

Interpreting Children's Dreams Through Humanistic Sandtray Therapy

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Children's dreams often depict waking-life events and experiences. Although dream work therapy for adults is fairly established, recommendations for processing children's dreams appear fractional. Because of the distinct developmental needs of children, we postulated that sandtray therapy might assist children to express and discover enlarged meanings in dreams. In this article, we present the Sandtray for Interpreting Childhood Dreams (SICD) intervention for the purpose of potentially helping children gain insight into how their dreams may be related to past and present waking-life experiences. An explanation and application of the model is presented, and the developmental rationale for using the SICD intervention with children is provided.

Keywords: sandtray therapy, dreamwork therapy, children

Researchers have determined that children as young as 3 years have dreams and are able to recall and report their dreams (Foulkes, 1982; Honig & Nealis, 2012). Most researchers believe that children's developmental levels coincide with the complexity and abstract nature of recalled dreams (Foulkes, 1982; Siegel, 2005). In an extensive longitudinal study in which children slept in sleep laboratories and were roused from sleep to report dreams to researchers, Foulkes found that beginning in preadolescence, children began to have dreams incorporating their self-image. Thus, Foulkes concluded that as early as preadolescence, dreams reveal what children think of themselves.

Contrary to Foulkes findings, recent research indicates that children as young as 3 years report having dreams that contain complex thoughts and representations of self (Honig & Nealis, 2012). Honig and Nealis found that 33% of children's dreams (ages 3 to 5) had the child dreamer represented in the dream and 30% included family members. Boys tended to have dreams depicting monsters, and girls were inclined to have dreams with family members. Overall, the authors asserted that, through the process of having children share their dreams with a trusted caregiver, children's rate of dream recall was advanced.

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In a recent study, Siegel (2005) examined thematic content of dreams and found that as children mature, they exert more independence and have an active versus passive role in their dreams. Similarly, Muris, Merckelbach, Gadet, and Moulart (2000) found in their examination of dream content that 80% of children aged 4 to 12 reported having frightening dreams. Interestingly, children's frightening dreams consort to fears and worries common to particular age groups and developmental levels. For example, younger children (ages 4 to 6) recounted having scary dreams containing imaginary figures (monsters, ghosts), and older children (ages 10 to 12) had disturbing dreams about being kidnapped. Muris et al. emphasized that as children become independent and garner knowledge of the world, they increasingly move from dreaming about imaginary to realistic images.

Researchers have determined that past and present traumatic experiences can be represented in dream content (Domhoff, 2001). Recollection of traumatic dreams may indicate neuropsychological brain integration of traumatic experiences into one's waking life (Punamäki, Ali, Ismahil, & Nuutinen, 2005). In their study, Punamäki et al. (2005) found that, on average, Kurdish children (ages 9 to 17) who had experienced high levels of war trauma had more dreams characterized by death and destruction, fear, anger, and hostility compared with Kurdish children who had been exposed to lower levels of trauma. Further, child dreamers who reported having frequent disturbing dreams were more likely to have poor mental health adjustment to traumatic events compared with children who revealed having positive dreams.

In another investigation, Schredl and Sartorius (2010) examined the dream content of children (8 to 14 years) identified with attention-deficit hyperactivity disorder (ADHD). Compared with a control group, children with ADHD were inclined to have dreams represented by intense negative emotions. Schredl and Sartorius stipulated that children with ADHD tend to have perpetual negative dreams because they often experience behavioral difficulties and subsequent reparation in their waking lives. The authors concluded that because children's waking lives are represented in their dreams, treatment interventions for children with ADHD should include dream work therapy (Schredl & Sartorius, 2010).

Gauchat, Zadra, Tremblay, Zelazo, and Seguin (2009) examined children's emotional and behavioral functioning in relation to recurrent dreams because they hypothesized that children with recurrent dreams would have more emotional difficulties compared with children that did not have recurrent dreams. In their study, Gauchat et al. found that 11-year-old boys who reported having recurrent dreams were significantly more likely to have higher aggressive behaviors than those who did not have recurrent dreams. Thus, it appears that for 11-year-old boys, recurrent dreams might suggest the presence of emotional difficulties.

