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**Clinical Work with Sandtrays:
Suggestions for Deepening the Sand Therapist's Understanding
of Client Metaphors in the Sand**

Eliana Gil

Gil Institute for Trauma Recovery and Education
Fairfax, VA

Abstract

This article discusses the importance of active and consistent clinical exploration of client sandtrays. This exploration increases the use of the person of the sandtray therapist, exhibiting therapeutic curiosity, and deepening the connection to clients, their trays, and their impact on the therapist. The author provides seven steps to understand how to drop down into client work. A case example with sample dialogue is included to deepen the readers' understanding. Art experiences, to be used by the sandtray therapist, are explained and demonstrated to offer methods to explore the sandtray experience.

Keywords: sand tray, sandtray therapy, metaphors

The goal of this article is to discuss the importance of active and consistent clinical exploration of client sand trays, increasing the use of self, exhibiting therapeutic curiosity, and deepening our connection to clients, their trays, and their impact on us. It has been my honor and privilege to introduce sand therapy to countless professionals seeking to offer this type of expressive therapy. I have strived to provide responsible training that conveys the depth and scope of the reparative capacities of sand tray. I have found that clinicians tend to focus on "what the client says," as if verbal explanations alone suffice or complete the process. In fact, I think that verbal commentaries about the tray by the builder are fascinating and important; however, our own clinical work with the tray appears to me to be an under-explored area for professional growth that informs (and/or reflects) the therapeutic process and internal movement of the client.

Correspondence concerning
this article should be
addressed to Eliana Gil,
elianagil@me.com

Contemporary clinicians seem to be plagued by contextual pressure to do more and do it more quickly: Take more clients, increase, and maintain (often unreasonable) billable hours, and accommodate schedules late into the evening. Too often, therapists find themselves rushing to rearrange their offices and prepare for the next client. This

includes moving miniatures out of the tray rapidly, often without time to take in the therapeutic experience that just occurred. I learned early on that a ritual that accentuates closure from one client, and emotional readiness for the next, is critical in avoiding burnout and meeting clients with an open stance. Sometimes I said goodbye to each miniature, thanking them for being just right for the client who selected them. I also took some time to do countertransference drawings or trays whenever possible and found ways to transition to the next client with respect and emotional availability. I believe we can get to know clients better by paying more concentrated attention to their creations, which they generously leave behind for us to hold. I am suggesting holding *and savoring* to more fully value the client's communication, connection, and trust. This approach posits that our countertransferential responses, or intuitive responses, are another form of expanding therapeutic benefits (to self and others).

I will suggest a number of ways to drop down into the clinical work: Spending time with the completed sandtray, documenting initial impressions, checking and expressing countertransferential responses, identifying entry points (should you wish to follow a verbal dialogue with the client), crafting amplification questions (whether you use them or not). I will present a case example and offer some ideas for our own clinical work toward honoring client work in the sand.

Client's First Sand Tray: *Up a Tree Without a Ladder*

Christine was a Caucasian, 8-year-old child (living with a foster mother, Clara) who had liked the feel of the sand in the sand tray from about the tenth session forward. She put her little fingers in the sand with great hesitation and eventually took this clinician's hand, put it in the sand tray, and covered it with sand. When I moved my fingers, Christine smiled cautiously. When she picked up my hand and shook the sand off it, she had a full, glorious smile. This session (about three months into therapy) was the first time Christine tried out playing in the sand tray, and the next session, she took a full leap into exploring what was most on her mind. In doing so, she created a pivotal bridge to my understanding and connection with her as she began to enjoy her perceptions of difficult experiences in her life. Her sand work also allowed her the safe enough distance to show her current ambivalence about her relationship to her mother.

This topic of time seems to elicit much ambivalence for sand therapists, who tend to find it burdensome to make time for one more thing. They talk about harsh work environments, intense demands, and the anxiety of preparing the room for the next client. They also mention that they need to write notes or catch up with administrative tasks if there is available time. Clinicians appear to be universally struggling with time management, so adding yet another thing to do often feels impossible. However, I encourage you to think about this possibility, even if just with a few selected clients, as a vehicle for enhancing your clinical growth and development and as a way of honoring the important work potential of sand therapy.

