cerebral hemispheres. According to Ammann,

The right hemisphere...works with holistic, nonverbal images and plays a large role in the processing of emotional information. It seems to me to be significant that the body image is located in the right hemisphere. The left hemisphere...is language-oriented and connects with logical and goal-oriented thinking. This hemisphere works rationally and analytically. The two therapeutic attitudes involve the two hemispheres of the brain alternately.

(Ammann 1991:6-7)

Similarly, Ryce-Menuhin says,

There is a sense in which wordless ritual of the sandplay is a way, whether for men or women, to the feminine principle. In the universal sense of the feminine, sandplay shares the activity of accepting a conception and carrying knowledge to assimilate it while allowing a ripening to occur. This takes time and needs an allowance for submitting to something which is an unforced happening. No effort of will is required as the masculine tends to feel it a necessity to habitually draw from psyche...however, when the masculine is expressed in sandplay, it sharpens its definition precisely because it is seen against this feminine, unforced "earthy" background. Masculinity can have a very full range of expression; its battlegrounds, its hero's journeys, its phallic pride...its forceful power, its childlike omnipotence, its search for love, its demonic aggression, its genius and its love of God.

(Ryce-Menuhin 1992:31)

BODY AND SPIRIT

All three authors emphasize the value of connecting both with the body and with the spiritual through sandplay. Weinrib reviews Kalf's beliefs that the material elements of sandplay act as

a “kind of metaphor for the body.” Kalff noted that patients who were physically ill sometimes made pictorial representations in the sand of diseased organs whose shape they did not know (Kalff’s seminar at the University of California in Santa Cruz, March 1979). At the same time, the appearance of symbols of totality in the sand pictures, and the numinosity of the patients’ deeply felt experiences, led Kalff to the idea that sandplay is a way to the spirit (Weinrib 1983: 40).

According to Ammann,

Both the spiritual and psychological dimensions are not merely constellated [but are] given physical form by the person’s hands. Sandplay creates a common field within which spirit and body can mutually influence each other. Such direct interplay between psyche and matter is not known, at least in this form, in classical verbal analysis.

(Ammann 1991:XV)

Ryce-Menuhin points out that “The earth quality of sand pulls the psyche towards body expression” (Ryce-Menuhin 1992:104). Yet it also evokes spiritual expression. He says,

the “awake dream” of sandplay creation often contains a rich and varied working through of a patient’s spiritual religious dilemma. Many objects representing gods and goddesses are available together with shrines, retreats, churches, temples, cathedrals and chapels.... Many agnostics and atheists have discovered through sandplay the unconscious release of integrative archetypal material which consciously enables them to contact the God-image within their own psyche.

(Ryce-Menuhin 1992:104)

SELF-HEALING

Weinrib emphasizes the role of self-healing in sandplay. She observes, “A basic postulate of sandplay therapy is that deep in the unconscious there is an autonomous tendency, given the proper conditions, for the psyche to heal itself” (Weinrib 1983:1). For the patient who experiences this,

There is almost invariably a sense of awe and surprise at the richness within him. A new relationship with his own imagination and inner being is born, and he gains a new sense of his worth and strength because he literally sees it. Based on his own experience, he begins to sense that there really is a healing and organizing factor within that transcends his ego-consciousness and that it can be trusted.

(Weinrib 1983:77–8)

Ammann also feels that

Sandplay heals not by being acted upon by another, but rather by the analysand’s own action. Through the analysand’s creations and attitudes the energies at work within him are made externally visible. We can speak of each sand picture as being an actual act of birth.

(Ammann 1991:121)

Ryce-Menuhin generally seems to take a more authoritative role in the sandplay process than the other two authors do. Like them, however, he also refers to the therapist as “a silent observing companion” (Ryce-Menuhin 1992:32) who primarily is there to witness the ritual of sandplay. Within this silence, “The intuition of patients, which is related to an inward and non-rational impulse, can flow into the sandplay unreservedly” (Ryce-Menuhin 1992:28).

THE THERAPIST

These authors all agree that the therapist needs to be a relatively silent supportive presence and also to understand within themselves as deeply as possible what is going on in the sandplay. According to Weinrib, “The therapist listens, observes, and participates empathically and cognitively, with as little verbalization as possible” (Weinrib 1983:12). Further, “the sandplay therapist must discipline his urge to find ready answers to unclear questions” (Weinrib 1983:16).

