Sandtray for Early Recollections with Children in Adlerian Play Therapy

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Abstract

Adlerian play therapy harnesses the therapeutic power of play and a collaborative play therapy relationship to gather lifestyle information, promote insight, and generate through encouragement and reorientation more useful, adaptive functioning. Humanistic sandtray therapy is a dynamic and expressive form of psychotherapy that allows clients to express their inner worlds through symbol and metaphor. The authors present and illustrate a conceptual integration of humanistic sandtray therapy with Adlerian play therapy as a potentially efficient means for collecting and processing the early recollections of children. Additionally, the Sandtray for Early Recollections with Children (SERCh) intervention will be promoted as a medium with multiple therapeutic benefits that supports the practical application of Individual Psychology to play therapy.

Keywords: Adlerian play therapy, children, early recollections, expressive therapy, humanistic therapy, Individual Psychology, sandtray therapy

Adlerian play therapy exemplifies the spirit and tenets of Individual Psychology and applies them within the framework of how children conceptualize, experience, and interact with the self, others, and their world. A unique approach to counseling with children, Adlerian play therapy fosters collaboration, purposeful and pro-social movement, and mastery of life tasks. Kottman (2003) defined Adlerian play therapy as:

An approach to communicating therapeutically with clients using toys, art materials, games, and other play media, giving clients a safe and nurturing relationship in which they can explore and express feelings, gain insight into their own motivation and into their interaction with others, and learn and practice socially appropriate behaviors. (p. 1)

Kottman (2001) and others (Landreth, 2002; Thompson & Rudolph, 2000) suggested that play therapy is a preferred approach for counseling with children because children are better able to communicate with metaphor through play, their natural mode of communication.

The Adlerian practitioner uses many methods of building a therapeutic relationship, gathering lifestyle information, promoting insight, and encouraging the child's adoption of pro-social movement. Recently, authors have suggested that sandtray therapy may be an effective complement to Adlerian
psychotherapeutic practice (Bainum, Schneider, & Stone, 2006; Sweeney, Minnix, & Homeyer, 2003). The purpose of this article is to explore and illustrate a conceptual integration of humanistic sandtray therapy for gathering child clients' early recollections in Adlerian play therapy. Emphasis is given to the symbolic nature of the sandtray medium and the therapeutic use of metaphor when working with children in play therapy.

Adlerian Understanding of the Child

A major tenet of Individual Psychology is the belief that children are born with the innate capacity for purposeful movement (teleology) toward mastery of life tasks, a place of significance, and connection with and contribution to others (social interest). This movement was viewed by Adler as the normal, natural course of a human life (Ansbacher & Ansbacher, 1956). Also accepted as a normal condition of living, the inferiority feeling—a perceived deficit, challenge, or obstacle—presents the child with an opportunity to find constructive ways to adapt and overcome. In healthy and adjusted children, there is a visible purposeful and creative movement from the place of felt inferiority toward perceived confidence and success in mastering life tasks (Kottman, 2003).

Adlerian play therapists believe that children view life subjectively. A child's private logic reveals this subjective view of self, others, and the world and the basic convictions that motivate him or her to behave in certain ways (Dreikurs, 1964; Kottman, 2003). These basic convictions are born of the child's capacity for exceptional observation. However, children have not yet developed competency to interpret these observations accurately. As such, “the conclusions drawn and perceptions formed may be inaccurate” (Kottman, 2001, p. 39).

When the child's attempts to overcome the inferiority feeling are challenged or disrupted, he or she loses courage and adopts basic mistakes in logic. Dreikurs (1964) identified four goals of misbehavior in children that reflect increasing levels of discouragement and loss of social interest: attention, power, revenge, and proof of inadequacy. Adlerian play therapy offers the child tentative conclusions about his or her mistaken goal(s) and fashion interventions for gaining insight and encouraging reorientation to more adaptive thought and behavior patterns (Kottman, 2003).

