An Adlerian Model for Sandtray Therapy

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Abstract

The purpose of this investigation was to develop sandtray therapy oriented to Adlerian theory. The researchers reviewed the traditional Jungian model and recast it with a new method. Adlerian tenets were identified, and practical applications were devised using ten case studies. The results indicated that sandtray therapy is a viable option for the Adlerian practitioner. Adlerian sandtray methods can be used for therapy, assessment, and the gathering of lifestyle information. One may use either a nondirective or a directive approach, either of which are applicable to individuals of all ages.

Acquiring skills and techniques is crucial to becoming an efficient practitioner in the field of psychology. Clients bring to therapy a wide variety of personality traits, issues, and problems. As a result, it is important for a successful practitioner to have a variety of tools and techniques to use in serving the needs of individual clients. Sandtray or sandplay therapy is one more technique that may be beneficial with a client.

The outcomes of sandtray therapy are useful to the client as well as the therapist. Sandtray work may be used with children or adults, individuals or families. It allows the creative function within therapy to reveal new and creative solutions to old problems or old ways of thinking. Sandtray therapy brings these experiences into a three-dimensional field so they can be viewed in a new perspective and thus worked on anew. Sandtray therapy also permits focus on the physical tray whereby intense, emotion-provoking situations can be better dealt with by the client and therapist. Sometimes a therapist relates too closely to a client's problem on an emotional level that can create obstacles for treatment. In such cases, sandtray therapy may assist the therapist in remaining detached sufficiently to assist the client in therapy as well as in helping the client to express difficult emotions and feelings.

For children, sandtray therapy has special benefits. Children often lack the vocabulary to put into words what they are feeling or experiencing. By placing his or her "world" within the tray, the child is better able to express what cannot be put into words.

It is important for therapists who use special techniques in therapy to understand the purpose for these techniques. It is important that their theoretical frameworks be congruent with their techniques.

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Most of the literature about sandtray therapy rests upon Jungian theory. Sandplay therapy originated in Jungian circles, and it was developed by Jungian therapists. It is most prominent in the literature of Jungian theory. The Jungian sandtray process, however, is not sufficient for the Adlerian therapist. Adlerian theory focuses on the final fictive goal of the client and the movement toward that goal. The healthy person without pathology moves forward toward social interest, both psychologically and behaviorally.

According to Adlerian theory, neurosis results in individuals who move away from social interest and who lack courage to face the tasks of life (Manaster & Corsini, 1982). It is, therefore, not enough just to understand the meaning of the tray. It is important for the client either to make movements toward change as identified in the tray or to process the meaning of possible changes for the future as identified within the tray. Once clients have processed those possible changes within the tray, they may actually make those changes in their lives. As a result, Adlerian therapists who adopt this method may use a more directive approach to sandtray therapy. The more directive approaches in sandtray therapy for the Adlerian therapist were first identified by Kottman (personal communication, February 10, 2004) and Sweeney, Minnix, and Homeyer (2003).

The purpose of our research was to document the use of sandtray in Jungian therapy and then propose a more formal method of sandtray therapy for the Adlerian therapist. Similarities and differences between Jungian and Adlerian therapy are also identified. Such research will increase the tools available to Adlerian therapists by adding the use of sandtray therapy as a technique. It will also assist Adlerian therapists who are drawn to the use of sandtray by clarifying why it can be useful in Adlerian therapy and by illustrating an Adlerian process of sandtray therapy.

Literature Review

The origins of sandtray therapy are explicated in an extensive literature (Allan & Berry, 1993; Boik & Goodwin, 2000; Bradway, 1990; Enns & Kasai, 2003; Grubbs, 1995; Kalff, 1980; McNally, 2001; Pabon, 2001; Steinhardt, 1998; Vaz, 2000; Walker, 1998). Sandtrays were first inspired by H. G. Wells's (1911/1975) book, *Floor Games,* and recognized as a valuable tool by Margaret Lowenfeld (1939, 1950, 1960, 1979). She used Wells's ideas to incorporate a sandtray into her practice as a pediatrician engaged in play therapy with children. She is the premier originator of the practice, and she has written extensively in this field. Carl Jung (1961) further influenced the development of the concepts of sandtray therapy in several personal applications. One application included his own process of making sand castles on

the beach to cope with the emotional reactions to his break with Freud (Tennessen & Strand, 1998). This work, recorded in *Man and His Symbols* (1961), further improved upon the use of the technique as more Jungian therapists began to use sandtrays with their clients.