[Yet] without understanding on the part of the therapist of these [developmental] stages and their symbolic representations, the process is only minimally effective. This understanding enables an unspoken rapport between therapist and patient...the therapist knows consciously what the patient knows unconsciously.

(Weinrib 1983:29)

Weinrib describes what the therapist needs to do in order to become worthy of the trust that the patient places in him.

He should have had a deep analysis himself and adequate clinical training, including extensive knowledge of archetypal symbolism. He should have had a meaningful personal experience doing sandplay as a patient himself. He should be familiar with the stages of development as they manifest in the process, and he should have studied and compared many sand pictures, which is the only way to learn to read them. As the carrier of the process, he should have achieved rootedness in himself.

(Weinrib 1983:29)

Ammann specifies that “what is required of the analyst is restraint and fine sensibility” (Ammann 1991:121). The task of the therapist

consists in recognizing what is going on in the analysand, in protecting and supporting this process, in intervening in an emergency, but first and foremost, his task is just to add only so much commentary that the process in the analysand is kept going.

(Ammann 1991:4)

Although, she says a certain amount of “intellectual explication” is necessary to grasp the underlying sense of pictures, “the essential point about them is being gripped and stirred while viewing them!” (Ammann 1991: 57). The analyst follows the client’s work “with one joyful and one watchful eye” (Ammann 1991:31).

Ryce-Menuhin points out that the sandplay therapist does not immediately screen the image for meanings but is just being there patiently awaiting developments. Like the other two authors, however, Ryce-Menuhin also at times does make verbal comments.

The therapist brings interpretation (where suitable) of the symbolic meaning, both one-pointed and in amplification where useful. This is given back to the patient, who, in being a sandplayer, may be reconnected to the child archetype and the archaic existential wisdom of other archetypal images which self chooses to let flow into sandplay.

(Ryce-Menuhin 1992:36).

AFTER THE SANDSCENEIS COMPLETED

I see the most differences between the three authors in their discussion of what follows after the completion of a scene. Weinrib strongly insists that "sandplay pictures created by the clients are NOT, repeat NOT, interpreted at the time they are made" (Weinrib's introduction to paper given 21 September 1992). But,

After the picture is finished, the therapist may ask the patient to tell the story of the picture, or may ask relevant questions or elicit the patient's comments and associations regarding the pictures, or speak of matters suggested by them. The therapist does not press for associations or confront the patient in any way.... To press for associations would be to encourage cerebral activity, which is not desirable here except in its most spontaneous exercise.

(Weinrib 1983:13)

She does, however,

make occasional exceptions to this practice. If the patient does not enjoy doing sandplay and is skeptical of its value, I comment on some aspect of the early picture to assure him that his pictures are, in fact, communicating his unspoken feeling...(or) if a particular theme has urgent significance; or if a patient is acutely anxious and needs the reassurance of cognitive understanding.

(Weinrib 1983:13)

Ammann apparently treats her patients differently depending on whether they are in the first or second phase of their sandplay process. In the healing phase, the analysand is led away from the rational into an activation of the sense of touch. And, in general after making a sandtray, Ammann feels that

the analysand takes the picture of...*his world*, inwardly with him. There it will produce an emotional after-effect which lasts till the next hour.... It would not be correct to interpret the sand picture immediately after its creation. The danger lies in fixing the picture's interpretation intellectually, which interrupts the flow of emotions and feelings attending and following its creation.

(Ammann 1991:3)

During the transformation phase, however, sandplay scenes may be discussed and interpreted at the time they are made with analysands who have a stable ego (Amman 1991:4–6). She adds that an analysand who is in the phase of transformation “will try to come to understand each of his sand pictures, and work out and make conscious their meaning” (Ammann 1991:5).

Ryce-Menuhin feels that it is important to talk with sandplayers to find out what a symbol means to them. But he also recognizes that the sandplayer does not need to be conscious of other symbolic meanings that the therapist may be thinking about (Ryce-Menuhin 1992:4–5).

Like these authors, I avoid discussion of the sand scene at the time it is created; but, as they do, I recognize that there are times for exceptions —perhaps less frequently than any of these three.