Step 1: *Spending Time with the Sandtray*

As I sat and explored my countertransference to Christine's first sandtray (Figure 1), I felt that it strongly suggested that she had accessed her unconscious and the world of the implicit. I felt she had taken a leap of faith and given me the gift of trust. I felt reverence throughout my body and felt the privilege of witnessing and connecting with this client.

Almost always, it is customary for me to either put all the miniatures back on the shelves after taking a picture or move the tray somewhere safe until I can spend some time in its presence. Given my sense that this tray was critical to the child, I saved it in another room, covered it with a note that said, “Do not disturb,” and returned to view it at the end of the day.

Figure 1: Up a tree without a ladder:



Step 2: Documenting Initial Impressions

I first thought about Christine’s process of gradual connection to the tray and sand. She had not responded to my initial invitation to feel the sand or look at the objects in the tray, preferring other activities in the play therapy office. In terms of client process, I would say there was ambivalence as I watched her peek over towards the miniatures from time to time. I also remembered how she had been able to smile when I wiggled my fingers in the sand, and she was able to pull out my hand and dust off the sand. I gazed at this first sandtray and allowed myself to wander around, imagining what it was like to be the different objects in the tray: the cat, the porcupine, the tree. I imagined myself being small enough to walk around the tray and notice what I noticed. I became aware of different aspects of the tray, such as the absence of people, the closeness of the mother and baby deer, and the need to have them up high in the tree. I also wondered how they had gotten up there and how they would get down. As I looked at this

scenario, everything seemed still, and I felt a little scared and worried. I also noticed that I was holding my breath as I looked at the sand tray. I couldn't take my eyes off the cat and wondered what he was looking at or looking for. Was he keeping guard, was he ready to flee, was he a silent witness? I also noticed how there was a clear diagonal consisting of two trees and a sturdy house. Were these signs of the child's interest in growth, in life, in connection to the earth, and feeling (or longing to feel) stable or grounded? There was also the presence of water and sea life in the upper left corner, and there were no objects in the bottom right corner. That seemed to suggest the possibility of other worlds, the mysterious, that were yet to appear. I wondered about Christine choosing the tree with a cavity on the bottom and interested that she placed a porcupine there. Christine spent time at the end making little uplifts in the sand with her small hands, at times patting the sand down, at times lifting it even higher.

She seemed very engaged in the process of making the sand picture, and her movements, selections, and positioning of objects seemed intentional. I sat facing her but far enough away that I was not intruding. She looked up frequently to see what I was doing and saw me looking patiently at her tray. She did not speak throughout this process, but we had long since explored both silence and words and had become comfortable with both. Christine did not usually volunteer very much information except about her present-day activities: Where she had gone on the weekend, how her cat was purring and hissing at home, how she and her next-door neighbor were learning to ride bikes, etc. At this moment in our therapy, Christine's birth mother, Sarah, was in a shelter, receiving intensive therapy and advocacy services. Christine understood that when her mother found a job and apartment, they would be reunited again. Sometimes I would ask if she'd visited with her mother (there were regular visitations for her mother and Christine), and she nodded her head affirmatively but offered nothing more verbally. We had done some work about affect identification, and she was able to point to feelings she had at different times to show how she was feeling at the moment or how she had felt in different situations. She consistently pointed to happy and sad when I asked about Sarah. She also played with a specific baby doll and often talked about how the doll felt or what the doll wanted to do, using consistent projective capacities.

After she finished this sandtray, she stood up, and so did I. I walked around the sandtray, encouraging her to see it from different angles, and she followed me around the tray. "The sandtray looks different from different sides," I said quietly. She stood at each of the four sides of the wooden tray and stared at what she had made while I waited for spontaneous communication. I asked her if I could take a picture, and she agreed, wanting to take a picture "holding it" with her arms thrown around the box. I took both pictures (one with her, one without) and gave her one at our next meeting.

Step 3: Checking in and Expressing Countertransferential Responses

I do two things routinely when I'm sitting and exploring the tray and my reactions: 1) I make a quick drawing of the tray from memory to see what is standing out and what I'm forgetting. I also like to see where my eyes are being drawn and where I feel the energy in the tray resides. This exercise is not about being artistic; it's simply about engaging your intuitive sense to augment your thoughts. I also quickly jot down the feelings I can identify while looking at the tray and assign them a color. Then I return to the picture with these affect/color associations and fill in what seems relevant. Figure 2 is the drawing that I made when first looking

at this picture of Christine's sandtray. You will notice that I wrote down feelings elicited by the tray, picked a color for each feeling, and used the affective color code to show where the feelings were being elicited.