Jungian sandtray therapy: Sandplay Therapy. Kalff's sandplay therapy soon became the prominent method but more as an adjunct to other forms of therapy (Kalff, 1980, p. ix). Kalff believed the therapeutic nature of sandplay therapy rests in the way in which the therapist creates "a free and protected space." Here the client feels completely accepted in order to create freely. The importance of the setting was further emphasized by Menuhin (1992), who showed that the inner world of the psyche can be manifested by a picture within the sandtray. To produce the right environment, a ritual has to be constructed between the therapist and the client as they initiate the sandtray therapy process. This ritual includes the way the sandtray is introduced, the way the sessions are held, and the overall process of therapy through the use of sandtray. Both Kalff (1980) and Jung (1961) believed that the therapist should have a deep understanding of archetypes and archetypal symbols to assist clients in their journeys through therapy (Boik & Goodwin, 2000). The importance placed upon understanding archetypal images is indicated in the Jungian literature on sandplay therapy. It is also reflected in the glossaries of sandtray therapy books and contained in symbol references cited in these works (De Domenico, 1995; McNally, 2001).

There are times near the end of therapy for the therapist to decide whether or not to interject interpretations, but initially the therapist only makes notes of the themes and interpretations of the trays. Throughout the entire process, the therapist stresses to the client the importance of focusing on the experience of sandplay and not on attempting to interpret or analyze their own sandplay (Boik & Goodwin, 2000). In the traditional use of sandtray therapy, the therapist does not usually instruct the client to make a change in a tray that has been completed. The symbolic implications of sandtrays are well documented in more than 30 texts developed out of the Jungian theory concerning the symbolic nature of man (Boik & Goodwin, 2000; Bradway, 1990; Kalff, 1980; McNally, 2001). However, there were alternate methods that presented a directed approach to sandtray therapy from a Gestalt approach (Carmichael, 1994; Markos & Hyatt, 1999) and an Eriksonian approach (Tennessen & Strand, 1998).

This research began with a review of the basic tenets of Jungian psychology and Individual Psychology by comparing and contrasting the key concepts of both theories in the areas of personality development, the development of psychopathology, the process of therapy and transformation of change, and dream analysis. The key principles of Jungian psychology were then paired with the corresponding tenets in the traditional sandplay therapy

model. These paired concepts were further aligned with an Adlerian counterpart in order to identify the key principles involved in an Adlerian model for sandtray therapy. Once this model was completed, a case study analysis was conducted to investigate the use of the Adlerian sandtray therapy model (Girden, 1996). The initial focus of the case study analysis was to develop further the techniques and applications of this new model for the client's socialization (social interest and movement); goal orientation (lifestyle typology and fictive goals); family constellation; functioning in life tasks; and finally the use of Adlerian sandtray with client-generated metaphors (Adler, 1927/1998a, 1931/1998b, 1927/2002; Dreikurs & Mosak, 1966/1977a, 1967/1977b, 1967/1977c; Kopp, 1995; Mosak, 1971/1977, 1995; Mosak & Maniacci, 1993; Shulman & Mosak, 1988). Once the uses and techniques were identified in detail, one specific technique for each key principle was chosen for a demonstration within the case study analyses. The case study analyses included use of the Adlerian sandtray with adults and children. The following five uses of Adlerian sandtray therapy were chosen for case study analysis:

1. The use of sand tray to depict life task functioning through the use of joint sandtray therapy with siblings, couples, or families.
2. The use of sandtray therapy to depict social interest or collaborative play for children.
3. The use of sandtray therapy to depict lifestyle information, goal orientation, or typology.
4. The use of sandtray therapy to depict family constellation information.
5. The use of sandtray therapy with client-generated metaphors or the client symptom as a metaphor.

In all 10 cases, the first sandtray was used as an assessment tray to observe the client's initial responses to the sandtray with this request: "Make your world in the sand." The client's decisions about the representation of the self uninterrupted by specific instructions may assist the client in bringing forth a wealth of information that would otherwise be lost, including typological information, as well as a glimpse of the client's private logic.

In general, the results stemming from the theoretical research indicate that sandtray therapy is a viable option for the Adlerian practitioner. This form of sandtray therapy results in a different approach from the traditional Jungian model. Adlerian sandtray methods can be used for therapy or for assessment (Sweeney, Minnix, & Homeyer, 2003). The concepts formulated from this model can be used to gather lifestyle information from clients when the traditional interview method is not possible.