REVIEW AND INTERPRETATION

All three authors take photographs or slides after the completion of each scene, and review them at some time with the patient. Weinrib delays the review until after she feels that the Self has been constellated and “the ego has become strong enough to integrate the material properly” (Weinrib 1983:14). She continues,

At this time explanations, amplifications and interpretations may be given and questions answered. Often little needs to be said even then, for the slides themselves seem to speak directly to the patient, as he literally sees pictures of his own developmental process.

(Weinrib 1983:14)

Ammann also reviews the patient’s slides. She says,

After the process has ended it seems to me to be important in these cases [analysands with stable ego] carefully to work through the slides

[But] the logical or interpretive discussion of images is not even necessary in certain cases, if they affect the early, elementary layers of human life in which the physiological and psychological to a large extent are united.

(Ammann 1991:6 and 46)

Ryce-Menuhin quotes Jung who says, “There are cases where I can let interpretation go as a therapeutic requirement” (Ryce-Menuhin 1992:33). But Ryce-Menuhin goes on to urge caution.

To let a patient go into life, after experiencing sandplay, but not interpreting it, is rather like seeing that someone’s broken ankle is mended (technically) but that when the cast is taken away, the wounded person is not helped to learn to walk again....what symbolic interpretation does is raise possibilities that strengthen the patient’s ego and raise its differentiation further from unconsciousness.

(Ryce-Menuhin 1992:34 and 89)

I differ from these authors in that I do not feel the therapist always needs to interpret the slides while going over them with the patient after the process is completed. So I speak of delayed “review” rather than delayed “interpretation”. I feel that even when the mutual looking at the

trays is postponed until some time after the trays are done, interpretation by the therapist still takes a back seat to insights arrived at together. I like to wait until the non-verbal process has had time to “work” and attitudes and behavior have had time to catch up with what was going on in the sandplay process. This may be five years or more.

UNIQUE CONTRIBUTIONS

Each of these authors brings unique contributions to the field of sandplay therapy from their own experiences. Weinrib is the only one who specifically presents a belief that sandplay can bypass some of the stages which normally occur in Jungian analysis. According to her, “Sandplay therapy accelerates the individuation process since...it seems to move in a more direct line toward the constellation of the Self and the renewal of the ego” (Weinrib 1983:87).

Weinrib also spells out the several stages of a sandplay process. She includes in her sequence: first realistic scenes; then scenes from deeper levels including the shadow; the touching of the Self; emergence of the reborn ego; differentiation of the masculine-feminine; and finally the appearance of spiritual figures or abstract religious symbols (Weinrib 1983:76–9).

Ammann makes a detailed comparison of sandplay and alchemy and points out that “in both methods the imaginative activity follows from the interplay of the material and physical with the psychic components” (Ammann 1991:13–15). As an architect as well as a therapist she effectively uses the house and garden as metaphors for the psyche. She also discusses the question of why the rectangular sandtray is preferable to a square or circular one.

Because of the inequality of measurements, the rectangular space creates tension, unrest, and a desire for movement, a desire to go forward. The square or circular space, however, creates balance, rest, and concentration towards the center. It is possible to compare the analytic process with a constant search for the center in uncentered space.

(Ammann 1991:18)

Both Ammann and Ryce-Menuhin use “mapping” of the sandtray as an aid to understanding the meaning of objects placed in different locations in the tray. Their systems, however, do not coincide. Perhaps there is a difference in how sandplay is experienced by persons living in a mountainous country surrounded by land and those living in a more-or-less flat country surrounded by water. This, I think, confirms my doubts about using the map of the sandtray developed by someone else. If you are going to use such a system, I think it is preferable to develop your own method out of your own experience.

Ryce-Menuhin emphasizes the need for ritual in sandplay.

When one is initiated to a new relationship to self, one needs ritual to contain the powerful transformation of understanding involved.... For the atmospheric quality of ritual happenings to occur and recur in a progression, a special place of initiation is required.

(Ryce-Menuhin 1992:28–9)

Ryce-Menuhin also discusses specifically who should come into sandplay therapy and who should not. He wisely concludes, "Sandplay is not a panacea or a cure-all" (Ryce-Menuhin 1992:34-6).

