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## Is There a Father in the Sandplay Therapy Room?

by Yvon Rivière, PhD

“The purpose of research is not to imagine that one possesses the theory which alone is right, but, doubting all theories, to approach gradually nearer the truth.”  
(C. G. Jung, C.W. 8, p. 569)

Reading Dora Kalff's (1981) *Sandplay: A Therapeutic Approach to the Psyche*, I was struck by the identification of the therapist with a “good mother”. The author does not seem to set boundaries, on the contrary, in her introduction she writes: “I believe it is important not to separate the place of my practice from the environment and atmosphere of my home where it occurs” (p. 37). She describes what children can do and explore in her house: “If possible, I give them free range of the house” (p. 38) from the basement to the attic in which they search for treasures, from the stove on which they climb to the windows from which they look at birds or the garden in which they can make fires. She does not seem to set time limits either, she does not mention how she deals with confidentiality with the parents, and more generally does not mention the conditions necessary to create a therapeutic *temenos*. No limits are given to the patient by the therapist. The only mention of limits is in the dimension of the sandbox: “The measurement of the sandbox, which are scaled down to man’s size, thereby setting up limits ... and providing a frame wherein the transformation can take place” (p. 39). In our view the box is the metaphor of the strength (or lack of strength and consciousness) of the therapist to hold the therapeutic frame. Its holding capacity will therefore be a reflection of the therapist frame and his ability to understand, to set limits and to bring security to the patient. Dora Kalff believes that a “free and sheltered space” (p. 29) is necessary for

transformation. She seems to assume that a therapist with good will, acceptance and tolerance of everything coming from the patient is enough to build that space and allow the resolution of unresolved issues and inner conflicts through the self-healing capacity of the psyche. This reflects a very optimistic view that was also common in the first generation of Jungian analysts. To encourage free use of her home can be seen as a symbolic motherly wish to bring the child back “*in utero*”, before the time when the limitations of reality were experienced. Such an attitude probably agreed with Dora Kalff's personality and personal history. It reflects her openness and devotion to her work and inspired many therapists. This identification with the position of a good mother she felt children lacked proved most useful when a positive regression could be achieved. However it seems to eliminate the father from therapy and it also carries a shadow.

After a brief account of the fatherly position in the history of psychoanalysis, I would like to show the limitations of a purely motherly attitude through a case presented by Dora Kalff and to explore the possibility of a fatherly attitude through the presentation of another case.

In therapy, the metaphor of the father has taken specific meanings. S. Freud (1923) or M. Klein (1934), among others, could exemplify the paternal function of the therapist. Freud identified with the position of a stern, forbidding father, guardian of the reality principle. Therapy is work, a battle that the Ego must win over resistances. Therapeutic frame (rule of abstinence, fixed money, time and space setting) is strict and precise to allow the therapist to become aware of any acting out trying to manipulate the frame and to allow the patient to take a distance from what he feels the impulse to do. Containing the impulses instead of discharging them allows an inner symbolic space to develop. The patient can then become aware of his impulses and elaborate them. The therapist is not there to be a substitute of the mother and satisfy the desires that the patient feels should have been fulfilled by his mother when he was younger. He avoids any gratification (answering demands or questions, encouraging, approving, accommodating a change in schedule, extending the duration of a session, etc.). Receiving no answers from the therapist develops

### Editor's Note

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autonomy in the patient who has to find his answers in himself instead of becoming dependant of the therapist (as the child is depending on the mother). The law of the father prohibits incest; there will be no touching or social exchange between therapist and patient so that the therapeutic space will remain strictly symbolic. The therapist is in the position of a third, a detached, observing, scientific witness using interpretation, main tool of psychoanalysis, to invite the patient to join him away from the familiar, away from his defensive Ego position and away from the dyad with the Oedipal mother.

Working with children, M. Klein (1934), although a woman had a similarly 'fatherly' attitude; she used play to get to the underlying fantasy in the children's mind that was occulted in the manifest content of the play. For her, the therapist role is only to interpret and he should carefully avoid any other type of intervention. Through commenting on the present dynamics of the inner war taking place in the psyche, the therapist gives the child conscious access to the latent impulses that his fantasy reveals. This allows the child to become aware of his inner conflicts, usually in relation with the actual therapeutic interaction. Melanie Klein considered real deep security came to the child only when his unconscious feelings were understood through accurate interpretations (a very different stance from Dora Kalff's safe space). Paradoxically, because of her emphasis on the actual transference in the analytic relationship, Melanie Klein gave rise to several therapeutic orientations that were more "motherly" oriented, like D. W. Winnicott (1975).

