

Sandplay Therapy: Connecting the conscious with the unconscious by building bridges on sand

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How it All Began

FROM the most unlikely of beginnings, Sand Therapy has grown to become one of the most powerful therapies available for both adults and children. At its heart is the understanding that, like the body, the psyche has the ability to heal itself under the right conditions and within a protected environment; And because it uses symbols and miniatures rather than speech to explore feelings and experiences, it often succeeds where words sometimes fail.

Like many great ideas, it had the most innocent of beginnings: starting with the father of science fiction, HG Wells, playing games on the floor with his children using toys and other materials to build fictional worlds and storylines.

His subsequent book on the subject 'Floor Games', which was published in 1911, would go on to prompt British Child psychologist, Margaret Lowenfeld, in 1928 to fill a box with similar objects in her clinic in London and to encourage her young patients to create stories in the sand boxes she also provided.

Her aim, she explained later, was to "devise an instrument with which a child can demonstrate his own emotional and mental state without the necessary intervention of an adult either by transference or interpretation, and which will allow a record being made of such a demonstration. My objective is to help children to produce something which will stand by itself and be independent of any theory as to its nature."

Lowenfeld (1978, 1993)

And because her young patients had christened the box of items "the world" — as it facilitated the creation of an infinite number of their imaginary worlds — she titled her new therapy the 'Lowenfeld World Technique'.

A Brief History

Lowenfeld published her first book *Play in Childhood* in 1935. In it, she described play as "an essential function of childhood basically concerned with the adaptive process; related to that process which must continue throughout life and which profoundly affects man's ability to survive in his physical universe and ever-changing social environments." One of the purposes of play, she explained in her introduction, was to create "the bridge between the child's consciousness and his emotional experience, and so fulfils the role that conversation, introspection, philosophy, and religion fill for adults."

Her first professional presentation of the new technique was in London, but a demonstration at a conference in Paris in 1937 was especially well received where the 'world' she presented was analysed by Carl Gustav Jung. Importantly, in a paper presented the same year to the British Psychological Society, Lowenfeld minimised the accepted analytic theory that considered transference between the patient and therapist as essential, and instead offered the view that transference was to the tray rather than the therapist. She explored this thesis further in 1939 in response to strong criticism of it by the Austrian/British psychoanalyst, Melanie Klein: "In the psycho-

analytic approach the analyst is the agent confronting the child with the ‘meaning’ of his play by the interpretation given by her to it. In ‘Worlds’ the child is confronted by a piece of his own feeling, thinking, remembering-life set out by himself for his own study. A transference situation, that is, a transference to the physician rather than to the material, is an intervention between the part of the child that made the ‘World’ and the part that regards it... There is an extraordinary force in this confrontation [when the child views his/her own sand tray scene]; the child having made the picture has to accept it as his own; the force of the statement brings home to him its reality.” *Lowenfeld 1939:87-8*

It was Dora Kalff — Carl Jung’s next-door neighbour and, later, student — who saw the real potential in developing a Jungian model of World Technique after attending a 1954 lecture by Lowenfeld at the Jung Institute in Zurich.

She later went to London and studied under Lowenfeld before adapting the World Technique to a Jungian model and eventually extending the use of sand trays and objects for adults.

Kalff called her version *Sandplay* and it differed from Lowenfeld’s technique principally on function: while the Briton saw each ‘world’ as a diagnostic tool, the Swiss analyst saw the exercise itself as therapeutic.

Margaret Lowenfeld saw the pictures and worlds created in the sand tray as a way for the patient to communicate inner conflict, thoughts and emotions that they could not, or were unwilling, to speak of. Therefore, what the ‘worlds’ displayed to the therapist formed the basis for subsequent therapy. Kalff on the other hand, steeped in the Jungian theory that the psyche has an innate tendency to move towards balance and wholeness, saw the creating of the worlds and pictures in the sand tray as a function of transformation — a real-time reordering of the psyche — rather than a simple diagnostic tool.

This fundamental difference of approach meant that while Lowenfeld was inclined to interpret her patients’ worlds during treatment, Kalff saw greater merit in delaying or often not interpreting at all. Opting instead to create a “free and protected space” where clients felt fully accepted, protected and free to experience transformation at the deepest level of their psyche as they engaged with the sand.

In the late 1950s Lowenfeld and Kalff agreed on the latter naming her technique ‘Sandplay Therapy’ in order to differentiate it from the ‘World Technique’ of Lowenfeld. Both initially worked exclusively with children but eventually extended their work to include adults.