DREAMS IN THERAPY

Because dream content is related to waking-life experiences, analysis of dreams is considered a helpful tool in understanding individuals (Burnham &

Conte, 2010). Nearly every major theoretical approach in psychotherapy has developed a method for understanding and interpreting dreams in adults. Dream analysis began in 1900 with Freud's *Interpretation of Dreams* and continues today with advanced dream work models, including Hill's (1996) cognitive-experiential model, which has the most extensive evidence as a dream work intervention (Pesant & Zadra, 2004). Hill's model consists of three stages: exploration, insight, and action. In the exploration stage, dreamers are asked to share their dream and then associate thoughts and feelings to each salient image in the dream. In the insight stage, dreamers determine what they can adjust or change in their waking lives based on the insight they derived through the dream work process.

Whereas adult models of dream analysis exist, it is difficult to find dream work models for use with children. As is typical in models of psychotherapy, dream work interventions for children have evolved from adult dream work models. Within the literature, one can find few articles and case studies describing the use of dream work in child psychoanalysis (Eismann & Purcell, 1992; Karush, 1998; Medici De Steiner, 1995; Spiegel, 1994). In a case study of a 9-year-old boy who suffered severe nightmares, Karush (1998) asserted that due to her client's resistance, dream work processing was "the glue of the therapeutic alliance" (p. 203). Karush argued that therapists can access children's unconscious by processing dreams and that dream work therapy is a necessary adjunct to traditional talk or play therapy.

In a quasi-experimental study, Eismann and Purcell (1992) examined the efficacy of a clearly delineated, four-phase group dream work model established from the Senoi culture. In the first phase, one member of the group shares his or her dream. Within the second phase, group members ask questions of the dreamer to elicit clarity on the dream. Then, all group members retell the dream from their own perspective and are instructed to change the ending of the dream. In the third phase, the original dream and one alternative dream is reenacted by the group. In the final phase, group members create pictures incorporating difficulties inherent to the dream, solutions to the problems, and resolutions to the struggles in the dream. Although there were many methodological flaws with this particular study, the results indicated that, as a result of the intervention, children developed an increased sense of empowerment, social support, and problem-solving skills. Children also reported that the dream work process led to increased insight into their personal lives (Eismann & Purcell, 1992).

Another dream work intervention implemented with children is Imagery Rehearsal Therapy (IRT), which is one of the most studied interventions utilized for adult nightmares (St-Onge, Mercier, & DeKoninck, 2009). In IRT, dreamers are asked to change their nightmare to positive imagery, and then visualize and rehearse this newer, positive dream image while in a relaxed state. In their modification of IRT for use with children, St-Onge et al. asked children (ages 9 to 11) to practice IRT immediately before bedtime the night after they had a nightmare. After a single training in the procedure, children were able to employ IRT at home. In comparison with a no-intervention control group, children who utilized IRT had significantly fewer nightmares.

DREAM ANALYSIS IN SANDTRAY THERAPY

Margaret Lowenfeld (1939) is credited with developing the World Technique, from which modern sandplay and sandtray therapies evolved. Lowenfeld wanted to develop a procedure for allowing children to express themselves without the necessity of adult interference and interpretation. Lowenfeld found that children expressed themselves freely and easily when asked to create their world through the use of miniature toys. Lowenfeld believed that these world pictures clearly represented children's lives in a direct, observable fashion, for which interpretation was not necessary.

Through the creation of sandtray worlds and scenes, children can recreate memorable dreams that consequently allows for children to explore the nature of the dream (Lowenfeld, 1939). Eickhoff (1952), a psychoanalytic child psychiatrist, encouraged the use of sandtray when working with children in understanding their dreams. Eickhoff argued that using the sand helped children revert into a dreamlike space—that in manipulating the sand, children reentered the “unconscious state of the dream world” that they experienced at night (p. 236). Eickhoff further contended she did not need to verbally interpret the trays to clients, as the process and expression of making the tray was, in and of itself, healing.