Unlike M. Klein (1934), D. W. Winnicott (1975) gave therapeutic value to playing in itself; he did not hesitate to get involved physically with the child playing. He claimed that the support of the therapist (that could go as far as holding his hand when in agonizing anxieties) could allow the patient to feel secure enough to risk being himself and confront his most primitive anxieties, especially for patients who had not reached an Oedipal level of development. In the history of psychoanalysis, many others developed therapies promoting a "corrective emotional experience": Ferenczi, with his relaxation technique, gratifying to some extent the patient to undo effects of early deprivation or trauma; Otto Rank, validating the patient's will and creativity... They were all labelled as using "suggestion" and being "non-analytic" (i.e. non-scientific) (Seinfeld, 1993). The same argument is sometimes used against sandplay therapy nowadays.

Jung, who questioned the authority of his own father and the authority of Freud, thought that because Logos (culturally equated with man and father) is

needed to struggle out of the primal warmth and darkness of the womb, in the modern world it has brought a domination of the patriarchal way of thinking through discrimination and differentiation by the rational intellect. He therefore stressed the need for a compensatory symbolic, more motherly way of thinking that emphasized the importance of the totality of life. Nevertheless he considered both positions as necessary for individuation as well as for therapy. In his book on *The Psychology of Transference* (1980), he shows the need for the therapist to get emotionally in the "bath" with the patient, but at the same time he stressed the need to keep one foot out in order to be able to see from outside what is taking place in the interpersonal therapeutic field and to avoid merging in a *folie à deux* with the patient. This second movement is possible for the therapist thanks to the creation of an intermediary, transitional, metaphoric space between patient and therapist (Winnicott, 1975). If the therapist leaves "free range of his house" to the patient, (metaphorically all his psychic space), he can stay glued in the demands, conflicts or emotional reactions of his patient or in the pressure of outside reality and have difficulty to get the necessary freedom and distance which allows an understanding of what is taking place in the interpersonal field. I will take the example of Kim in *Sandplay: A Therapeutic Approach to the Psyche* to illustrate some limitations of this all good mother approach to which Dora Kalff herself was confronted (Kalff, 1981, pp. 60-82).

Dora Kalff (1981) tells us that Kim was raised by his father who was insecure after his wife's death and did not want to separate from his child. At first Kim appeared very correct and polite, obviously over adjusted and controlling of his real impulses (not expressing his true self). When Dora Kalff offered him to play, he became lively and built a barricade with three light artillery units facing a lot of tanks and heavy artillery. Dora Kalff saw in it the expression of the blocked dynamics of his psyche. She believed it was the result of a lack of motherly protection: "Through the care and above all things through the love the mother gives the child, she implants a feeling of security, the only security which is necessary for the child to develop according to his own potential" (p. 63). I do not agree with the second part of this statement: the mother is not the only security necessary for a child and it does not seem it was the one Kim was lacking at that moment in his development. Aimé Agnel (1999) asserts that a child needs a double skin to feel secure: a centripetal one, which is motherly, protecting from the outside, but also a centrifugal one, which allows the child to develop outside the closed

circle of the mother. I will illustrate it in the following diagram (see Figure 1 on page 34).

This second skin is embodied by the father. For the child, the mother represents the familiar pole of experience. The father on the contrary is the first stranger he meets. The child therefore projects on him his fears and negative experiences. The father's role is to offer a positive investment to oppose the negative illusions of the child's projection. To feel secure the child must experience his father as positive, not fearing the expression of his own emotions and impulses (sexual, aggressive...). Such a father, able to contact his impulses without being dominated by them, is neither acting out these impulses nor afraid of the outside aggression and sexuality. He models for the child the secure way to get out of the enclosed protective circle of the mother and the capacity to express himself in a creative way in the outside world. From what Dora Kalff tells us, we can assume that Kim's father was not such a father: It seems he wanted to keep a connection with his deceased wife by trying to replace her and protect the child from the outside world.