Margaret Lowenfeld died in February 1973, Dora Kalff almost 20 years later in 1990 — less than eight decades after HG Wells’ book about his children’s imaginary games first spawned a technique that would inspire some of the greatest minds in psychotherapy, and go on to help countless clients to make visible in the sand that which was impossible to see on a conscious level. Which is a somewhat ironic achievement for an author who once wrote a bestseller about a scientist who perfected a way to make himself invisible — but couldn’t reverse the process.

How My Practice Works

Today, sandplay therapy is recognised as a deceptively powerful tool for those therapists who have been trained in its use and is as widely used with adults as it is with children. In *'What is Sandplay Therapy'* for the C.G. Jung Institute of Los Angeles, Jungian sand therapist Harriet S. Friedman explains that sandplay therapy gives both children and adults the “opportunity to portray, rather than verbalise, feelings and experiences often inaccessible and/or difficult to express in words. Sandplay also provides a balance to the extraverted, verbal, and outer-focused everyday world.... A basic premise of Sandplay therapy is that the psyche possesses a natural tendency to heal itself, given the proper conditions. Similar to how our physical wounds heal under beneficial conditions, the psyche also has an instinctual wisdom that emerges when left free to operate naturally in a protected environment. The aim of Sandplay is to activate healing energies at the deepest level of the psyche through the use of miniatures and the sand tray to reflect the client’s inner world. By this symbolic activity and through the experience of free and creative play, unconscious processes are made visible in this three-dimensional form, much like the dream experience.”

In my own practice at the Lynnbrook Centre in Co. Louth I use sandplay — though not exclusively — with both my clients and supervisees. At the centre, we also offer introductory workshops on Jungian sandplay therapy as well as advanced courses for suitably qualified therapists. Supervision sessions with graduates of these courses always centres around sandplay therapy. This is also the case with our group supervision sessions for qualified sand therapists.

I qualified as a sand therapist in 2010 after studying under Dr. June Atherton who had been trained by Dora Kalff. In the first years after qualifying about 1 in 10 of my clients would engage with sandplay therapy. Today that figure is nearer 7 in 10. I think this growth in its use is more a reflection of my confidence and experience with the therapy than any greater openness on the part of my clients to engage with what can often be seen initially as childish games.

I use two sand trays, one with wet sand in it the other with dry sand, and I have an extensive collection of symbols/miniatures which I add to on a regular basis. These range from the simple (a tiny stone, a piece of string, a twig) to the bizarre and unusual (a doll’s blinking eye, the Grim Reaper rowing a canoe filled with corpses, a three-inch high plastic Cerberus), and hundreds more in between such as small houses, soldiers, fairies, monsters, animals, doors, cars, people, religious icons, etc.

My sandplay therapy room is separate from my counselling room. This gives me the dual benefit of not having the distraction of all the symbols during a counselling session, and also the freedom to introduce a client to sandplay therapy only at the appropriate time. This can be as soon as the second or third session, or not at all, depending on the client.

Male clients typically respond more negatively than female clients when first introduced to sandplay therapy, though both gain as much if they engage with the process and usually become very enthusiastic even after the first tray. Children of course see the sandplay therapy room as exciting and wonderful, and are always willing to engage in the process. Unlike adults, children will typically add lots of symbols to one or both sand trays in their early sessions. Thereafter, the tray contents usually become more focused and the number of symbols fewer.

With their permission, I take photographs of every client's completed sand tray and I find it especially gratifying to look back on the images of a child's first trays and compare them with those of their final trays. Taken as a whole, these represent a vivid 'movie' of the psyche at work and the progress even the tiniest of minds can make if the therapist merely offers a safe and protected place for it to grow.

Using sandplay therapy while working with a family can be very instructive. Especially in the early sessions where a child's completed tray can be a physical representation of their perception of family dynamics — and often informs surprised parent/s that their child knows much more than they thought they knew about the family and its problems. Sometimes in family therapy the sand tray session is a diagnostic tool. Sometimes the process is a healing experience for the family. Regardless, these sessions usually take longer to complete than a one to one session.

Super Vision

All qualified sand therapists who are working with clients in the sand are required to have sandplay therapy supervision with a qualified sand therapist supervisor.

At a typical supervision session, the supervisee sand therapist brings the symbols that their client worked with and re-enacts the client's tray on the supervisor's sand tray. They then look at the tray together and discuss their observations. This is a very powerful method of supervision and is gratifyingly challenging for both participants as they explore the connections and suggestions contained in the tray.