I particularly appreciate Ryce-Menuhin's recognition that sandplay therapists have much to learn. As he says, "the state of the art and the science of sandplay interpretation is yet in its first sixty years. Patient and therapist discover together" (Ryce-Menuhin 1992:32).

Chapter 5

Jungian analysis and sandplay

In my practice as a Jungian analyst, I have used sandplay in three different ways over the twenty years that I included sandplay in my work:

- 1 with analysis as the primary therapy and sandplay as the adjunct
- 2 with sandplay as the principal therapy and verbal therapy or analysis as the adjunct
- 3 with sandplay and analysis going on concurrently with two different analysts or therapists.

Most analysts use sandplay in the first way, as an adjunct to verbal analysis. Some see it as a parallel to, or even sometimes as a substitute for, dream analysis. In this context, the therapist may ask the sandplayer about the tray—what certain objects mean to them or what their associations are—and then may “interpret” the scene; that is, connect it with the patient’s past history, current problems, or the transference. At first I also used sandplay in this way as an adjunct to verbal analysis, with the immediate interpretation that is common in dream analysis. Later I saw the benefits of delaying the interpretation.

Ida is an example of doing it in both ways. For the first forty-four of her seventy-one trays, we spent most of the time after she made a scene talking about the tray. Then there was a shift; after each of the last twenty-seven scenes were made, we talked about her everyday life and dreams and did not refer to the tray itself at all. This paralleled a shift in the depth of her process, and more evidence of improvement in her condition. This, along with other experiences, made a deep impression on me.

Using sandplay in the second way, as the principal form of therapy, was the way Dora Kalff taught it. Unfortunately the second edition of her book on sandplay had an error on the back cover which stated, “Sandplay is *not* a method of therapy in and of itself.” Dora was tremendously upset to see this error on the back of her book. The statement should read: “Sandplay is a method of therapy in and of itself.” That was Dora’s point, although she did also emphasize that in addition to the sandplay therapy there should be time for discussing everyday problems and important dreams (Kalff 1991:14).

The third method of using sandplay as a process that goes on separately from the patient’s verbal therapy is perhaps the most controversial. I first experimented with it when an analyst colleague, who had a sandplay setup in his office but did not feel he was sufficiently trained to use it, asked me if I would see a particular patient for sandplay while he was seeing her for analysis. I was somewhat hesitant to try this because of the possible transference split. We established certain “rules.” The analyst would delay talking with the primary analyst about the sandplay process until after it was completed; the analyst and I would have no contact with

each other; and several months after the sandplay process was completed, the three of us would meet and review the slides of the trays together. At the conclusion of the experiment, all three of us felt that this system had worked.

After that, I felt free to use it in several other instances. When one of my sandplay colleagues questioned me, however, about prohibiting the patient from talking with her analyst about something important in her life, I took it to heart. I asked a few of the analysts with whom I had engaged in this dual therapy about their experiences during the time I was seeing their patients. None of them felt they had had any difficulty with it. One said that she was very relieved to have me taking care of the symbolic side of therapy since she and her patient seemed to be focusing mostly on the "nitty gritty" of life. Another analyst said that he was not even aware that he was not supposed to talk with the analysand about the sandplay! Yet it had come up only once, when the sandplay picture was an extension of a dream that the patient had discussed in his office. So I was satisfied at that time, at least, that it was not a problem to separate out the two kinds of therapy.

Sandplay therapists bring different expectations or "sets" to sandplay, depending on which professional affiliation they come from. Social Workers and Marriage, Family and Child Counselors have been trained to pay close attention to the details of family inter-relationships and to have the freedom to interview collaterals, both family members and teachers. And sometimes they look at sandplay pictures as another way of clarifying their understanding of these family inter-relationships. Psychologists and psychiatrists have been trained to focus on diagnosis and sometimes tend to use sandplay as an evaluative technique. Both may use a sand picture to confirm or correct their impressions of pathology in the patient.

All of these ways of using sandplay are valuable. I feel, however, that using it mainly for these purposes may mean that the *unique* contribution of sandplay is missed. Over and over again I find myself saying, "Sandplay is meant for healing, *not* for diagnosis." The unique healing quality of sandplay is activated primarily by empathy. When the patient experiences the therapist or "witness" of the sandplay process not only as agreeing with their feelings (sympathy) but also as feeling *into* their feelings (empathy), the twin urges for healing and growth can be constellated within them.