Modeling his father, the child was therefore very controlled and could not get in touch with his liveliness. Dora Kalff (1981) becomes aware of that when looking at his first sandplay where the artillery fight is taking place. She amplifies the number three (of the artillery units) with the three tasks boys have to do in fairy tales to conquer the princess and win the kingdom, but she does not relate it to the need for the heroic task of separating from the mother through a masculine initiation. The adolescent passage (Kim is 12 years old) from the world of the mother to the outer world is in all traditions performed by the fathers. If the number three refers to "the protection of these divine energies" as Dora Kalff puts it, my opinion is that those are the ones of the Father archetype. Three refers first to the father, changing the mother-child dyad into a triangle. Thanks to the playing and her very open attitude, Dora Kalff gave the child the opportunity to express the libidinal, masculine energies that were dammed behind his "good boy" (good to mother) attitude.

Later Kim started throwing darts, first on the target, then on Dora Kalff's "freshly painted panelled wall. ... splinters fell from the wooden walls" (1981, p. 67). She "let him do as he liked" (p. 67). Then the boy was attracted by an air gun. He began shooting at a target, and then Dora Kalff invited him to go to the cellar where he shattered empty bottles. He then said he wanted to shoot down the chandelier in the city theatre! He continued by shooting at a little figure belonging to the therapist's sandplay collection until it

was destroyed. Then Dora Kalff had to ask herself if she had not gone too far in letting this happen: "I was almost afraid he would now want to aim at living people" (p. 69). She experienced there the limits of an attitude embodying an all-loving and all accepting mother. What would she do if Kim aimed the darts at her, a desire which he expressed indirectly when he attacked her walls? Obviously there is a time when limits are needed.

We have to remember that the Mother archetype has a shadow side. When, instead of being the carrier of the projection of the Mother archetype for the client, a therapist identifies with the role of the good Mother, he/she may overinvest in the relationship, be blind to issues outside the Mother's realm, be caught in inner conflicts, find herself unduly responsible for the patient, feel anxious, and sometimes exhausted. It also impairs the patient autonomy and development. Jung mentioned some of these difficulties in his article on "Some crucial points in analysis" (1963). By not giving limits to the child's aggression, Dora Kalff came to embody a mother without limits corresponding to the child without limits that Kim was acting out. Tolerating acting outs without putting limits to them and without analyzing them does not create a safe space for the patient, but may on the contrary increase his insecurity. Dora Kalff became aware of it when she feared that Kim could turn his aggression toward people. For the therapist identifying with the positive Mother, it is also very difficult to recognize his/her own negative feelings toward the patient. D. W. Winnicott (1949) discussed this dynamic in his article on *Hate in the Counter Transference*. Counter transference reactions are unconscious and it is very important for the therapist to keep track of these unconscious emotional responses; a desire to be "good" may occult real counter transference reactions.

It is difficult to make an accurate interpretation of what triggered Kim's aggression. We can only speculate that the child was angry at his mother's death, attacking the "good child" not expressing his real feelings and attacking his father, "incapable of spontaneously showing the child his own feelings" (Kalff, 1981, p. 69). Instead, the father kept protecting him and possibly keeping him prisoner of his guilt toward his mother's death. In the actual therapy, Kim was also attacking the "good therapist". In any case, permitting a discharge of the inner tension through acting out eliminates for the patient the possibility of becoming conscious of the unconscious message he is trying to communicate to the therapist. The unconscious will then repeat its behavior as it always

does (repetition compulsion), as long as its message is not heard, elaborated and integrated. In this case, the child repeated the same destructive pattern in different forms (and might have continued if Dora Kalff had not intervened). Fortunately, as a skilled therapist, Dora Kalff became aware of a need to change position in order to stop the acting out: When Kim started setting fires with a blow torch in her garden, she explained to him that “the blow torch was a very useful instrument with which someone could for instance remove old paint from wood” (p. 69) and for hours they removed old paint from beams of her house together. In doing so, Dora Kalff shifted resolutely from a motherly to a fatherly stance, making a reference to something beyond her and gracefully guiding the child in the outer life, showing him how to use his energy in a constructive way. This intervention was not analytic; it was in the realm of therapeutic suggestion. An analytic response would have been to recognize and name the child's aggressive impulse and to ask him to elaborate verbally what he would like to do, therefore allowing him to separate from what he wanted without denying it. However, Dora Kalff's intervention was successful and Kim's aggression was then contained by the social law of the Father.

