

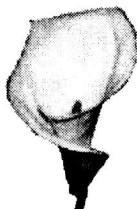
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Sandplay: Overview of the First Sixty Years

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SANDPLAY HAS A RICH AND FASCINATING HISTORY spanning more than 60 years. Many unique personalities and intriguing stories spiral around its development. Becoming more familiar with these personalities, their personal struggles, and stories adds depth to our understanding and use of this technique.

The sand tray¹ technique was originated by the British child psychiatrist Margaret Lowenfeld in 1929. A glimpse into Lowenfeld's life and personal experiences can illuminate the fertile path she followed which led to her discovery.

Lowenfeld had a privileged but unhappy childhood. She was a sickly child, who was tended mainly by servants (Evans, 1984). When she was in her early teens, Lowenfeld's life changed abruptly due to the divorce of her

parents. Her mother was left with custody of both Lowenfeld and her older sister, Helena, as well as a large financial settlement. Acrimonious contact between the parents ensued, and Lowenfeld's mother eventually succumbed to a series of illnesses. During these difficult times, she clung to her children. Often her mother's illnesses were followed by bouts of illness in Margaret (Urwin & Hood-Williams, 1988).

Despite the mother's many failings, she had progressive ideas regarding her daughters' education, providing both Margaret and Helena with exceptional educational opportunities that allowed them both to become physicians.² Their choice of profession was strongly disapproved of by their father, who wanted them to be conventional English girls and marry bankers.

Originally Lowenfeld's medical studies were in general medicine, but after returning to England from Poland, where she had been a medical officer during the Russo-Polish war, she began her study of child development. Because of her unhappy childhood and her traumatic experiences during the war, she was left with two questions which continued to haunt her: Why do certain children, who are deprived of everything essential for health and development, nevertheless grow into healthy and creative adults? Why are some individuals capable of the most heinous crimes against other human beings? She felt these questions could be understood only by deepening her understanding of child development (Lowenfeld, 1979), and she dedicated her life to understanding these heartfelt concerns.

After completing postgraduate training in pediatrics, she founded one of the first psychological clinics for children in 1928 (Unwin & Hood-Williams, 1988). This was at a time when Melanie Klein also was establishing her child practice in London.

Lowenfeld believed that play was the way to reach children therapeutically, as play has been historically the natural mode of expression for children. However, she also knew that she needed to find a medium that would be attractive to children and would act as a "language" through which communication between child and therapist could be established. In addition, she wanted a medium that could be objectively recorded and analyzed independently of prevailing theories³ (Lowenfeld, 1979).

A book by H.G. Wells, *Floor Games*, published in 1911, was to become her source of inspiration. In this book Wells described the spontaneous play he enjoyed with his two young sons, Gip and Frank. The play took place in a contained area defined by boards and planks. From the many boxes emerged small houses, people, soldiers, boats, trains, and animals, transforming the floor of the playroom into a fantasyland of cities and islands. Sometimes the play lasted for days at a time, and the many visitors to Wells' home were drawn into its elaborate procedures (Mackenzie, 1973). At this time, H.G. Wells was a major literary figure in Britain having earlier written *War of the Worlds* and *The Time Machine*, but he was not a clinician or psychologist. He did believe that this type of play could promote creativity in adulthood, but Wells was not aware of or even interested in the psychological meaning of play.

Fifteen years after *Floor Games* was published, Lowenfeld remembered the book and recognized its psychological application. She was inspired by the realization that small toys could be used to enable children to communicate their deepest, even preverbal thoughts and feelings. She translated Well's description into a therapeutic technique by collecting "a miscellaneous mass of material, coloured sticks and shapes, beads, small toys of all sorts, paper shapes, and match boxes, and kept them in what came to be known by her clients as the 'Wonder Box'" (Lowenfeld, 1979, p. 3).