Sandplay provides a way of "dropping" into the pre-verbal, matriarchal areas of the psyche. Verbalization, with its demand for conscious articulation, may interfere with this. Most of the adults I saw in therapy were so much in their heads that the very experience of "playing" and getting connected with unconscious material was valuable in and of itself.

I do also believe, however, with Estelle Weinrib, that "delayed interpretation," as she calls it, is essential. In my experience it may be best if the delay is five years or more. I suppose we all are highly influenced by our own therapeutic experience. For me, the delay was ten years. The sandplay process had been working all that time without my being consciously aware of it. When Dora Kalff and I went over my slides ten years later, it was a profound experience. And when I go over a series of slides with people I was seeing five or ten years ago, I do not think of it as interpretation. I think of it as a mutual coming to understand what happened during and what has happened since the process. There are mutual insights and mutual "aha!" and "wow!" experiences.

All therapists find the methods which best work for them and there is no reason we should all do therapy in the same way. The way our own personalities enter into the co-transference is so important that we each need to develop our individual style that is most natural or compatible.

At the same time, I have thought of comparing sandplay with a musical instrument which has capabilities that are not always used. When therapists use it as they would other techniques with which they are familiar, its essence and full range may be missed. It is not easy to learn its full use. When we are accustomed to "talk therapy" it is not easy to follow the admonition I heard early on in my experience, "Don't just say something, sit there!" It is not easy when one sees a clear-cut connection in a sandtray—with other sandtrays or dreams, co-transference, past history, or present concerns—to use the connection silently to enhance one's empathy rather than to use it out loud as one does in most other therapies to help bring something from the patient's unconscious up into their consciousness. In sandplay we can just let the connections "work;" we can let them remain at an unconscious level where they can do their work. Early interpretation, or consciously making connections (a phrase I prefer to the word "interpretation"), can rob the patient. Gains have not incubated. They have to do some work in the unconscious first.

This emphasis on empathy and "staying out of the process," however, certainly does not mean that the therapist can get along with a minimum of training and experience. Far from it. In addition to empathy we need to have the backup of good, solid clinical knowledge and experience. We cannot depend on intuition alone, no matter how good, to carry us along. Sandplay therapists sometimes ask why it is necessary for them to know about symbols, know about pathology, know about co-transference, know about family constellations. Of course it is important to know as much as possible about the psyche. I do not think that we can function well as therapists without this knowledge. It is essential for developing true empathy. It is on reserve, an absolutely essential reserve, to use when indicated. And the knowledge of when to use it is also vital.

I sometimes think of sandplay as akin to sailing. It is good to let it be natural and unencumbered. If, however, the boat gets away from us, or the wind gets too strong or ceases completely, we need to have the protection of a motor, a good reliable motor that will get us out of danger spots. That is where the know-how, the long experience, the self-confidence, the close attention to all that has been happening, provides the protection which is needed in emergencies or when crucial decisions must be made as to direction and route.

Chapter 14

Sandplay is meant for healing

ASA SANDPLAY THERAPIST, I REMIND MYSELF EVERY ONCE IN A WHILE THAT

First, sandplay is meant for healing.

Second, what happens in a sandtray may be an expression of distress and pathology, but, more importantly, it shows how the sandplayer is coping with these problems. Even the expression of problems or distress in the tray can be a way of coping with them. Catharsis was one of the earliest forms of therapy. Each sandtray in the process may be seen as part of a series of successive attempts to cope with past and current wounds or as a step in the ongoing journey towards individuation or, almost necessarily, both. The sandplay process is witnessed by a protecting therapist who values, not evaluates.

Third, my role as therapist is to provide freedom, space, protection and empathy so that the twin urges toward health and growth can activate the process of healing and individuation. It is not my conscious that leads the process but the unconscious of the sandplayer. Healing comes from within, not from without. My role is not to educate, direct or even to guide. It is the mutual trust in the inner guide of the sandplayer that makes it work. I need to provide a caring, personal presence and to use my understanding of the process to stay in tune with the sandplayer.

Fourth, I must recognize two levels in the process that may overlap: healing and growth.