Dora Kalff (1981) does not seem to see the problem as Oedipal and believes it is a case of lack of mothering, but the clearly phallic shape of the wheel cannons that fight tanks and armored vehicles (containers where Kim's desires were imprisoned) lead us in another direction. A therapist caught in a good Mother image may fail to see that the aggression is the necessary way for a boy -born from a woman- to break the hold of the mother on him and therefore to access masculinity because it obliges the therapist to be the carrier of the negative Mother for the patient. In our opinion, it is because the boy had dared to assert himself as a man against the Mother therapist that Kim could join the realm of the Father and give a goodnight kiss to his father for the first time in many years. But, in spite of not conceptualizing what was going on in this way, Dora Kalff felt instinctively what she could do to unblock the situation and allow the emergence of a third solution, Jung's transcendent function, which went beyond the inner conflict in which Kim was blocked between submission, (over adaptation, repression of impulses) and rebellion (acting out his destructive impulses). It is when the therapist found a way to express in a creative and not oppressive way her own limits as a therapist and her own resistance to the destruction of the child that she gave Kim the possibility to also contain his aggression. It is not the gratification but the capacity to elaborate creatively the

frustrations, the want and the mourning (of the mother), that allows a child to grow.

According to C. G. Jung: “The Father archetype is opposed in many ways to the Mother archetype ... He rules relationship with man, law and state, understanding, spirit, and the dynamics of nature. Fatherland means limits ...” (1976, p. 47). In our opinion, however useful the motherly approach may be when we look at therapy from a Jungian point of view where psyche is image and images connect with matter and mother, it would nevertheless be unilateral to believe in only one attitude to treat all patients. Jung (1963) himself wrote: “What has been spoiled by a father can only be made good by a father” (par. 182). To start exploring some of the ways in which the Father may be present in therapy, we will take the case of Marc as a starting point.

Marc 30 years old is deeply depressed. Having emigrated 18 months ago from Europe with an MBA, he found only small occasional jobs. He was sleeping poorly, had a very hard time getting out of his home to bring his 3 children to school, and he was afraid to answer the phone or send his curriculum vitae. In therapy, he had been mainly complaining for two months about his father and elder brothers who did not help him when his small business went bankrupt in Europe, ruminating about his incapacities, his anxiety and the unfairness of his situation.



**Figure 2**

When I offered him to play in the sand (see Figure 2), he got very animated and had suddenly lots of energy to choose the cartoon figurines he put to the front left followed by other plastic figures that evoked things he liked in his adolescence: America, skiing and sailing. At the back, a large stone Inuksuk, arms open, seemed to protect that part of the left world where he felt at home. Moving more slowly, he built the right side of the play, which seemed to evoke a more adult world. He first put a tall grey building in the back, a couple, 4 heavy lead soldiers, then a metal plane and a



**Figure 3**

metal school bus. At the end he put an icon of Christ in the centre (see Figure 3).

Jung (1971) writes that: “While the mother is the form of the experience, on the other side, the father represents the dynamic aspect of the archetype” (p. 121). The influence of the form should therefore not prevail on the energy that animates it. A paternal consciousness requires us to step back and reflect on all what is happening in the presence of the patient. We need to explore and understand symbolically the dynamics at play: transferential and countertransferential dynamics, interpersonal and intrapsychic dynamics, dynamics within the sandplay and between trays in a series. These dynamics manifest themselves in what the patient and therapist project in the sand. It is first the patient's hope for a cure and the therapist's faith in the possibility of a healthy development in the patient through sandplay as an efficient therapeutic tool that transform the empty box of sand into an active “potential” space, an alchemical vessel.

Marc for instance, had a dependent narcissistic character. Being depressed, he needed a lot of attention and support from the therapist. His ego being weak, there was very little room for interpretation and confrontation that would have shattered his already low self-esteem. In this situation, I felt stuck and impotent as much as he was, containing his suffering to keep the therapeutic connection without judgment. Doing so, the good Mother in me was supporting the ego's vulnerability and the positive potential of the child. But on the other hand, I also felt I was in front of a spoilt kid letting his wife go to work while complaining about the unfairness of his situation and refusing to

make efforts and to take charge of his own life (he identified with the archetype of the Divine Child). I was getting tired of Marc's complaints but of course there would have been no use in confronting him. My invitation to play was a way of getting out of the vicious and impotent circle in which I was caught with the patient. Coming in the context of a usually verbal therapy, it changed the dynamics within which Marc was also caught. It allowed his body to get out of its immobility, and metaphorically it helped him to get out of his psychic immobility. He left his passive role of complaining patient to play actively as he loved to as a child; he went away from guilt and anxiety that paralyzed him and back to a freedom he thought he had lost.