Consistent with the spirit and philosophical assumptions of Individual Psychology, Adlerian play therapy also actively pursues evidence for healthy adjustment in children. An expected outcome of Adlerian play therapy is the child's adoption of courage (Dinkmeyer & Dreikurs, 2000; Kottman, 2001). In children, courage is displayed as both functional beliefs and behaviors, often expressed nonverbally through play. Lew and Bettner (2000) discovered
that healthy children display four functional beliefs, goals, or traits, called the Crucial C's. The beliefs, "I count, I am capable, I feel connected, I have courage," exist along a continuum and are revealed behaviorally. The reader is encouraged to consult Kottman's (1999, 2001, 2003) discussion of assessing for and building on the Crucial C's during each phase of Adlerian play therapy.

Early Recollections in Lifestyle Analysis

The observations and information gathered about the child help the counselor reach tentative conclusions about the child's personality, or lifestyle. The lifestyle is the totality of beliefs, behavior, themes, and meaning reflected in a person's movement through life toward an anticipated future place of significance and belonging (Dinkmeyer & Sperry, 2000; Kottman, 2003). Caution must be exercised to consider the family, social, cultural, and historical context within which lifestyle information is assessed.

One of the techniques Adlerians use to gather lifestyle information is the collection of early recollections, or memories. Collecting early recollections as part of a comprehensive lifestyle analysis is considered by Adlerians to be part of "the most trustworthy approaches to the exploration of the personality" (Ansbacher & Ansbacher, 1956, p. 350). Kottman (2003) described the early recollections of children in particular as "distilled versions of their lifestyles" (p. 203), the collection of which is part of a larger effort to analyze the lifestyle using various forms of creative expression applied during the seamless flow of the play therapy medium.

Clark (2002) and others (Kern, Belangee, & Eckstein, 2004; Manaster & Perryman, 1979; Olson, 1979) have written extensively on the use of early recollections by Adlerian therapists. These primary sources are recommended reading for all clinicians interested in the theoretical rationale and practice of gathering early recollections. Because this article is written specifically for counselors who work with children, literature pertaining directly to collecting early recollections with children is reviewed here, with an emphasis on those elements conducive to the sandtray medium.

There are multiple techniques available for collecting the early recollections of children, including drawing (Rotter, Horak, & Heidt, 1999), puppetry and storytelling (Kottman, 2003), and direct interviews (Statton & Wilborn, 1991). Despite Lord's (1982) finding that the early recollections of children ages 6 to 8 years are comparable in thematic apperceptive content to those of adults, Kottman (2003) cautioned that children as young as 6 or 7 years may not have developed the memory and language capacity for an interview approach to reporting early recollections. The sandtray method discussed in this article cooperates with the child's ability to represent
lifestyle themes, including thought, feeling, and behavior, with metaphor and symbol. Several additional key features related to the early recollections of children emerge from a review of the literature. First, early recollections reflect the child’s current view of the self, others, and the world (Borden, 1982; Lingg & Kottman, 1991; Rotter et al., 1999). Early experiences are selected and stored for their constructive influence on and qualitative support of the developing lifestyle. The memories recalled by this child with his or her particular needs and challenges at this particular time may not be the same memories recalled by this child under different circumstances. In order to gain a complete picture of each unique person, Adlerians conceptualize people, including children, as in motion; as such, several early recollections at various points of therapy should be collected (Borden, 1982; Kern et al., 2004; Statton & Wilborn, 1991).

In addition to conceptualizing early recollections as a reflection of a child’s current movement within his or her current life circumstances, early recollections of children also display a lifestyle that still is developing and amenable to change (Borden, 1982). It is commonly held that the child’s lifestyle is established sometime between the ages of 5 and 8. Therefore, an advantage of doing early recollections work with children in play therapy is the possibility of preventing or redirecting the development of maladaptive lifestyle patterns before they are crystallized.

A third feature of early recollections work with children focuses on the nature or source of the early recollection content. Although actual, lived experiences are preferred, Buchanan, Kern, and Bell-Dumas (1991) reported that even created memories contain valid lifestyle themes and are useful to a comprehensive lifestyle analysis. Although the participants in this study were adults, the findings support the use of collecting early recollections with children who may be unable to accurately recall or describe an actual memory. Myer and James (1991) concluded that it made no difference whether an early memory was fact or fiction; what did matter was that the child’s lifestyle themes were captured by the fictitious memory or story.