Figure 2: A quick drawing of tray from memory and a look at the affect elicited by the tray (and energy).

A second activity I tend to do is either countertransference art or a countertransference sandtray. This means looking at the tray, allowing yourself to see what feelings, thoughts, and physiological responses come up, and then filling a piece of paper (or another tray) with whatever comes to mind. With art, I encourage people to "fill the page with lines, shapes, images, words" as they take in the tray in front of them (see Figure 3). With sand, I fill the tray with miniatures to show my thoughts and feelings about the client's tray. Both tend to be introspective, and I have found them a useful way to "work the tray." I have inserted the countertransference drawing I made of this tray.

Interestingly, as I looked at this drawing, Figure 3, I focused on the mother and child miniatures and mother's protective qualities, and how the child melted into her. This image encouraged me to reach out to social services again and see if they would approve services for the mother, especially reunification services. They had been noncommittal about the mother since the intake, apparently trying to investigate the initial child abuse report. I was not given

specifics, only that she had been removed from an unsafe situation and that her mother was young, possibly nonprotective, and possibly complicit in the child's endangerment. I was aware there were two frightened faces, possibly referring to the mother's victimization along with the child. The other big impression from this picture was what looked like the menacing legs of a figure, with a creature with quills with sharp, pointy ends. In the picture, the creature is much more threatening than I experienced looking at the tray. In this drawing, even though the porcupine is contained in the cavity of the tree, he also looks able to easily leave the container. Finally, I felt the lack of grounding in the tree, perhaps because of the large cavity, and it made me feel less protected. The cat remains intriguing.