We cannot ignore intrapsychic and transferential / countertransferential dynamics that constantly activate and potentialize the sand if we want to shift adequately toward a motherly or fatherly tone. We should not ignore that if a motherly, supporting attitude, expressed in the tone of voice, gestures and receptive attitude of the therapist, is required with a depressed dependent narcissistic character like Marc, it is not the same with a schizoid personality, suspicious of any motherly care that will trigger in him archaic fears of being swallowed. Distance, respect of the autonomy, clear definition of the frame and rigorous interpretations are also often needed with psychopaths, paranoids, entitled narcissists with whom a motherly tone will bring more suspicion than connection. They will not take it as supportive until they have established that the therapist is separate, strong and tough enough to survive their toxicity. With psychotics and borderline patients there is an absolute need for a firm containment. A tight therapeutic frame may be metaphorically expressed by providing a smaller tray with higher borders that will defend them from being overwhelmed by the images (archetypal realm of the Mothers). With masochist personalities, a motherly attitude will comfort them in complaining and dependency, while a fatherly attitude will explore their responsibilities in what is happening to them; if it is not done, it is usually the sadistic masculine side of the therapist that risks appearing unwillingly and repeating a damaging experience. Many men have felt castrated by their mother. They need a reference figure which is not caught in the grip of the Mother archetype and who does not fear violence. Sandplay therapists must become aware of these intrapsychic and interpersonal dynamics to be able to interact adequately with their patients and to understand the dynamics within the sandplay.

In the case of Marc, his narcissistic wounds necessitated a holding attitude (he was for instance always looking for approval from the therapist), but his present inner conflict could not be solved by a mothering attitude because it was connected to the access to the world of the father: he envied his elder brothers and was in open conflict with them and with his rigid and rejecting father. In the sandplay, he chose masculine heroes, looking for imaginary support to get out of the realm of the Mother. Unfortunately it is only in the imaginary world that Marc dreamed of being a hero, “parading in a beautiful military uniform” as he described the figurines on the right. In reality he found the real world too demanding; he was strongly lacking in masculine initiation.

Kathrin Asper (1987, as cited in Amman, 1999) and Ruth Amman (1999) make a very useful differentiation between “healing process” which corresponds to the deficit of the primary relationship, requiring a more motherly approach, and “transformation process”, corresponding to an unconscious conflict, requiring a more fatherly approach. However, even in the case of “transformation process”, the interpretations are postponed to the phase where slides are viewed, several months after the end of the process. We would like to question this rule of no interpretation that seems sometimes too dogmatic, as if the creation of the image and its understanding constituted irreconcilably separated ways for the transcendent function. It is obvious that there should be no interference by the therapist with the patient's inner process, especially during the elaboration of a tray, because it would break the fragile skin in which the therapist is in the same psychic space as the patient. Attentive observing and listening to the resonances (feelings, sensations, fantasies, memories...) taking place in us as therapists is the best way to be present. Nevertheless we have to be aware that any movement, any word (supporting, suggesting, amplifying...) or even silence may also be received as an interpretation by the patient, and probably most of our interventions do contain implicit interpretations. Taking notes during the sandplay, as many training therapists recommend, may be felt as a strong rejection by some narcissistic patients, a way of not sharing the play, of not being present with the wounded child. On the contrary counter dependant narcissistic or schizoid patients will feel more secure and more respected if the therapist is far away doing his own things (physically and psychically), sometimes they would even request that he does not look at what they are doing. With Marc, keeping silent after his sandplay might have been interpreted as confronting,

aggressive and judging: “What you do has no interest”. An appreciative nod looking at the sandplay may be interpreted in something like: “In spite of the poor opinion you have of yourself, I find what you do interesting”, which will be received with relief or pride by Marc, but with despise by an entitled narcissistic. If we cannot escape interpretation, the question is rather how we can interpret in a way that is not destructive and most in tune with the inner needs of the patient.