When her clinic changed location in 1929, Lowenfeld added two zinc trays to the playroom, one with sand and one with water. Until this time, there had been no container or sand in the playroom; the toys were used mainly on the floor. The children at her new clinic responded creatively to the toys, sand, and water by combining them together in the sand tray. Lowenfeld writes: "Less than three months after a metal tray with mouldable sand [was] placed on a table and a cabinet containing small miniature objects [was] included in the playroom equipment, a spontaneous new technique had developed, created *by the children themselves*" (Lowenfeld, 1979, p. 280-281). Thus, the sand tray is truly a child-invented technique. Margaret Lowenfeld came to call this method, the "World Technique." She used this name after the name "World" arose spontaneously from the children themselves while speak-

ing of their sand productions (Andersen, 1979b). Thus, the technique was not only created but also named by the children.

SPONTANEOUS EMERGENCE OF SIMILAR TECHNIQUES

It is fascinating to note that, about this same time, the idea of using miniatures in a defined space for therapeutic or diagnostic purposes sprang up independently in several parts of the world.

Erik Erikson⁴ developed the Dramatic Production Test (DPT) at Harvard in the 1930s, which was an offshoot of Sigmund Freud's influence on him (Coles, 1970). Freud had suggested that people could be understood in terms of how they seek expression in the drama of their everyday lives — be it in their daydreams, in their life style, or through some other vehicle. This perspective inspired Erikson to develop a tool for evoking these expressions. He conceived of presenting the subject with an assortment of toys with the request that a dramatic scene be constructed. From the way in which the miniatures were placed on a table (i.e., the way the images were expressed a dramatic scene), Erikson believed that he could study human development and character formation. In the 1940s, Erikson once again used the Dramatic Productions Test. This time he used it to study the development of 100 youngsters over a three-year period who were involved in a 20-year longitudinal study at the University of California, Berkeley.

In the 1940s German child psychotherapist Gerdhild von Staab (1961) authored the Sceno-Test, a diagnostic technique for children, using human miniatures to create a scene.

In the 1950s Lois Barclay Murphy developed the Miniature Toy Interview which used miniatures to assess the free play of preschool and early latency-aged children at the Sarah Lawrence College Nursery School in New York State.

At the beginning of their work, Lowenfeld, Erikson, von Staab, and Murphy were each unaware of one another's pursuits. Perhaps the use of miniatures in a defined space was compelling to many clinicians and researchers because they could integrate the technique into their own work, even though they came from many different theoretical orientations. Lowenfeld herself believed that the technique was free from any theoretical bias:

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

CHARLOTTE BUHLER

Lowenfeld's belief that her method could be applied by therapists from a variety of orientations was evidenced by the many people who studied with her and who were able to integrate the sand tray into their own frameworks. For example, researcher Charlotte Buhler, who was a faculty member at the University of Vienna (and later associated with the University of Southern California), observed Lowenfeld's work in London during the early 1930s.

There was an immediate, mutual, and professional attraction between the two women (Bowyer, 1970). Lowenfeld had long admired Buhler's original methods of infant observations, which were based on a commonsense view of childhood rather than the psychoanalytic orthodoxy prevalent in Europe at that time (Masserik, 1974). In turn, Buhler was impressed with Lowenfeld's development of the "World Technique," seeing it as yet another avenue for understanding children's thinking and development.

As a result of Lowenfeld's and Buhler's connection, Buhler incorporated the use of the World Technique into her own research, using it as a diagnostic instrument for cross-cultural understanding (Buhler, 1952) and for determining the mental health of both children and adults (Buhler, 1951a, 1951b). Later, Buhler developed the "World Test" (later known as "Toy World Test"), consisting of 160 miniatures presented in a box with compartments. The miniatures were used on a table or floor. The Test generated information that associated certain types of trays with specific behaviors and diagnoses (Buhler, 1951b).