Finally, a feature of early recollections work with children that is especially conducive to the sandtray medium is the availability to processing of sensory and emotional memory and experience contained in the memory. Disque and Bitter (2004) revisited a technique by Janoe and Janoe (1979) in which the collection of early recollections with children was enhanced by a therapeutic focus on the emotions and sensory experiences that emerged during the reporting of an early memory. Similarly, Cosgrove and Ballou (2006) described the collection of early recollections as having the potential for an “experiential encounter” (p. 56) that is based on the play therapy principle of following the child’s lead. Furthermore, from the place of heightened awareness, emotional expression, and experiential processing of the
early memory, a “restorative reorientation process” (Disque & Bitter, p. 115) may be pursued in which the client’s meaning and autonomy to self-direct toward new, more adaptive functioning are trusted within a collaborative reframing of the early memory.

**Humanistic Sandtray Therapy**

Humanistic sandtray therapy is a dynamic and expressive form of psychotherapy that allows clients to express their inner worlds through symbol and metaphor. Emphasizing a deep and accepting therapeutic relationship, the humanistic approach to sandtray therapy focuses on here-and-now experiencing in such a way that clients reconnect with their true self and rediscover their dreams, hopes, and visions (Kirschenbaum & Henderson, 1989).

Sharing several key concepts with Adler’s Individual Psychology, humanistic therapists view the child as self-actualizing and “endowed with an inherent tendency to develop his or her potential” (Cain, 2002, p. 3). Humanistic therapists believe that children are capable of being self-aware and responsible for the choices they make. Children are viewed as social beings that have a powerful need to belong. In humanistic therapy, the therapeutic relationship is the fundamental source of constructive change in the client (Cain, 2002). The primary goal in the therapeutic relationship is to create an optimal climate for growth (Armstrong, 2008).

Carl Rogers noted, “Most children, if given a reasonably normal environment which meets their own emotional, intellectual, and social needs, have within themselves sufficient drive toward health to respond and make a comfortable adjustment to life” (Kirschenbaum, 1979, p. 75). By the time that therapists see children as clients, however, they need more than “a reasonably normal environment” because they do not have the trust of a well-adjusted child. Thus, the importance of the optimal climate for growth is paramount. Like traditional play therapy, the metaphorical nature of sandtray provides a safe distance for clients to express painful and distressing feelings. Sandtray allows clients to express themselves symbolically and nonverbally and provides a visual projection of intrapsychic and interpersonal subjective client reality.

**The Sandtray for Early Recollections of Children (SERCh) Intervention**

The SERCh intervention integrates a humanistic sandtray therapy (Armstrong, 2008) processing model with Adlerian play therapy (Kottman,
2003) in an effort to capture the child client’s lifestyle as depicted in the early recollection scene, to promote insight and awareness, and to create with the child a sense of safety for the type of experiencing and processing that is believed to contribute to personal growth. The introduction of the sandtray to collect early recollections should be as seamless as possible and should fit within the flow of the current session. Furthermore, consistent with both humanistic sandtray therapy and Adlerian play therapy, the SERCh intervention should be implemented within a trusting and safe therapeutic relationship.

**Setting Up the Scene**

The use of sandtray to explore early recollections is introduced in much the same way as a verbal recollection or a drawing recollection activity might be. The child may verbalize a memory, at which time he or she may be asked to create a scene of the memory in the sand. Or, the child may be introduced to the sandtray as one play activity among many from which to select. Kottman (2003) advocated a collaborative approach to selecting play activities in which both the child and counselor choose activities for parts of the session.

The scene creation phase begins with a simple prompt: “Make a scene in the sand of something you remember.” The child may be encouraged to look at, touch, and describe the miniature figures while being given instructions to select as few or as many miniatures as are needed to create the scene. If the child needs additional direction, it is appropriate to state that other children have chosen to display their memories with miniatures, placed in and around the sandtray in any way they choose. Some children respond to hearing that the sandtray activity is a way to create a three-dimensional picture of their memory with thoughts, feelings, and behaviors of the memory displayed in the sand.