The most important aspect of the supervisor's role is to provide a safe space for thinking, feeling, reflecting and learning. The supervisory relationship can become a space in which the therapist is free to 'play'. Play in the sense that the therapist can think flexibly, take risks with ideas and allow creative thoughts to come forth. The supervisee should feel free to reflect upon and learn from the experience and arrive at a fresh understanding of the client and their difficulties.

This was no time for play

This was no time for fun

This was no time for games

There was work to be done

(The Cat in the Hat Comes Back - Dr. Seuss, 1958)

Playfulness, so long as it is respectful to clients and supervisees can be very enlightening. The work can continue to be serious but the enjoyment of it can be enhanced. "The relationship that is created through an experiential and activity-based supervision allows for a reciprocal experience between supervisor and supervisee." (Ginott, 1959).

Because of this, many of my non-sand therapist supervisees make use of the sand trays during their supervision sessions. At the very least, creating a physical representation of the supervisee and their client's relationship can give greater clarity to the relationship. But often, the physical act of choosing and placing of symbols to represent the 'players' and their 'worlds' can reveal significant elements that were not at all obvious before.

Keeping creativity alive is not easy, however, for both the supervisor and the supervisee. It means persevering, and being open to the unknown. It takes time to develop and is only attainable in a trusting, safe environment. Once attained it allows us to use our imaginations to explore relationships in a creative way and to learn more about ourselves and our clients. It requires us to be more trusting and curious about something unfamiliar, something different and unknown. Play, as Winnicott (1980) reminds us, "is fundamental to the development of both the individual and to society as a whole, involving as it does a symbolic and hopefully creative experience resulting in real and beneficial changes to both the internal and external world."

That said, supervisees should never feel obliged or be coerced into sandplay anymore than clients should. Not all supervisees are sufficiently free of anxiety to engage in sandplay supervision. Some may feel uncomfortable or vulnerable with such an expressive process, and their position must be respected.

Because of this, any discussion about the benefits of using nonverbal approaches should not offer an expectation on the part of the supervisor that the supervisee will engage with it, and any reference to it in the supervision contract must make it clear that such practices are optional.

Often The Hands Know...

Carl Jung in Complete Works book 8, para 180, talks of clarifying the vague content of dreams by giving it visible forms, either through drawing, painting or modelling because "Often the hands know how to solve a riddle with which the intellect has wrestled in vain." The same happens in the free and protected space of the sandplay therapy room as the unconscious not only emerges visually through the symbols; over a series of trays, the therapist is often privileged to witness the very crafting action of the psyche as it adjusts and repairs a client's deepest internal conflicts.

As Dora Kalff puts it: "In sandplay it immediately becomes clear that the human being can come closer to wholeness. It becomes possible to break through the narrowing perspective of our bogged-down conception and fears and to find in play a new relationship to our own depth. Immersed in play, the person succeeds in making an inner picture visible. Thus a link is established between internal and external." (Journal of Sandplay Therapy, Volume 1, Number 1, 1991.)

Final Thoughts

My own journey through Jungian Sandplay Therapy has been painful, challenging and very rewarding. It has brought me to some of the darkest corners of my unconscious as well as some of the brightest. It has helped me grow, taught me humility, encouraged me to learn more and enabled me to celebrate my achievements. Most importantly, it has made me a better therapist.

But then Dora Kalff could have predicted all that. So, by explanation, I'll leave the last words to her:

“In order to be capable of carrying out the sandplay task, the therapist/counsellor, in addition to psychological training, must be able to fulfil two all-important prerequisites:

“1. Since the sandplay process expresses itself in a symbolic language, a profound knowledge of the language of symbols - as expressed in religions, myths, fairytales, literature, art, etc. - is indispensable. This applies especially to the depth-psychology interpretation of symbols as developed by C. G. Jung. Above all, one must have experienced these symbols and their efficacy on the basis of one's own psychic maturation process. Only this practice makes it possible to accompany the client's experience effectively.

“2. On the other hand, as we have already seen, the therapist/counsellor must be capable of establishing a free and protected space. What we want to mediate for others should emerge from our own experience. This means that the therapist/counsellor should possess an openness that is the fruit of an open encounter with one's own dark and unknown sides. Also important at the same time, however, is an experience of one's own deep-seated positive potential — an experience which guarantees an inner security which thus enables one to create a protected space for others.

“Finally, it is decisive for successful work to have a positive motivation, which sets as its objective the creation of a space for the client which will enable coming closer to wholeness in an independent manner. This intention should be combined with the striving, through ongoing work upon oneself, to deepen one's own capability of giving authentic and non-self-seeking help.” (ibid.)

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