In cases of “healing process”, when a deep regression is under way, even though no interpretation should be expressed verbally, passivity is not enough! I agree entirely with Estelle Weinrib when she writes: “The concrete images in the pictures allow the therapist to know consciously what the patient knows unconsciously. Experience has shown that without the therapist's understanding, the process is minimally effective” (1983/2004, p. 31). It is the relationships between the elements present in the play and the rest of the client's process that allow us to have a living image of the sandplay and to feel the direction it wants to take. If the therapist does not understand what the sandplay is about, what direction the psyche is taking with it, it simply falls in a void in the therapeutic field. The therapist cannot mirror it (even silently) and the patient remains alone in his abandonment and feeling of not being understood. That does not mean that this understanding will be explained to the patient. Ruth Ammann (2002) noted that “Understanding the patient's problems does not mean rationally interpreting them to the patient” (p. 57). A basic Jungian concept is that a conscious understanding by the analyst, even not expressed, opens a path to the patient's awareness and transformation through a kind of unconscious resonance.

We saw that interpretation has been used as the main expression of paternal consciousness in psychoanalysis. Any interpretation is challenging the positions of the patient's ego since it tries to give a voice to the compensatory function of the unconscious. It therefore reveals an alien content, focuses on the unfamiliar, the unexpected, what the ego is unaware of, defensive against and needs to become aware of and change in order to shift his position and become more aligned with his true self. To avoid being destructive, an interpretation should be adjusted to the patient's capacity to relate to it. For D. W. Winnicott (1975) it means the patient should have the capacity to “destroy the object”; if not he would either deny -at best ignore- what is said by the therapist or submit to it. In a Jungian approach, an interpretation is not reductive; it would not be of much use to make an abstract translation of the sandplay: “This is your Shadow,

Anima, Mother complex, a constellation of the Self...” or “This is because of what happened with your father”. It would reduce the live expression of the psyche to a concept.

Empathic to the ego's vulnerability and sensitive to the soul alive in the sandplay, an interpretation can also be a holding experience. During the making of Marc's play I sat silently and tried to be emotionally in contact with what he felt and aware of all the micro-emotions that come up constantly in us when we accompany a play: being surprised at his choice of this or that figure, anticipating or being surprised of their placement in the tray, perceiving the tensions in the player and in the tray... When he was playing, and after, when giving his comments, Marc was very proud and wanted to explain everything. He had an energy he had not shown since he had started coming to therapy. He had shifted from his usual controlled, serious, negative and depressive mode (expressed by the right of the play: grey building, metal vehicles, lead figurines of soldiers) to a very energetic and playful energy. He said only positive things about everything he had put in his “nice” tray. He loved all these heroes; he loved the beautiful uniforms of the soldiers. He even loved the drab grey plastic building that evoked his desire to see New York!

Marc's sandplay put in tension the two sides conflicting in him: the child and the adult, the *puer* and the *senex* in Jungian terms. Instead of alternating from one polarity to the other without any integration (playing like a child vs. being depressed) because he did not tolerate the inner conflict, sandplay allowed -as it often does- the polarities to be expressed at the same time. Marc saw everything “nice” because when allowed to play by the therapist, he had shifted to the child-only attitude (left side of the play protected by the mother) but he still did not tolerate at the same time the tension of opposites in himself. Often narcissistic and borderline patients, fearing a confrontation with reality and the Father, will prefer to stay with beautiful archetypal images that feed their narcissism. Some kind of confrontation by the therapist is necessary at some point to allow them to actualize their potential.

Interpretations are ways of confronting the defensive ego position. I would differentiate at least three possible ways of interpreting in the sandplay: metaphorical interpretations, lateral interpretations and amplifications.

Remaining in the imaginary space of the play, metaphorical interpretations help the patient to get in touch with what he does not see but which is there in the image (and in his psyche) and seems to “want” to

be noticed. It starts with the common contemplation of the play: The mere fact of looking at it from the outside with someone else (another point of view) allows some integration. It is not only an image to which he likes to identify himself that Marc looks at, but also another image: the same image seen by someone else. It works like the mirror in fairy tales that does not express what the hero is used to seeing or likes to see, but what is really there and that the hero does not usually see. If he is sensitive to the dynamics at play in the tray, the therapist, silently or verbally, promotes the apparition of the “transcendent function”. Pressing in the opposite direction to the one of the ego, he may actively help the patient feel his own inner contradiction and find a way to overcome his conflict. The joint attention gives more life and presence to the image. Exploring it verbally with questions such as: “what is this figure feeling, what is his name, where does he come from, what is he looking at, what does he want to do, where is he going, what is he telling...” helps the patient to become more aware of these dynamics. This type of exploration is indirectly inductive and interpretative and may give a voice to the solution that starts to appear in the sandplay. The patient will take only what he can and will not have to submit to the therapist's point of view. This “circumambulation” increases the perception of the underlying energies animating that inner cosmos and reinforces the relation between the patient and his process.