The goal of the scene creation phase is to provide the child ample time and space to create the scene without interruption from the therapist. If the child asks for help or gestures to the therapist to cooperate in building the scene, the Adlerian play therapist may wish to stay with the flow of play therapy by using minimal tracking, reflection of thought, feeling, and activity, or returning responsibility. Allow the child to label the figures if he or she chooses. Otherwise, wait until the processing phase and allow the child to lead in labeling and describing the figures in the scene.

When the child appears to have completed setting up the scene, prior to the processing phase, the therapist may choose to prompt for additional details. For example, the child may be told, “If you would like, show how your figures were feeling in your memory scene.” Similar prompts may be
given to solicit a display of thoughts, behaviors, sensory experiences, other
people, and significant events or details of the memory. Caution should be
used with respect to labeling figures in the sand, at least until the child
labels them. Once the child identifies a figure as him or herself, or some
other person, place, or thing, it is permissible to use the child's label when
discussing that figure.

Processing the Scene

The SERCh intervention integrates a humanistic sandtray therapy
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2003) in an effort to capture the child client's lifestyle as depicted in the
early recollection scene, to promote insight and awareness, and to create
with the child a sense of safety for the type of experiencing and processing
that contributes to personal growth. The SERCh intervention is at once
a technique that collapses all phases of Adlerian play therapy into one
intervention. By creating and processing the early recollection scene, the
therapist and child collaborate in investigating the lifestyle, gaining insight
into the child's private logic and phenomenological frame, and reorienting
through encouragement toward more functional and adaptive thought and
behavior patterns. Although they will not be discussed in detail, standard
questions and requests for more information about the early recollection
(Clark, 2002; Kopp & Dinkmeyer, 1975) modified as appropriate for the age
and ability of the child, should be integrated throughout.

For some children, the sustained attention and focus needed to both
create and process a sandtray may limit what can be accomplished in one
session. Although some processing of the tray should occur during the same
session that the scene was created, it is recommended that the counselor
take a photograph of the scene that can be referred to in subsequent ses-
sions, as needed.

The processing phase is an active facilitation of "exploration, expression,
awareness, and discovery" (Armstrong, 2008, p. 67) as well as an elicitation
of lifestyle themes available for insight and reorientation in Adlerian play
therapy. The processing phase begins again with a simple prompt: "Tell me
about your memory in the sand." Children in play therapy exhibit a wide
range of ability for responding to this prompt. Therefore, many of the skills
needed to conduct play therapy also apply to processing the sandtray. For
example, preoperational children may not yet possess the cognitive and
verbal ability to process abstract elements of the sandtray scene and relate
them directly to present functioning and movement. With these children,
the Adlerian play therapist uses metacommunication, mutual storytelling,
and other forms of indirect processing about the miniatures and their placement in the scene (Kottman & Stiles, 1990; Kottman, 2003). In whichever manner they are integrated, of particular importance to the SERCh intervention are several specific elements of processing described below.

Working with the metaphor and enlarging the meaning. The use of sandtray to collect early recollections with children benefits from their natural ability to communicate with symbol and metaphor. The entirety of the scene and specific elements within it are viewed metaphorically and interpreted constructively only from the child’s perspective (Bainum et al., 2006; Sweeney et al., 2003). Because communicating with metaphor creates a safe distance between the self of the child and what is being communicated, it is important to stay within the metaphor while enlarging its overall meaning to the child and his or her lifestyle (Homeyer & Sweeney, 1998; Kottman, 2003).

While the child describes the early recollection scene, the therapist should adopt the child’s language and labels and begin formulating responses that draw tentative connections between the metaphor and the child’s lifestyle themes as depicted in the scene. For example, one of the case examples below illustrates how a nine-year-old child displayed a purposeful use of aggression to protect himself from perceived threats. By staying within the metaphor of the animal figures fighting with each other, and stating, “That soldier needs to keep the tiger and dinosaur from getting too close,” the meaning of the metaphor was enhanced, and then the child made a statement about himself, “Yeah, I don’t like it when they yell at me.” The insight gained by this child was made possible by viewing the metaphor from the child’s perspective and responding from the perspective of what was known previously about the child and his life (Homeyer & Sweeney, 1998).