Adlerian sandtray therapy can be conducted using either a nondirected approach or a directed approach. Adlerian sandtray therapy can be used

with individuals of all ages, with couples, and with siblings or entire families, depending upon the therapy focus. Adlerian sandtray therapy can be used as the sole technique throughout the course of therapy or in conjunction with other tools. The therapist may find that using the sandtray becomes an additional technique to be used when therapy efforts are not progressing. On occasion a client becomes stuck in a mode of thinking and does not move forward. On these occasions the therapist may turn to using the sandtray for assistance in clarifying the cause for the lack of movement because of its behavioral component.

This model allows for therapist intervention and interpretation by moving pieces, introducing pieces, and suggesting possible meanings to the client. There are also occasions in which the Adlerian sandtray therapist will complete a sandtray for the client as a means of providing lifestyle feedback. The therapist may intervene to offer a suggestion that the client is then asked to accept or not. Efforts to interpret sandtrays from an Adlerian perspective should follow the methods used to interpret early recollections, metaphors, or dreams.

There are special themes the Adlerian therapist can observe in sandtray therapy. The information that evolves from sandtray therapy that is considered useful includes lifestyle information and typology, family constellation information, movement patterns, mistaken beliefs, and the client's level of social interest. This information may come from the sandtray therapy session verbally or behaviorally as the client places these pieces. There will be occasions in which the therapist needs to intervene by interpreting information and using sandtray therapy information to generate hypotheses later checked by other sources of information.

Case Formulation

The first step used in the analysis of a case study research is to code client comments according to content. Behavior that occurred without verbal comments or explanation from the client is also coded when the behavior clearly reveals lifestyle information. Once comments and relevant behaviors are coded, the therapist then makes an interpretive summary regarding the underlying belief or style of movement that coincided with the data. Once the data are analyzed, the case formulation can be examined for the client's lifestyle, style of movement, and functioning in the life tasks.

When all the case study interpretive comments were completed, the information was analyzed quantitatively. The research sample consisted of 12 individuals, 6 adults and 6 children. The psychological birth order was also coded (see Table 1). The sample included eight individual therapy cases and two joint sandtray therapy cases. A total of 88 sandtrays were completed; 33

Table 1
Psychological birth order data regarding participants

Family Place	*N*
Oldest	5
Middle	1
Youngest	4
Only	2

Note. Some cases involved more than one presenting problem.

with adults and 55 with children. The therapist also generated four sandtrays for the participants in order to provide information and feedback. There were also nine reframe sandtrays. Similar to a verbal reframe used in talk therapy, in a reframe sandtray the therapist will alter the client's sandtray world or create a new world to provide the client with another perspective on the issue. Reframe sandtrays are used to bring additional information to the forefront for consideration and discussion.

The initial problems that were presented as the participants sought therapy included behavior problems (n = 5), abuse issues (n = 3), mental retardation (n = 1), sexual assault crimes (n = 1), divorce (n = 3), organ inferiority or other inferiority feelings (n = 2), and loss or grief issues (n = 2). The total number of problems reported exceeded the total number of cases because participants presented multiple problems.

The Adlerian concepts observed in sandtray themes were calculated and summarized. The categories summarized included lifestyle typology, style of movement, level of social interest, the subject's view of the world, view of the self, view of others, courage, discouragement, inferiority feelings, and the effort to strive for superiority. A conservative approach was used to calculate the totals in which a clear expression of the category was required for tabulation. We used this approach in an effort to prevent bias in the analysis.

Lifestyle typologies were Inadequate (N = 18), Controller (17), Victim (15), Baby (8), Superior (6), Againer (4), Driver (3), Excitement Seeker (3), Getter (2), Good (2), Martyr (2), Right (2), Pleaser (1). *Styles of movement* were Passive (32), Cooperation (25), Forward (23), Hesitant/Cautious (16), Avoid (15), Aggressive (9), Growth (8), and Active (5). *Levels of social interest* were High (19), Moderate (10), and Low (27). *Views of the World* were Dangerous or Scary (20), Hard (14), Adventure/Journey (12), Unfair (11), Unpredictable (11), Should Be Fun (10), Painful (9), Easier If You Belong (8), Lonely (8), Nature Is Important (8), Needs Balance (7), Rewarding (5),