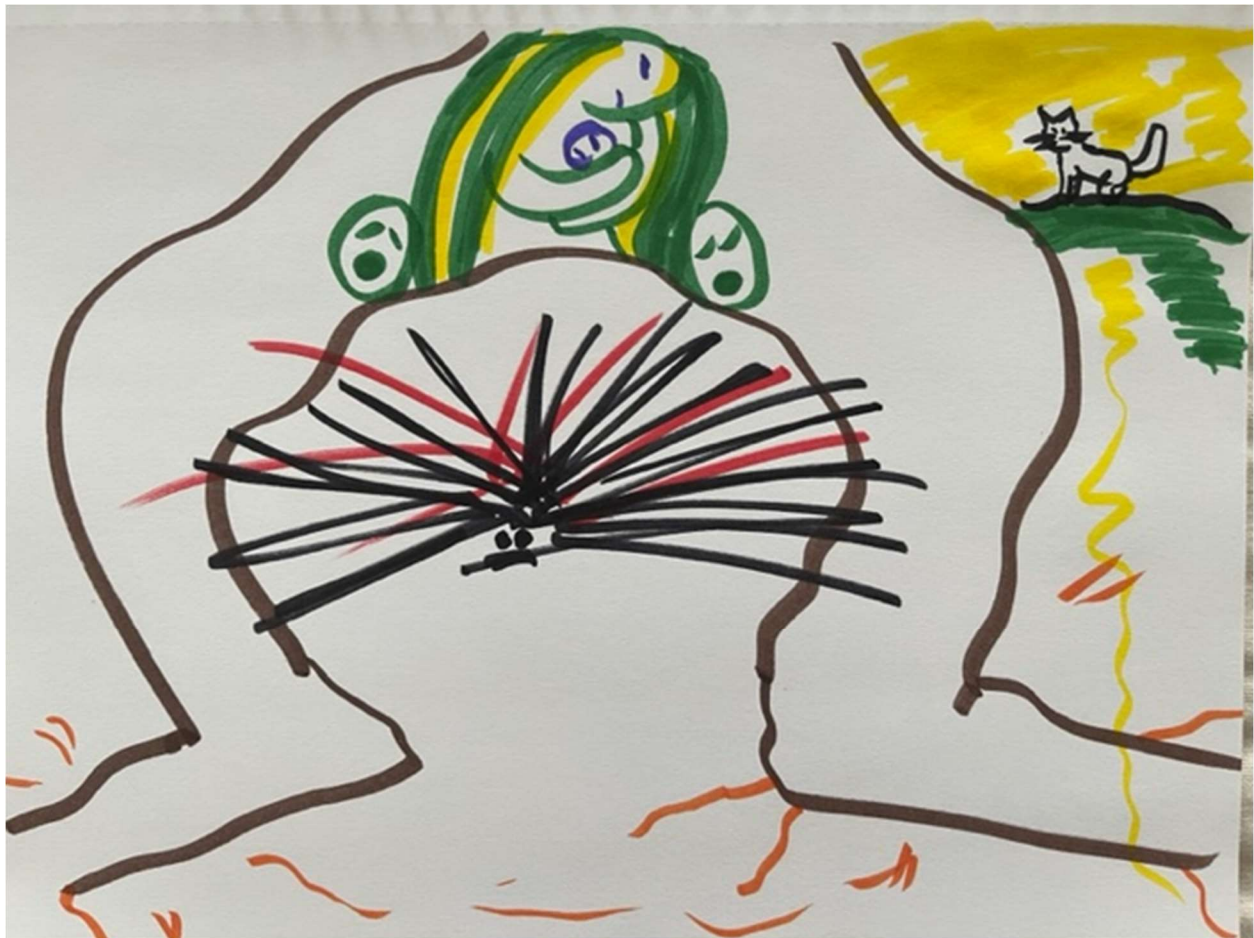


Figure 3: Countertransference art.

As a result, I took action to get the mother more involved and to get more information from social services (such as a police report). I have always wanted to do a “clean” initial assessment without a lot of information. After I start conceptualizing the case, I will request additional information. I definitely wanted to hear more about the mother's relationships, and the child's father, whom I heard was currently incarcerated.

Step 4: Identifying Entry Points (whether or not you engage in a verbal dialogue)

I like to prepare to work in the metaphor, whether I actually get a chance to do it, or not. Preparation means allowing my thoughts to roam and focus and roam again, experiencing my feelings and noticing what intrigues or feels compelling to me. I also craft amplification questions in the event that Christine offered some spontaneous communication; and/or was willing to use words to augment what was in the tray. I also create amplification questions to practice and strengthen my abilities to think on my feet—those carefully crafted questions do not come naturally, and I have found that practicing really helps.

My basic approach to working with the metaphor in the sandtray is to consider it an externalization of very important and relevant material that cannot yet be addressed directly. In other words, I consider that if someone could tell me their problem explicitly, they would do so. The metaphor is a way to connect with the implicit, to tell without talking, and to communicate with self and other. Thus, my exploration of the client's metaphor is done gingerly, in complete recognition of the trust that has been placed in me.

When metaphors appear in story, art images, verbal language, or behavioral movement, some may be obvious, visible, and distinctive— others are vague and convey a hint of something else. When we give children an opportunity to do sandtrays, we give them a chance to create metaphor by using miniatures to create a tangible story, an art picture, and a scenario that includes essential information about children's internal worlds.

I have stated elsewhere that something important seems to happen when children externalize internal images, pictures, feeling states, and perceptions, into a container (in this case, the sand tray; Gil, 2010). Children can feel reassured by having the experience of placing miniatures in a contained space with firm boundaries (as those provided in traditional wooden sand trays). In addition, this externalization creates the "safe enough distance" that play therapists value immensely. In other words, children find a way to talk about themselves without taking risks that they may not yet perceive as possible (although this may not be a conscious, cognitive process but a sensory and affective one in which they hesitate or feel uncomfortable). They begin to look at what is going on in their worlds in a way that allows them to maintain safety while approaching what's feared. In this fashion, children often use play to initiate gradual exposure, a way to expose oneself to feared or complex material in such a way that affect can be gradually tolerated and results in the feared image losing power (Gil, 2017, p.16).