Because of World War II, regular contact between Lowenfeld and Buhler during the early 1940s became impossible, and Lowenfeld was unaware of the direction of Buhler's work in developing the "Toy World Test." When Lowenfeld visited the United States after the War (where

Buhler was now located), she was distressed that the World apparatus was being used as a test for personality and temperament not only by Buhler but also by other clinicians. Lowenfeld said that she did not disapprove of testing, but expressed anxiety "that my whole research and therapeutic method should not be misunderstood or distorted when part of the equipment is borrowed and adapted to a different purpose" (Lowenfeld, 1950, p. 325). History has proved that Lowenfeld's initial concerns were justified. Many sand tray therapists today still continue to confuse Buhler's assessment techniques with the therapeutic approach of Lowenfeld.

Like Lowenfeld, Buhler influenced many other researchers and practitioners, including the French clinician Henri Arthus (1949), who developed the "Village Test" as a diagnostic instrument in 1939. Subsequently, Arthus' work and writings caught the imagination of a number of French psychologists, including Pierre Mabilie (1950), who developed his own "Village Test" in 1945, and Roger Mucchielli, who published his "Test of Imaginary Village" in 1960.

HEDDA BOLGAR AND LISELOTTE FISCHER

In Austria psychoanalytically-oriented clinicians Hedda Bolgar and Liselotte Fischer developed the "Little World Test," a projective diagnostic instrument for adults using 232 miniatures in 15 categories on a large table (H. Bolgar, personal communication, October 27, 1991). Their scoring system offered a valuable method for observing client's behavior as well as for understanding miniature productions, which caught the attention and imagination of clinicians who were interested in projective testing.

When they immigrated to the United States in the 1930s they brought the test with them, hoping to publish it and use it as a standardized instrument. Unfortunately, these hopes were never realized, even though the test had great popular appeal (Bolgar & Fischer, 1947).

RUTH BOWYER

In Britain, Ruth Bowyer, a faculty member at the University of Bristol and later at the University of Glasgow, developed norms for the World Technique, using it to determine the emotional adjustment of

deaf children (Bowyer & Gillies, 1972; Bowyer & Gilmour, 1968; Bowyer et al, 1963, 1966). She also wrote the book, *The Lowenfeld World Technique* (1970), which surveyed all of the published research from its inception.

In addition to her normative research, Bowyer (1959) made a significant contribution to the sand tray by researching the use of sand in the tray. During the mid-1930s and 1940s many clinicians and researchers abandoned Lowenfeld's original emphasis on the use of sand. Buhler, for example, did not use sand in her test because her student, van Wylick (1936), had found that using sand made no difference in her experimental results (Bowyer, 1970). Twenty years later, Bowyer analyzed Van Wylick's results and determined that the findings may have been affected by a too small sample size ($n = 50$) and/or by the subjects' young age (all were under 10 years old). This conflicting result prompted Bowyer to conduct additional research to determine if sand were an important element. In her study of both children and adults (Bowyer, 1956, 1959), she found that the use of sand increased the richness of expression, added more information to the analysis of the production, and gave an added dimension to the experience of creating the World. In addition, she found that manipulation of the sand could indicate good intelligence after the age of 12, as well as be indicative of inner imaginative resources.

DORA KALFF

Margaret Lowenfeld also influenced Dora Kalff, a student and colleague of C.G. Jung in Switzerland. In 1937, Lowenfeld presented a case using the World Technique at an International Congress in Paris, which was attended by Jung. Some 13 years later, when Kalff indicated her desire to work with Lowenfeld after attending a presentation in Zürich, Jung recalled her case presentation at the Congress and encouraged Kalff to study with Lowenfeld (Kalff, 1990). Jung was personally aware of the healing powers of his own imagination. After his painful break with Freud in 1912, he himself had found healing as he played on the shore of Lake Zürich using small objects to build his own imaginative world (Jung, 1961).