Staying with the feeling. Clark (2009) identified that certain objects in an early recollection may hold particular importance to the client and often contain deep affective responses and meaning. Elements in the sandtray scene are emphasized and processed for the feeling and meaning they contain. As with other forms of gathering early recollections, the SERCh intervention solicits information about the overall feeling of the memory, as well as affective responses to specific elements in the scene. The integration of a humanistic sandtray processing model encourages a deeper exploration of the feeling as it is experienced in the moment. The rationale for working with feeling in the here and now, as it is elicited by an early memory recall, is supported by the aforementioned belief that early recollections actually display current lifestyle and experience. The client’s creativity to overcome challenges may be released by processing the emotional experience contained metaphorically in the memory. A critical element of staying with the feeling is facilitating the experience of the feeling fully as opposed to analyzing the feeling (Armstrong, 2008).
Children are asked to describe the feeling associated with the memory in the sandtray scene and particular figures contained within. With children, it is helpful to ask for color, texture, size, intensity, and other descriptions, as they are experienced in the moment. For example, a ten-year-old child who recalled visiting her father's graveside placed a figure of a church steeple and labeled it as a grave. During processing, she was asked, “How does that feel right now, thinking about that grave?” When the child responded, “Sad,” she was encouraged to talk about the color and shape of her sadness and where she felt the sadness in her body. By processing this feeling as she was experiencing it, the child verbalized that, when she feels this particular sadness, she becomes angry and wants to yell at someone. She was invited to feel this anger in the moment in whatever way she was comfortable. By processing the feelings associated with the figure in this way, the aggressive behavior for which she was referred to counseling was reframed as purposeful—she was using aggression toward her siblings, particularly when she remembered losing her dad, as a way to avoid feeling her deep sense of loss. Similarly, by focusing on the emotional aspect of the memory and experiencing it in the moment, the child’s belief, “I can’t feel sadness, so I should feel mad,” was clearly identified.

**Working with polarities.** Children will often display figures in the sand that suggest conflicting wants, needs, or behaviors. Much of Adlerian play therapy is focused on reorienting the child through encouragement toward more functional, adaptive, and useful striving. By noticing and processing polarities in the early recollection scene, the therapist gains a greater understanding of the child’s lifestyle and the child gains insight and awareness about how his or her efforts in striving for a place of significance and belonging are not working. By noticing, processing, and accepting both sides of the polarity, the child is able to integrate and accept conflicted aspects of the whole self.

Before a polarity can be processed, it must first be noticed. Armstrong (2008) illustrated how sandtray scenes often display polarities with separation among figures, boundaries, such as fences and bridges, or even contrasting miniature figures used to represent a single entity or element. When the sandtray is used to collect early recollections, the memory, when placed in context of the child’s current dynamics, is often a polarity itself because the memory recalled represents a sense of self the child has lost, has become disconnected with, or wishes to move away from. The memory recalled may represent the child’s picture of how things should be that contrasts his or her actual view of self, others, and the world.

Armstrong (2008) suggested separating the parts of the polarity and processing each individually. With children who show or verbalize a closer emotional connection in the moment to one part of the polarity, the processing should start with this part. Another way to begin processing each part of
the polarity is to ask the child, "Which part feels stronger or most like you right now?" In addition to using microskills for staying with the feeling of the polarity, it is helpful to the purpose of the SERCh intervention and Adlerian play therapy to focus on the relationships between thoughts, feelings, and behaviors with respect to each part. Working with the polarity in this way promotes the awareness and insight needed for integration of the parts and reorientation of the whole child to more adaptive and purposeful movement.

Staying in the here and now. Because the early recollection is viewed by Adlerian counselors and play therapists as a display of current movement and lifestyle themes, it makes intuitive sense to process the early recollection sandtray scene as it is experienced in the moment. In addition to the SERCh intervention's usefulness as a complement to a comprehensive lifestyle analysis, its use harnesses the therapeutic benefit of play therapy as a collaborative and active pursuit of more courageous and adaptive living that is available to the child right now. Kottman (2003) stated that working in the here and now with children uses "what happens in the safe counseling relationship to help the client become more aware of his or her own reactions" (p. 272). By staying with the feeling, processing a polarity in the here and now, and experiencing other elements of the early memory sandtray scene, the child receives empathy, learns to accept all feelings, experiences, and thoughts, and releases creativity for constructing alternative lifestyle scripts.