It is of great import to treat these externalized metaphors as representative of something else and/or something not yet fully understood by either client or therapist. As stated previously, if children felt comfortable discussing difficult experiences spontaneously, they would do so. I have had experiences in which children seem anxious to verbally communicate what their parents did to them, how they feel, or that they want to go home. But when children seem reluctant to commit to verbal language, this provides them with an alternative method of approaching their traumatic experiences in a way that makes sense to them. As such, it often carries greater possibilities for integrating something changed through their own externalization and management. Charlie Schaefer was one of my earliest inspirations for my interest in this topic, and he stated that

post-trauma play has a greater chance of achieving mastery for children when they 1) feel in control of the outcome of the play; 2) play out a satisfactory ending to the play; 3) feel free to express and release negative affect; and 4) exhibit a cognitive reappraisal of the event. (Schaefer, 1994, p. 308)

The first clinical step in this process is to encourage the child's curiosity about what they have created, to redirect their attention back to what they've created, and to stimulate some introspection, especially when kids want to move on to something else. Clinicians can model therapeutic curiosity and, by doing so, engage clients in growing the metaphor in order to expand their awareness of their creation. The trick is to avoid interpretations and suggestions of things not already named or told us by child (or adult) clients. Many therapists may feel tempted to solve problems that appear in metaphors, provide a reassuring ending, bringing in a resource prematurely. Amplifying metaphors does not mean moving or manipulating them in any way. It means accepting what has come forward and simply attending to what is present, not necessarily what it means narrowly and not what it could become. It means focusing on problems, worries, or concepts presented, not those we surmise or interpret as something else. When children are describing vulnerable deer, for example, it is less useful to wonder if the child is feeling vulnerable or afraid and more useful to understand the deer's experience of vulnerability or safety as it is created by the child.

Points of entry are areas of the story, the sandtray, and the artwork, that have an identifiable object(s), or energy, that could serve as a way of entering the metaphor. For example, in Christine's sandtray, the house on the right is an entry point, the tree in the front is an entry point, the porcupine, the cat looking forward is an entry point, as are other objects (the space with markings). Clinicians can decide which entry point to work with in different ways: 1) The sequence in which the tray was made (Christine placed the large tree in the center of the tray first, so some clinicians might choose that—others may choose the last object placed to explore); 2) Clinicians may opt to review what is the most/least threatening aspect of the tray and start with the point of least resistance if they can identify that; and 3) Clinicians can select points of entry based on emergent issues, phase of treatment, or relationship to the client. In other words, intangible variables unique to each therapy case. After the point of entry is selected, clinicians then develop amplification questions, comments, and observations with the chosen object in mind, in order to cause the child's attention to refocus on a specific aspect of the tray (like using a wide lens on a camera and then focusing on the forefront or background). Although talking will occur and the left hemisphere of the brain is now activated, it is important to note that staying within the metaphor itself actually pulls for a whole-brain response. This is desirable, given that left and right hemispheres are equally engaged, active, and interactive, as well as the bottom and top of brain functions (Siegel & Payne, 2012). It is important to note that how we interact with the child, the words we use, and the intonation in our voices, are all important. If therapists ask children about real-life events and how the metaphor stands for something other than what we see, the child might have to revert to more intense left-hemisphere activity, which could cause defensive mechanisms to come into play. I once consulted with someone who responded to a child's drawing by saying, *"You must be feeling really afraid right now."* The child put his hands on his waist and loudly protested, *"I'm not a scaredy cat!"* Our goal in working with metaphors is to have children remain open and receptive to the creation in front of them rather

than elicit their use of defenses because the material crosses the “safe enough” threshold and begins to feel threatening.

Step 5: Crafting Amplification Questions (*whether you use them or not*)

In my clinical experience, careful and purposeful therapeutic language is the most challenging part of amplifying metaphors. Although only a few rules guide this process of asking or commenting, clinicians are encouraged to practice, practice, and practice creating these questions because they do not come easily.

The guidelines are as follows: 1) Ask questions that do *not* require a “yes/no” answer (e.g., do you want to tell me about this? Most kids say “no!”); 2) Do *not* ask “why” questions (e.g., why did you pick this particular miniature? Kids don’t like having to explain themselves!); 3) Do *not* make interpretive comments (e.g., so it seems that you might be feeling scared of your mom); and 4) Do *not* rush ahead or go beyond what is presented to you by the child.

Some ideas that might assist you in creating amplifying questions are: 1) Express your therapeutic curiosity about an object/metaphor; 2) Be patient and spend some time with the object or the identified point of entry; 3) Questions are fine but once you can see that children are not responsive, try making comments or observing things instead, and take the emphasis away from the client’s verbal responses.