I felt that the right part of Marc's image was not as light as he thought and invited him to look more closely at what was there: For instance, I asked him how it felt physically for the soldier in front to be wearing armour. He said that it felt very unpleasant and that he felt small and restrained inside it. When I invited him to look more carefully at the “beautiful” building he associated with the Empire State Building, I noticed that “police” was written, grey on grey, nearly invisible, across the building. Marc exclaimed: “Police! I had not seen it.” Of course behind these interventions is an implicit interpretation of the tray. I felt that the heaviness of the figurines on the right could be interpreted as an image of the depression Marc felt when cut from the child energy. The police building could express the controlling father image that impedes him to feel free as an adult. The patient identifies with the Divine Child and wants to stay in the arms of the *inuksuk* mother. He idealizes what being an adult is: a prestigious soldier, a powerful phallic image “like the Empire State Building”, but he is utterly disappointed and feels impotent in front of the hardness and heaviness of reality. By allowing him to pay attention to what was there, he could tolerate the

experience that did not fit his nice idealized image of what an adult man should be. Even though he was not aware of these things when playing, he could accept them since they were there in the tray. In doing so, I only followed the dynamics of the image itself (the boats and planes going from left to right, the school bus moving from right to left) to establish a connection between the two split sides.

When presenting me his sandplay, Marc did not mention the last figure he had put, the icon (see Figure 3). When a patient seems to ignore some figure, especially if it is large or central, it usually means that something is repressed. Judgment is of the utmost importance for the therapist to see whether the patient is ready to get aware of what he does not want or cannot see. The icon appeared to me as a central figure, possibly a supportive figure and probably uniting the two sides. When I mentioned this to Marc, his eyes became wet, and he said he was touched because his faith had been important for him in the past although he had lots of doubts now.

He was the youngest and had always felt despised or ignored by his brothers. He had not experienced a positive relationship with his strict father. The child did not feel adequate to fight for a place in the masculine collective world. For him it was like going to war (hence the soldiers). He froze and panicked if he met an obstacle. His "failures" when he was looking for work had reopened these narcissistic wounds. Transference probably played a large part in the transformation that appeared in his mood that day: The image of a demanding father was projected on the analyst, and therefore Marc had to be serious and depressed with me, but when he was told to play, he forgot his depression. A positive connection with the father image is what was so missing for him. It meant that it was possible to be in touch with his creative energies and be an adult engaged in the adult world at the same time. The image of Christ, a book under one arm and blessing the player with the other hand, manifested that union of opposites. This Father image is a carrier of the Self, which is the union of the opposites. The Self is not a good parent, not a good mother or father. It is utterly indifferent, but is carried temporarily for the child by the mother or the father (and the therapist).

Amplifications are another way Jungians use for indirect interpretation through enlarging the image with cultural associations. Although I did not think of it at the time, Marc's inner dynamic could have been clarified if, looking at the soldier holding a flag and shooting inside a house with a pistol, I had asked Marc to talk about the American Independence war. I could

also have asked Marc if he recalled the story of the little Dumbo in the forefront: He is the elephant who is separated from his overprotective mother, feels "dumb" and has to learn flying with his own ears/wings. He will achieve this with the help of a friendly mouse (therapist!) who has faith in his capacities, makes him believe he has special magic powers and therefore allows him to dare flying. Then the mouse tells him that he has no such powers and that it is his own capacity to face the void that allowed him to fly. Developing such amplifications help the patient elaborate his own inner conflicts without giving him advices.

The repressed energies in the child did find their way in the outside world for Marc. The next week, without thinking of the play, he phoned a ski center to offer his volunteer services as a ski instructor. Being physically active and feeling useful, he regained his lost energies. Two weeks later he phoned an aircraft building company to offer his services on a free one month trial. He was accepted and eventually got a job. For several months, Marc told me how grateful he felt to be working in an airplane company, something he could have dreamt of in his childhood. Every morning, on his way to work, after bringing his children to school, he was stopping at a large church dedicated ...to St. Joseph, the father!