THE SANDTRAY FOR INTERPRETING CHILDHOOD DREAMS (SICD) INTERVENTION

The SICD intervention was created to fulfill an extant gap in the literature on using sandtray to explore children's dreams. In creating this intervention, we merged a humanistic sandtray model (Homeyer & Sweeney, 2011) with dream work therapy (Hill, 1996) for the purpose of helping children examine unexplored thoughts and feelings associated with a particular dream and to gain insight into how the dream may be related to past or present waking-life events. We also wanted to devise a developmentally appropriate play-based intervention that was sensitive to the needs of older children, operating at concrete operational and early formal operational levels of development (ages 9 to 14). Over the past 2 years, we have successfully utilized the SICD intervention with children (ages 9 to 12) and adolescents (ages 13 to 17) with an array of emotional and behavioral problems. In using SICD, we have observed that children seem eager to creatively express their dream worlds through the use of miniatures. Thus, through this intervention, children can concretely explore thoughts and feelings attached to specific metaphorical images and project their inner feelings and experiences onto objects, all of which leads to a more congruent sense of self.

In creating this intervention, we formulated four specific phases: precreation phase, creation phase, processing the dream phase, and postprocessing phase. In the precreation phase of the intervention, therapists use meditative practices for assisting children to summon up their dreams and for enhancing relaxation. In the creation phase, children use sandtray materials to recreate their salient dreams. In the processing phase, children describe objects in their dream scene, explore feelings and associations with images in their dream, and examine waking-life

triggers. During the postprocessing phase, dreamers elucidate meaning from the dream by entitling the dream scene.

Precreation Phase

In the first phase of the SICD intervention, the child is invited to participate in a meditative process to foster self-connectedness, present moment awareness, and concentration (Chodron, 1996; Kristeller & Johnson, 2005; Salzberg, 1995; Walsh & Shapiro, 2006). The process of meditation begins by encouraging the child to sit in a comfortable position, close his or her eyes, and begin focusing on his or her breathing. Next, the therapist assists the child to focus on the present moment by asking the child to quietly ponder the following statements: "Notice how your chest rises as you inhale"; "Notice the fullness of your right arm and left arm"; "Notice how your right leg and left leg feel against the chair"; "Notice the warmth or the coolness of the air in the room."

After a few minutes, the therapist shifts the focus of the meditative process to the child's dream by asking the following questions: "Think about a dream that stands out to you"; "Where are you in the dream?"; "What are you doing?"; "What are you feeling?"; "Imagine your dream images playing through your mind as if you are watching a movie"; "What images seem strong?"; "What images seem scary?"; "What images seem happy or friendly?" At the conclusion of the meditative process, the child is asked to open his or her eyes. The therapist then proceeds to the next phase of the SICD intervention.

Creation Phase

To begin the creation phase, the child is prompted to recreate the dream in the sand using as many or as few miniatures necessary to construct the scene. During this phase, it is important for the therapist to cultivate a therapeutic environment that fosters internal work (Homeyer & Sweeney, 2011). To foster a sense of warmth and presence while the child engages in creating the dream scene, the therapist may minimally reflect feelings and thoughts and track the child's behaviors as he or she creates the scene. However, the therapist is encouraged to engage with the child nonverbally by keenly observing how the child constructs the scene and by staying fully present.

Dream Processing Phase

To begin the processing phase, the child is asked to explain the scene in its entirety. Depending on the developmental level of the child, the therapist may use an array of communicative techniques for furthering discovery of the dream. During this phase, "the sandtray and its contents become the focus of the discussion rather than the client. With the focus removed from the client, the client is able to more freely discuss his or her issue" (Homeyer & Sweeney, 2011, p. 74). Specifi-

cally, the therapist may enlarge meaning of the dream by reflecting feelings, thoughts, and desires, and by using the following dimensions of the processing phase.

Describe Objects in the Scene

The first step in helping the child to gain a deeper understanding of the dream is to elicit a concrete description of the objects in the scene by asking the child “who,” “what,” “when,” and “where” questions. Because the child’s selection of objects may represent the most salient images in the dream, it is important to help the child uncover the meaning attributed to each miniature. The counselor may ask the child about miniatures that stand out and evoke the most feeling. Importantly, the therapist is cautioned to stay in the metaphor when eliciting information about objects in the scene so the child can maintain therapeutic distance from their current struggle (Even & Armstrong, 2011). For example, the therapist may ask the child dreamer, “What is the dog feeling over here?” or “What happened after the clock came after the girl?” In staying with the metaphor, the therapist esteems the child’s inner world and “gives the unconscious security, permission, and encouragement to open up” (Pearson & Wilson, 2001, p. 42).