A focus on the here and now during the processing phase requires that the therapist shift the focus off of the scene momentarily to the child's reactions and in-the-moment experience. The sandtray scene itself functions as a point of entry, but the therapeutic focus is on the child and his or her emotions, thoughts, and overall experience as it is occurring now. Again, the use of microskills, tracking nonverbal expressions, and metacommunication are helpful. The therapist might notice that a child takes a deep breath while describing a particular element in the memory scene, and would maintain a here-and-now focus by stating, "Tell me what you feel when you talk about that figure," or by mimicking and accentuating the child's sigh. A helpful follow-up prompt might be, "Tell me what it's like for you right now." It may also be helpful to stay in the moment by disclosing the therapist's own reactions to the memory scene or the child's reactions and creating through modeling the safe environment for the child to experience his or her thoughts and feelings fully.

Creating a title or headline. Homeyer and Sweeney (1998) suggested that the processing phase of sandtray therapy begin with capturing the complete picture of the scene with a title. However, when using sandtray with children in Adlerian play therapy, the selection of a title or headline seems to serve the intervention better when it occurs after the scene is processed. Because the headline collapses the child's lifestyle themes and purposeful movement into a short descriptive phrase, its placement in the SERCh
intervention follows the insight, awareness, experience, and exploration of
the scene and serves as a capstone to the activity. In addition, because the
processing of the sandtray may lead to selecting more adaptive logic and
behavior, by creating a title at the end, the child's reorientation to more
functional movement is reinforced.

Case Examples

The following examples are provided to illustrate the use of the SERCh
intervention during Adlerian play therapy and to demonstrate how integrat-
ing a humanistic sandtray processing model supports the goals of Individual
Psychology applied to play therapy. The names of the children providing
these examples have been changed.

Until You Get in My Way. Counseling support was requested for
Da'Quinton, age 9, by his school counselor and classroom teacher. These
professionals recently had consulted with Da'Quinton's parents about his
excessive worrying, thumb-sucking, and disruptive acting out at school.
The parents consented to Da'Quinton's participation in play therapy at
school. In the initial consultation with the parents, it was discovered that
Da'Quinton is the youngest of four children and is viewed by his siblings
and parents as both the "fun-loving, creative, and energetic one" and the
"clingy, worried one." Although the parents expressed little concern about
thumb-sucking, they added evidence about behaviors at home to support
the concerns related to anxiety and attention-seeking misbehavior. They
stated that, although Da'Quinton generally is compliant and cooperative, he
occasionally exhibits uncontrollable anger fits to which they feel powerless
to respond effectively.

Da'Quinton was encouraged to play with any of the toys in almost any
way he chose to during counseling sessions. During the first and second
counseling sessions, Da'Quinton selected aggressive toys, such as army
men and toy guns, and created battle scenes in which a character (toy truck)
named "Smash" destroyed "anything and anyone that gets in my way." Da'Quinton's play was animated, verbal, and collaborative—he invited
the counselor to participate as a member of "Smash's team." The counselor
chose to track and reflect relationship-building gestures and collaborative
play themes during these first two sessions while making tentative observa-
tions of possible lifestyle themes emerging through his play.

The SERCh intervention was introduced at the beginning of the third
session with the statement, "This is a way for me (the counselor) to learn
more about how you (Da'Quinton) feel and think about things in your life." The counselor showed Da'Quinton all of the miniatures and invited him
to touch and describe them as well as the sand in the tray. Da'Quinton
showed excitement and curiosity about the sandtray and miniatures and was quick to ask, "What do I get to do with these?" Next, the counselor asked Da’Quinton to "remember as far back as you can, and make a picture of a memory in the sand with as many of these miniature figures as you would like.”