It is only a couple of months later that Marc noticed that what had happened was connected with what he had done in the sand. He remembered that the skier was the closest to him when he was doing the tray and that there were 2 airplanes, one in the left (child) side, and one in the right (adult) side. We talked about the picture in several subsequent sessions, simply because all what was talked about in his life could be connected back to the sandplay, which was therefore an amplification coming from his own psyche. The sand image acted as an anchor for him. We cannot ignore that everything that is said before and after a sandplay is often indirect amplification or what I call "lateral" interpretation of the tray. Several writers (Donelan, 2000, as cited in Turner, 2005; Turner, 2005) agree that sandplay combines well with verbal analysis, dream analysis and active imagination, but then it is impossible to say that there should be no interpretation of the sandplay before the slides are shown after the whole process is achieved: an active imagination may start from a sandplay; it is not rare that a patient dreams directly from his sandplay, with figurines that take life in his dreams; sometimes the sandplay comes as development of a dream and always what occurs in life and is therefore analyzed verbally continues and echoes what happened in the tray. It was

the case with Marc. Since the process takes place in the patient and is in no way limited to the tray, lots of lateral interpretations of the sandplay are made from other material relating to the dynamics expressed in the sand.

The therapeutic process clearly requires maternal consciousness, but it also requires paternal consciousness. Even though the free and protected motherly space created by the sandplay allows a healing regression for so many patients, eventually they all need to get out of that space to enter the fatherly realm of hard reality. The matrix which gives life can also become a narcissistic cocoon that prevents from facing conflicts, frustrations, contradictions and responsibility, all what is needed for human development. "Man discovers the world only when he sacrifices being wrapped in the original mother" (Jung, 1983). Sandplay therapy tends to bypass this necessary sacrifice of the mother. It tends to privilege one aspect of the Self: totality and harmony (inclusion in the motherly) and to forget the fact that the Self is also absolute Otherness (explored by the Fatherly). Psyche needs both functions to develop, connecting and differentiating are the two movements of individuation. As Elie Humbert (1994) puts it, "We live through our capacity for identification but we develop through our capacity for differentiation" (p. 145). In the delicate art of psychotherapy, each therapist must discover for himself the balance between these opposite and complementary positions, between containing the troubled feelings and exploring underlying issues. The world of the Mother and the law of the Father are both necessary from the fecundation of the egg to our death. It is important (Seinfeld, 1993) for the patient to sense warmth and coldness, closeness and distance, maternal and paternal in the therapist to interiorize the bond and be free from imprisonment in a transference neurosis. In the eyes of the analysand, the analyst is paradoxically familiar and stranger (see Figure 4 on page 34)

Transitional space develops not only between the conscious and the unconscious, but also between a motherly vision and a fatherly vision. By pushing away these two visions, the patient can create his/her own vision and become himself/herself. Viviane Julien-Palletier (1991) writes that "The law of the father is as fundamental and necessary (as the presence of the mother...) If the motherly takes precedence over the fatherly (or vice versa) it prepares psychic unilateralism and psychic suffering" (p. 30).

We hope this presentation will provoke, engage, open up and stimulate fresh thoughts and debates on our practice of this wonderful therapy.

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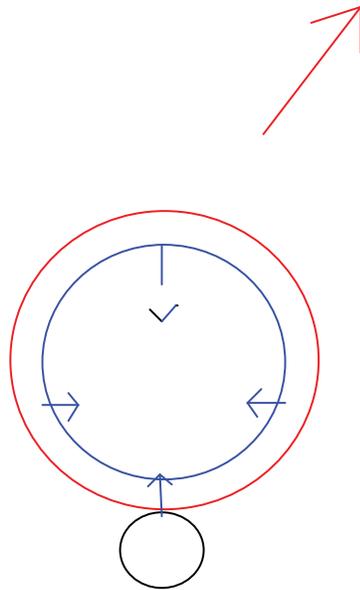
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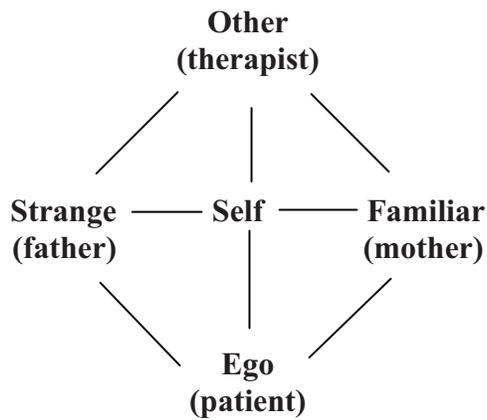
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**Figure 1**

**Motherly and fatherly protective skins**



**Figure 4**

**The therapist as a familiar stranger in the transference relationship**  
(from Aimé Agnel)