In 1956 Kalff went to London to study with Lowenfeld. At the request of Emma Jung, Michael Fordham, pioneer in Jungian child therapy, personally introduced Kalff to Lowenfeld and acted as Kalff's mentor while she was there (M. Fordham, personal communication, August 1, 1990). In the late 1920s and 1930s Jungian child therapy had begun to emerge as a growing interest in London. Over the next thirty years, Michael Fordham (1944) and Frances Wickes (1927), as well as other writers began to establish a unique Jungian view on child treatment. These writings emphasized: the effect of the parent's unconscious on the child, the importance of transference and counter-transference, and the understanding of both the archetypal and developmental dimensions in child therapy.

After a year of study with Lowenfeld, Kalff returned to Switzerland and began to integrate her Jungian approach with her previous study. This integration added yet another significant clinical dimension to the sand tray by infusing a symbolic, archetypal orientation into Lowenfeld's perspective. Kalff's expanded framework allowed the tray to be used in what she called a "free and protected space" by both adults as well as children. She also saw the sand tray as a means of contacting and expressing preverbal levels in the unconscious, thus activating regenerative energies. Kalff called her approach "Sandplay" (Kalff, 1971).

CURRENT EMPHASIS

Now, after 60-years of sand tray development, the emphasis today is on using sandplay as a therapeutic tool of self-expression and healing, rather than as a diagnostic instrument (like Buhler's "Toy World Test" or Bolgar and Fischer's "Little World Test") or as an instrument mainly of communication (like Lowenfeld's approach). Lowenfeld's contributions continue to be recognized through the "Dr. Margaret Lowenfeld Trust," housed at Cambridge, London, which maintains the collection of her works and letters. The Trust also sponsors a yearly seminar for researchers and practitioners interested in exploring the relationship between emotions and nonverbal thought (Unwin & Hood-Williams, 1988).

The current emphasis on the therapeutic aspects of sandplay is due to the worldwide influence of Dora Kalff. Before her death in January of 1990, she addressed audiences throughout the world often in their native languages. She carried the spirit of the work in a most charismatic manner, igniting the imagination of her audiences by making the images and stories in sandplay come alive. As a result, many psychotherapists and Jungian analysts have integrated sandplay into their practices. Its spontaneous, immediate, and nonverbal aspects invite the client's inner struggle to become visible and concrete in therapy. Physically engaging the sand as well as connecting to the symbolic realm add an additional dimension to any therapy. Sandplay offers a compatible and creative balance to the verbal and rational aspects of traditional therapy.

Since sandplay is one of the few therapeutic techniques in which language skills are not necessary for understanding the expressions of the psyche, it has become a truly cross-cultural method that is practiced worldwide. In North America, sandplay has gained particular popularity in Canada, California, Florida, Hawaii, Minnesota, and New York. Sandplay is one of the major psychotherapeutic approaches used in Japan. Centers of interest are also in Europe, particularly in England, Germany, Italy, and Switzerland.

While the use of sandplay continues to grow, the art of sandplay is at a time of transition. The early pioneers are gone, while at the same time the surge in popularity has brought an increased demand for education and training. For sandplay to continue growing and moving in meaningful new directions that continue to remain true to the spirit that has propelled it for over 60 years, it is important that those using sandplay have a broad and deep understanding of its rich and varied history.



NOTES

1. Sand tray is the generic term referring to the therapeutic technique of using miniatures in a shallow box painted blue on the interior and partially filled with wet or dry sand. Sandplay is the term created by Dora Kalff to differentiate her Jungian-oriented technique from Margaret Lowenfeld's "World Technique."
2. Helena Wright, Margaret Lowenfeld's sister, later became a significant leader in the birth control movement and led the fight to gain acceptance of the practice of contraception. She was also instrumental in changing the opinions of the medical hierarchy, eventually making contraception a medical specialty in its own right (Evans, 1984).
3. The prevailing theory in London at that time was psychoanalysis.
4. In the early 1940s, Erikson changed his surname from "Homburger" to Erikson" to denote his Danish ancestry, while keeping Homburger as a middle name out of respect for his stepfather. His early writings on the Dramatic Productions Test are under the name "Homburger."

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