Explore Feelings Associated With Objects

The next step in processing the dream image is to draw out the child’s feelings associated with each object represented in the dream scene. Concrete operational children may have difficulty processing affective information; hence, it is important for the counselor to reflect the child’s feelings and rely upon the power of immediacy. For example, the counselor may reflect the child’s sense of anxiety associated with an object by stating, “I noticed you seemed uptight and panicked when you talked about that object.” The primary purpose in this phase is to facilitate congruency in feelings by noticing and accepting how the child feels in the moment and toward a particular experience.

Explore Associations With Object

Another feature of the processing phase is for the therapist and child to work together to explore waking-life associations with each object in the dream scene. The humanistic therapist may ask the following questions to facilitate associations: “What do you think of when you look at that object?” or “What does that object remind you of?” The goal of exploring associations is to assist the child in uncovering salient affective and cognitive elements in the dream scene and to formulate potential meaning conveyed through each object. Studies indicate that exploring associations with objects in the dream scene may uncover difficulties that exist in the dreamers’ interpersonal relationships and family environment—themes that are common to dream work (Hill et al., 2007; Tien, Lin, & Chen, 2006).

Explore Waking-Life Triggers

The next step in the dream processing phase is to assist the child in exploring past or present triggers that may have impacted the development of the dream. Because dreams seem to represent experiences in the child's waking life, the therapist is advised to elicit from the child how the dream may be related to significant experiences. In consideration of the child's developmental functioning, the therapist may need to concretely frame questions that pertain to the child's most recent or salient memories. Through this process, the therapist is encouraged to focus on the child's immediate experience in the moment and to reflect the child's feelings and thoughts. The therapist may also need to use aforementioned information processed in the session for helping the child uncover waking-life triggers. As reflected in the literature, common themes that may emerge include family relationships, interpersonal relationship struggles, and negative perceptions of self (Tien et al., 2006).

Enlarge Meaning

The final dimension of the processing phase of the SICD intervention is to enlarge the meaning of the dream by coupling the child's affect, thoughts, associations, and waking-life triggers. In the process of reflecting the illusive essence of the dream, the therapist promotes the child's sense of awareness and insight. The therapist may also promote further insight by eliciting what the child believes may be the primary message of the dream. The therapist may ask, "What do you think the dream is saying to you?" In articulating questions about meaning, it is important for the therapist to consider the child's developmental capacities and needs. Because concrete operational children are in the process of acquiring the ability to formulate meaning, therapists are encouraged to tentatively reflect meaning attributed to the dream (Ray, 2011).

Postprocessing Phase

Upon processing the dream scene, the child is asked to create a title for the sandtray scene that encapsulates the meaning of the dream. Because the title may serve as a capstone to the dream work session, it is helpful for the child to articulate in a short phrase how they made sense of processing the dream (Even & Armstrong, 2011). Further, creating a title for the dream scene may assist the child in remembering the meaning of the dream and cultivating developmental movement (Shen & Armstrong, 2008). After the child has created a title for the dream, it is important for the therapist to document the dreamer's therapeutic progress by taking a picture of the dream scene. Because many theorists contend that images in sandtray are representations of the unconscious, the therapist is further cautioned about dismantling the scene in front of the client (Eickhoff, 1952; Karush, 1998; Pearson & Wilson, 2001). Therefore, the therapist is encouraged to leave the sandtray scene intact until the close of the session.

CASE EXAMPLE

Mary, age 10, was referred to counseling by her mother for concerns related to excessive sadness and anxiety. Through parental consultations, Mary's mother revealed that she and Mary's father had divorced when Mary was 5 years of age, and since that event, she believed that Mary had exhibited emotional problems. Mary's mother also indicated that Mary's exhibition of anxiety increased around bedtime each night and that she had difficulty falling asleep because she was afraid of her dreams. Because Mary seemed to be operating at a concrete level of development, expressive arts activities were used for facilitating insight and awareness. In the sixth session, the SICD intervention was introduced, because Mary indicated during the previous five sessions that she struggled to sleep at night due to fears about having a particular recurrent dream.