Healing: many wounds originate in infancy and childhood. As a therapist, I need to be alert to the possibility of early emotional or sexual abuse or other such trauma and to be empathic and ready to patiently allow a person to move at their own pace. I must wait for a person to recover memories through images and affects without pushing for words. There may be a *silent* sharing of secrets before there is any oral expression. I must appreciate how frightening each stage of this process may be and be prepared to offer protection at critical points.

Growth: I will recognize stages of the development of personality, expansion of consciousness, and individuation in the sandplay that are familiar to depth therapists. These include: reconnecting with one's child self; mother-child and father-child relationships; differentiation of opposites (man-woman, good-bad); union of opposites through the transcendent function; co-transference; making friends with one's instincts; relating to one's contra-sexual gender (animus/anima); searching for one's own spiritual way; confrontation with the shadow; sacrificing old attitudes and building up new attitudes; the night sea journey; death and rebirth; centering; numinous experiencing of the Self; strengthening of the ego-Self

axis; experiences of transformation; and a shift of energies from inner preoccupations to outer creativity.

Fifth, it is the sandplayer's experience of the process that heals. It is not my understanding of the process that heals. During the sandplay process, my intellectual understanding is less important than my empathy. My empathy helps to validate the sandplayer's experience and may affirm both feelings and intellect, affect and insight. This may occur at an unconscious level.

Sixth, yet my *understanding* of what is happening in the process is often essential. For example:

- 1 When I sense I am losing my empathy or not appreciating some aspect of the co-transference or feel discouraged or judgmental. At such times I need to try to understand the process and thoughtfully review it by myself or with a consultant with caring concern for containment and confidentiality.
- 2 When my role as a protector is called upon. I must try to understand so that I know when and how to offer protection. In cases of physical or sexual abuse or other trauma, my role as protector is crucial. I need to wisely and intellectually grasp what is happening.
- 3 When I need to make decisions regarding referral, collateral discussion, breaking of confidentiality, termination, and other circumstances that demand thought in addition to feeling.
- 4 When the sandplayer and I review the process some time after it has been completed. At that time my knowledge and experience are essential. But even then I must not dominate over the sandplayer's input. It is the mutual understanding that makes the experience momentous to both of us.
- 5 When I teach. It is imperative that I know and understand as much as I can about sandplay so that I am better able to prepare others to appreciate the uniqueness of each process, to be empathic, and to be able to make the critical decisions that often must be made during the course of a sandplay process.

Seventh, my learning about sandplay is never complete. I need to learn as much as I can about symbols, human development, and psychological theories. I need to continue to read, to listen, and to review many sandplay processes alone and in the company of other sandplay therapists.

Finally, with all my learning I must not forget what Jung said: "Learn your theories as well as you can, but put them aside when you touch the miracle of the living soul" (Jung 1928: 361).

Chapter 15

How I do it

Because there are multiple variations in the practice of therapists who use sandplay, no one can recommend a set procedure. But I think the sharing of individual observations and experiences is of value.

Even the positioning of the sandtrays and the objects to be used in them vary with different therapists. My sandtrays—one dry, one damp—are at counter height and stationary, with shelves of objects above the trays and on the sides, within easy reach when standing at the tray. A high stool is available if the client wishes to sit down, but most people stand until the scene is completed.

There is no standard collection of objects for use in the tray. The personal uniqueness of each therapist's collection allows the client to interact with it as an extension of the therapist, and therefore the process remains within the framework of the transference.

Some clients shun plastic miniatures and choose instead those made of wood, stone, metal, or clay. There is often a particular appreciation of shells, dried leaves, fruit pits, driftwood, sea-washed stones, dark lava pieces. The floor and sides of the tray are painted blue so that pools and streams can be easily represented by clearing sand away from the bottom, and sky can be represented by the sides. The water I provide for wetting the damp sandtray is in a squeezable spray bottle. If a larger volume of water is desired, there is a sink with running water in the room. Sandplayers may sometimes not use any objects, preferring to mold the sand with their hands and form furrows and designs with their fingers.