Da’Quinton carefully selected several figures, divided the sand in the tray by tracing lines with his fingers, and created a timeline scene of several early memories, beginning with his parents’ marriage (postpartum) and concluding with a flight to see his newborn niece. In between, Da’Quinton displayed two medieval characters engaged in a battle, several animals and landscape figures that he labeled “African safari,” and a rosary next to two figures, one of which was buried in a “cemetery.” Da’Quinton added several landscape miniatures to his scenes for detail and appeared to be very purposeful about the placement, direction, and angle of miniatures in the sand. The counselor used tracking to respond to Da’Quinton’s efforts to “have everything be just right, just how you want it to be.”

When prompted to describe his scene, Da’Quinton enthusiastically reported how he remembered “lots of things” and immediately identified himself in the sandtray scene. After briefly telling about each one, he focused his attention on the scene of two knights fighting. Da’Quinton moved each figure to simulate their being engaged in battle, and said, “Oh no, you got me!” About this particular memory, Da’Quinton expressed feeling surprised and sad because his intentions were playful and his older brother became angry with him for acting “too crazy,” scolded him for getting out of control, and refused to play anymore. When asked, “How does that feel right now when you think about it?” Da’Quinton shifted his focus to the scene of the airplane and baby stroller (flying to visit his niece). He said, “It’s like when you’re a baby and people don’t think you can do anything, but you really can.” Da’Quinton’s memory displayed his feeling of being small, incapable, and out of control. The scene also contained elements of his belief that he should be cared for, he could not handle the pressure of certain situations (such as school), and that, to be noticed and viewed by others as capable, he had to act out or be aggressive.

From the perspective of the entire scene and two key elements, and by processing the thoughts and feelings he was experiencing about his sandtray memory scene, Da’Quinton revealed himself as a fun-loving, energetic child who often draws negative attention and punishment by his attempts to assert himself. Although his memory scene suggested that he wants to connect with others, he saw himself as frustrated in his attempts to do just that and believed that the only way was to defeat others who threatened his sense of self. In turn, however, he was the one left feeling defeated and vulnerable. Da’Quinton provided a title for the scene that depicted his understanding of this lifestyle theme.
Collecting this early recollection with the sandtray and processing a few of its most important elements provided an efficient focus early on in the play therapy relationship. The information, feeling, and thought that emerged from this intervention supported prior hypotheses about his lifestyle and reinforced a sense of safety and permissiveness for ongoing play therapy. By having a deeper understanding of Da’Quinton and his current lifestyle, the remainder of the play therapy relationship was freed up to spend in reorientation and encouragement.

A Lucky Kid on a Fun Day. Justin, age 11, was referred to counseling by his mother for concerns related to his being argumentative, physically and verbally aggressive, and oppositional at home and school. Justin reacted to being perceived as wrong, misbehaving, or at fault in conflicts. When his behaviors were confronted or disciplined, he quickly escalated, displaying intense accusations, blaming, verbal aggression, and tantrums that occasionally included gestures or threats of harm to self or others. An only child in a single-parent home, Justin displayed private logic containing themes of needing to forcefully prove his worth, protect his sense of self, and refuse others who he perceived as placing him in a subordinate position. Although bright, verbal, and capable of participating in talk therapy, a play and activity-based approach was used to encourage his cooperation and minimize disruptive opposition. Justin responded well to this approach and expressed feeling understood while enjoying the chance to have equal input about the activities in counseling sessions.

The SERCh intervention was introduced during the sixth session. Justin was invited to touch and describe the miniature figures and the sand in the tray. He was instructed to think of something he remembered actually experiencing and to create a scene of his memory in the sand. Justin reported that his earliest memory also was a recurring dream, and that he would create the scene as he remembered it upon waking. Justin selected miniatures to depict a scene of a visit to an amusement park in which he was photographed with a clown. He created an elaborate scene of sights, sounds, people, and activities around him. He even selected miniature food and beverage figures to illustrate the smell of fried food and treats throughout the park.