The session was initiated with the following statement:

Today, we are going to talk about the thoughts and feelings you have about your dream. To do that, we are going to use these miniature toys to recreate your dream in the sand. Before we begin, I am going to guide you through an exercise that will help you relax and focus on the present. Then, I will ask questions for you to think about quietly. Please, close your eyes, and notice how your chest rises as you breathe in. Notice how your right arm and left arm feel against the chair. Notice if the room feels warm or cool. Now, I would like for you to think about a dream that stands out to you. Where are you? What are you doing? What is around you? Are you happy, sad, frustrated, lonely? Imagine that you can see your dream as though you are watching a movie. What parts of the dream seem strong? What parts of the dream seem sad, angry, frustrated, scary, happy, or exciting? In a few moments, you will begin creating your dream in the sandtray. When you are ready, open your eyes and begin.

Mary took a few minutes to look at the miniatures and then quickly selected several miniatures. Mary placed a female figurine that she labeled as "herself" in between a clock figure and a dog. Then, Mary placed a box that she labeled diagonally across from the female figurine and stated, "That is my bed."

When asked to explain the dream scene, Mary cautiously reported that her recurrent dream began when she was 5 years old. Mary explained that, in the dream scene, she struggles to get to her bed, because the oversized alarm clock is attacking her. She further expressed that the dog and wolf are present in the room as well. When prompted to describe the objects in the scene that stood out, Mary explained, "The alarm clock stands out because it is large and scary and comes after me." Mary also stated, "I think the dog is there in the room to protect me." When asked, "What do you think of when you think of a dog?" Mary sat quietly for a few moments and said, "I think of friendship and protection. I think of my Mom because she protects me." When prompted to describe associations with the bed, Mary reported that she thought of peace and warmth. Mary also explained that when she thought of a wolf, she thought of fighting. When questioned about her associations with the clock, Mary reported, "I think of running out of time."

While processing associations with each object, Mary seemed anxious when she described the wolf and the alarm clock. She also seemed calm when she mentioned her associations with the dog. When asked, "Which object seems to bring out the most feeling for you?" Mary quickly stated that she felt panicked about the alarm clock and felt calm when she looked at the dog. Next, Mary was questioned about past and present waking-life triggers. Because the dream began when she was 5 years old, Mary was questioned about the biggest events that occurred during that

time in her life. Mary explained that the dream began while her parents were separated and that she was very sad when they divorced. Mary also stated that she remembered thinking that her time with her parents was ending quickly.

To enlarge the meaning of the dream, the following reflection was delivered:

Mary it sounds as though the dog represents protection and family life and that the girl in the dream scene may have felt like she was losing the time she had with her family because her parents were divorcing. I am wondering how the girl in the scene feels as the alarm clock comes near her?

With tears in her eyes, Mary said, "I felt like the wolf, which is my Dad in the dream, was tearing apart our family and that I was not going to be protected anymore." The counselor reflected, "Sounds scary, just like how the girl felt as the clock was coming at her. I am guessing you felt afraid and alone when your parents separated and later divorced." For the remainder of the session, Mary and the counselor continued to process how she had been affected by her parents' divorce. Near the end of the session, Mary was asked to create a title for her scene. After a few moments of reflection, Mary stated, "I am calling my dream *the end of my dream family*" (emphasis added).

Through processing the dream scene, Mary revealed that she felt a sense of loss when her parents divorced and explained that she yearned for a nuclear family life. In the sessions following the dream session, Mary revealed that she began to open up to her mother about how the divorce had affected her. Mary indicated that before processing the dream, she was uncomfortable expressing emotions regarding the loss of her nuclear family. After experiencing the SICD intervention, Mary revealed feeling at ease in having discussions about her experience of loss. Further, she reportedly felt less anxious at bedtime and in her waking life. Ultimately, the SICD intervention seemed to activate Mary's inner healer and foster a sense of self that was congruent with her thoughts and feelings.

CONCLUSIONS

The content of dreams is related to children's waking lives; therefore, treatment interventions that incorporate dream therapy may prove useful for children experiencing emotional and behavioral difficulties. Integration of sandtray therapy and dream work therapy as depicted in the SICD model may provide children and adolescents an opportunity to explore their dreams in a developmentally appropriate manner. Of course, training and supervision in both sandtray therapy and dream therapy is warranted prior to using the SICD intervention. Additionally, this intervention has no established evidence; therefore, counselors should appropriately obtain informed consent prior to implementing the model.

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