Therapists develop their own ways of introducing people to the sandtray. When I was studying with Dora Kalff, I adopted her invitation to the client to "Look over the shelves until you find something that speaks to you and put it in the tray and then add to it as you wish." I like this, but I do not always use it. I have no fixed set of instructions. They evolve out of the circumstances. At the first appointment I show the client what I call the "non-verbal room," because it has not only the sandplay setup but also paints and clay and colored tissues. I explain that the time may come when he or she will want to come here and work with some of this material.

Later, either the client or I recognize that the time is right and we go to this room. At this point I show them the sandplay material, and say that they may use any objects or miniatures they choose, or, if they prefer, just use the sand. I show them that the floor and sides of the tray are blue, and I may sift some of the sand through my own fingers just to be getting the feel of it myself.

Some clients are initially self-conscious, but the material usually takes over and many people welcome the departure from the more rational verbal therapy. I have found sandplay

particularly useful when clients are either blocked in verbal expression or caught up in a stream of over-verbalization.

Occasionally a person comes to me expecting to work in the sandtray and wanting to use it at the first session. In general, I think it is better to wait until a secure *temenos* has been established within the therapeutic relationship.

As the client works in the sandtray, I sit out of view and record the order of placement and the location of objects to help me identify objects later in the pictures that I take. I have developed a system for recording responses that helps me to follow the sequence later and to identify items that are not clear in the photos.

The system is based on the grid system used in maps. I think of the edges of the tray as being divided into equal spaces of about four inches each. The long edge of the tray is divided into seven equal spaces and the short edge of the tray is divided into five equal spaces. I mark these divisions with inconspicuous tapes on the edges of the tray so that the spaces are delineated. I think of the seven spaces along the long side of the tray as being numbered from one through seven and the five spaces along the short side of the tray as being lettered from A through E. Then, when an item is placed in the tray, I can make notes such as: 4C tiger; 7E princess.

Verbal interaction during the sandplay is usually minimal. Since comments about what the client is doing may be disruptive, I usually avoid them. The extent of verbal exchange about the sand scene after it is completed varies. Early on, I found that if I asked a few questions to help me understand what was happening in the initial couple of scenes, the client tended to develop a pattern of completing a scene and then volunteering some explanatory remarks. My commenting on the reappearance of a particular object or theme usually elicited additional remarks from the client. But often there was a mutual recognition that the completed scene was a full expression in itself, and there was an understanding silence. In later years I have found increasing value in a minimum of verbal exchange during the sandplay session and a minimum of discussion about the scene after it is completed. I have learned to just let it work at a non-verbal level.

I think it is important to leave sand scenes intact and to not dismantle them until after the client has left, so that they can more easily carry with them the image of what they have produced. Initially I took both a color slide and an instant print of each sand scene and offered the prints to the client at the time of the review. Later I changed this procedure and took two color slides of the full scene as well as close-up slides where indicated. If the client asks for photos I can always make duplicate slides or prints from my set of slides.

In my early years of using sandplay therapy, after a series of five to ten sand scenes or whenever there was a sense of coming to the end of a phase, we studied the projected slides or prints of the series together. We made connections between the scenes, and then between the scenes and other aspects of the client's psychological development. In later years, I have found it immensely valuable when possible to delay this joint review of the scenes until five years or more after termination of therapy.

I find that clients, like therapists, use the sandplay material in their own individual ways. Children are apt to make a "movie" rather than a single scene, and often want to make more than one scene by using both the damp and dry sandtrays. Adults may change the position of some of the objects, but they seldom act out a drama. A sequence of scenes across several sessions, however, frequently depicts an underlying story. Sometimes the repetition of a scene, with only minor variations, plays a prominent role.

Some people have a story in mind when they start to make a sand scene; it may even be a segment of a dream. For others the scene in the sandtray unfolds without their being aware of what is coming next; this kind of scene often has more unconscious content than a scene that is premeditated. Lowenfeld differentiates between realistic and non-realistic or symbolic features of sand worlds; symbolic elements which come into the scene spontaneously and are not contrived usually indicate engagement of the unconscious (Lowenfeld 1979:35).

Lines from Kay

Know your fear
Grieve your sorrow
Cherish your hopes
Respect your wants

Share in giving
Use your courage
Preserve your awe
Be gentle toward failings

Own your hate
Explore your envy
Speak your anger
Cry your hurts

Live your love
Be your joy
Treasure your life
Revere death