The most significant element of the scene, as described by him, was standing with the clown, feeling happy and free, at the center of everyone’s attention, including his mother. It was noted that all figures that he identified as important to him—the mother, clown, and photographer figure—were turned toward him, focused on his reaction to being photographed, while seemingly disinterested in the amusement and activity occurring all around them. Justin was asked to describe his thoughts, feelings, and behavior related to the significant piece or part of the scene. Also, he was asked to complete sentences about the self, others, and his world, to which he responded, “I am happy, others are friendly, and the world is fun.”
The therapist chose to focus on the polarity evident in the tray: Justin's memory conflicted with his current thoughts about the self, others, and the world. In his memory, he was the kid he believed himself to be and others were treating him the way he expected to be treated. However, in the moment of the session, he identified most strongly with the part of him that felt mistreated, disconnected, and insignificant. Justin expressed deep frustration and discouragement about the way he perceived that his mom, teachers, and scoutmaster were treating him. For Justin, it was intolerable that others placed demands on him and required that these demands be met before they showed him affection, nurturing, or support. When asked, “What do you notice right now about how that feels?” Justin returned to his sandtray scene and pointed out a figure of a security guard and a cash box, turned away from him. Justin expressed how that figure showed that some people just have a job to do and they don’t really care about him. The next expression, “I feel scared that I can’t go back to being important to my mom,” was for Justin a cathartic experience; his thoughts, feelings, and behavior now made complete sense to him. By processing his early recollection in this way, his creativity was released to focus on restoring his sense of self, gaining courage, and constructing more adaptive movement.

Summary

The SERCh intervention discussed here builds on previously available procedures for collecting early recollections by employing the sandtray medium. Integrating a humanistic sandtray processing model adds a unique dimension to the early recollection exploration process in Adlerian psychotherapy that appears to hold promise as an efficient means to maintaining the therapeutic framework and encouraging client growth. It is not intended to be used as a stand-alone intervention and should not be the sole source of gathering lifestyle information.

The example of Da’Quinton’s sandtray illustrated the efficiency with which lifestyle themes can be isolated, processed, and utilized for reorientation through the sandtray medium. Of particular note is that Da’Quinton self-directed his sandtray experience by creating a timeline of early memories rather than a single event. By focusing on the here-and-now experience of the sandtray and its metaphor during the processing phase, Da’Quinton was free to lead the session toward the objects and metaphors most significant to him. Da’Quinton’s statement, “It’s like when you’re a baby and people don’t think you can do anything, but you really can,” proved to be a key element of his emerging lifestyle conviction: “I am small and appear incapable, so I must show how important I really am.” Behaviorally, this conviction was
displayed as aggressive intentional gestures to solicit his peers', teacher's, and parents' attention and nurturing. Our collaborative experience of processing the sandtray scene facilitated both information gathering and experiential processing that may have been unavailable through other mediums. In subsequent sessions, pictures of his sandtray scene were used in collaboration with other play techniques to encourage his use of more functional behaviors and convictions related to self, others, and world views.

Justin's sandtray revealed his core need for belonging. For him, the experience of the sandtray, particularly the experience of processing his affective reactions to elements in the sand, provided insight into his oppositional behaviors as purposeful attempts toward self-protection (Ferguson, 2010). For the therapist, Justin's sandtray provided further evidence for some tentative conclusions made during the first several sessions while serving as a transition to reorientation. One primary therapy goal with Justin was to increase his social interest and cooperation. By viewing and processing his early recollection in the sandtray, the relationship between his lack of social interest and his disrupted need to belong was most evident (Curlette & Kern, 2010). This insight, awareness, and the experience that prompted it both energized and focused the remaining sessions. In addition, the collaboration between Justin and his therapist to share the pictures and narrative of the sandtray session during consultation with his mother proved to be a useful means of enlisting her support of and active participation in remaining therapy efforts.

The authors have presented and illustrated a conceptual integration of humanistic sandtray therapy with Adlerian play therapy as it has been used with children ages 8–11. The clinical efficacy or utility of the SERCh intervention has not yet been empirically validated. Counselors should exercise caution and appropriate informed consent prior to its use. Additionally, although several elements of the creation and processing phases were illustrated, the child's developmental level, degree of comfort, and other circumstances of the child's life and therapy relationship may warrant adaptation. As such, the therapist should be selective about the specific application of this intervention. Prior to using this intervention, training and supervision in play therapy and sandtray therapy are recommended.

References