Conflict (4), Full of Ups & Downs (3), Life Should Be Orderly (3), Needs Money (2), No Shades of Gray (2), Full of Communities (1), Has Problems Don't Change (1), Unfulfilling (1). *Views of self* were Small/Helpless (18), Need a Protector (12), Caregiver (7), Strong Faith (7), I Have No Place (6), Don't Like Myself (4), Get What I Want (4), In Control (4), Accept Who I Am (3), Have Masks (3), Have Walls (3), Low Tolerance of Others (3), Confused (2), Entertainer (2), Have Roots (2), Have Baggage (1), I'm Sick to Have a Place (1), Right (1). *Views of others* were Hurt You (20), Betray/Can't Trust (15), Important (14), In Conflict (8), Belong (5), Low Tolerance for Me (5), More Capable (5), Have It Easier (4), Comforting (3), Have to Find Their Way, Too (3), Pass Judgment (3), Don't Get into Trouble (2), Don't Help (2), Expect Too Much (2), Have Fun (2), Not Important (2), Stupid (2), Watch Me (2), Friendly (1), Have Ulterior Motive (1), Incompetent (1), Leave You (1), Like Similar People (1), Love Me (1), Protect (1), Try to Control You (1). Furthermore, we identified 18 themes related to inferiority feelings, 15 themes related to striving for superiority, 7 themes related to courage, and 24 themes related to little courage or being discouraged.

Additional observations were made by the person who conducted the study. One of these compared sandtray case formulations to lifestyle assessment interview formulations which were conducted by the same person who conducted the therapy. Most of the adults ($N = 4$) had completed the lifestyle assessment interview process prior to receiving sandtray therapy. Of the four adult cases, all lifestyle analyses from sandtray sessions revealed a consistency with the lifestyle assessment interviews. We therefore assumed that sandtray therapy may facilitate the lifestyle assessment process for children with accuracy.

Another observation involved the possibility of identifying the four goals of misbehavior (Dreikurs & Soltz, 1964; Kottman, 2003). While we did not specifically identify the goal of misbehavior within our analyses, it appears possible to use sandtray therapy as a means for identifying a child's goal for misbehavior. In our research, the typology identified was found to be a good indicator of the goal of misbehavior.

Further investigation revealed the value of asking the participant for the most important piece within the sandtray. In the early recollections conducted with sandtrays, asking for the most important piece appeared similar to asking for the most vivid part of the early recollection. Another observation addressed social interest and therapy. Those individuals with high levels of social interest tended to progress quickly in therapy. We believe that this is due to a strong relationship between social interest and coping resources.

Six areas were identified for future research in Adlerian sandtray therapy. First, it would be beneficial for research to be conducted to identify the correlation between the lifestyle assessment interview and lifestyle information produced from the sandtray. Second, is the most important piece within the

sandtray similar to the most vivid part of an early recollection? Third, how consistent is the ability to identify the level of social interest through sandtray therapy? Social interest can be clearly seen in sandtray therapy. However, research is needed to develop systematic methods for identifying social interest. A fourth area involves the need to develop a standardized method of scoring and analysis for Adlerian sandtray therapy. With an Adlerian model now available, the subjective nature can be addressed using multiple raters with a series of sandtrays to determine interrater reliability. A fifth area is to investigate the four goals of misbehavior using Adlerian sandtray therapy with children. Finally, because sandtray therapy is a viable option with special populations, the very young, those with cognitive deficits, and those with language barriers or hearing impairments, the effectiveness of sandtray therapy can be investigated to determine how best to apply this approach with individuals who have special needs.

Discussion

Because this study was observational, limitations exist. No generalizations can be made across populations and ages. Cautions are in order. Interpretations should be considered as hypotheses to be corroborated using additional methods. Second, there are selection/timing issues—choosing nondirective/directed sandtrays. Some clients prefer sandtray therapy and others cooperate with some success but lose interest or motivation after a time. Third, there is the issue of valid inferences that must be reviewed in any type of clinical work in which the therapist makes interpretations. Clinical judgment must be monitored in case study research. The face validity of the model appears strong. However, standardized methods for coding sandtray themes are needed. Further research using multiple raters is needed to develop a standardized method of analysis that would address the concerns regarding subjective inferences.

Summary

This research was conducted following preliminary work of Kottman (2003) and Sweeney et al. (2003) to use sandtray therapy from an Adlerian perspective. This research serves as the first effort to develop a formal model. Adlerian sandtray therapy must rest upon research efforts supported by evidence-based practice methods in therapy.

Adlerian sandtray therapy is a therapy tool that provides a rich therapy experience. It is versatile for use with children, adults, couples, families, and clients with special needs. This therapy tool can be as creative and imaginative as the therapist who uses it.

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