When Christine returned to the next session after making her tray, she came in the door and literally let out a huge sigh and covered her mouth with her hands while walking over to the sand tray. *“It’s still here,”* she said with apparent excitement and pleasure. *“I knew it would be here!”* I responded, *“I thought we might take another look at it together.”* She seemed completely receptive as she started dusting sand off the house, making more fingerprints in the sand and slightly rearranging how things were in the sand tray. Her first movement was to anchor the tree deeper in the sand and bring more sand around the roots.

Here are the questions I prepared for Christine’s sandtray, after spending some time allowing myself to explore the tray. I identified three possible entry points and then created questions designed to further amplify the metaphors in the tray:

Entry Point 1: The cat in front of the house

“I notice there is a cat in front of the house; what is the cat doing?”

“I wonder how familiar this house is to the cat?”

“If the cat were to turn his head the other way, what would he see?”

“What’s the cat’s favorite part of this house?”

“If the cat could use words, what would he say to the house?”

“When the cat is not in front of the house, I wonder where the cat goes?”

“What does the cat see as he looks out?”

“I wonder if the cat has anything to say to the mother deer and the baby?”

Entry Point 2: The tree in the center of the tray

“What kind of a tree is this?”

“How long has the tree been in this place?”

“What’s it like for the tree to be exactly in the place it is?”

“I notice this tree has an open space. How does the tree like having that space there?”

"It seems there is something inside the tree...I wonder what that is?"
"If the tree could speak to that creature, what would it say to it?"
"I wonder how long that creature has been in that space?"
"If the creature wasn't in the tree, where would it be?"

Entry Point 3: The mother deer

(Christine had told me there was a mother and baby deer in the branches. She had also called the creature a porcupine with pointy things)

"What is the mother doing on the branch of the tree?"
"I notice there is a baby next to the mother deer; what's it like for the mother to be near the baby?"
"What's it like for the baby to be atop the tree?"
"What is the mother/baby thinking?"
"What is the mother/baby doing?"
"I wonder if they could speak to each other, what they would say?"
"I wonder if they know there is a porcupine nearby?"
"What do they think about the porcupine being nearby?"
"How do the branches feel about having company up high?"
"If the mother could be heard by the cat, what would she want the cat to know?"
"What might the mother deer want to say to the porcupine?"

Here is the dialogue I had with Christine based on some of the questions I had prepared. I asked these questions when I saw Christine arranging and rearranging the mother and baby deer on the tree. To the question, what is the mother deer doing, Christine said:

Christine: *"She's trying to be very quiet."*
 Therapist: *"So, she's trying to be very quiet."*
 Christine: *"Yeah, she doesn't want to make too much noise."*
 Therapist: *"What will happen if she makes too much noise?"*
 Christine: *"She'll get caught hiding, and then she'll be in trouble."*
 Therapist: *"So, the mother deer is hiding right now."*
 Christine: *"Yeap, inside the branches...but she's also watching, you know, being guard."*
 Therapist: *"Oh, so mom is keeping guard."*
 Christine: *"Yeah, she's a good guard too!"*
 Therapist: *"It's great when moms can be good guards, and sometimes they have to know when to hide."*
 Christine: *"Yeah, you have to be really quiet."*
 Therapist: *"How does the baby feel when the mom is guarding and hiding."*
 Christine: *"She doesn't breathe loud, she is really quiet, she doesn't say anything and keeps real still."*
 Therapist: *"Oh, so the baby also knows what to do; she's real quiet, doesn't breathe loud, keeps still."*
 Christine: *"Yeap, she doesn't want to get caught because bad trouble comes..."*
 Therapist: *"What kind of bad trouble comes?"*

Christine: *"You know, the porcupine, he has very sharp needles, and he shoots them out and hurts the mommy deer."*

Therapist: *"Oh, so the porcupine has sharp needles and hurts the mother deer?"*

Christine: *"Yeah, we don't like him; he's mean all the time."*

Therapist: *"What does the porcupine do when he's not being mean and shooting needles?"*

Christine: *"I don't know."*

Therapist: *"How is the porcupine mean to the baby deer?"*

Christine: *"He hurts her mommy and screams at her too."*

Therapist: *"I'm so sorry to hear that; I'm so sorry that the porcupine hurts and scares mommy and baby."*

Therapist: *"What's it like for the baby to be in the branches?"*

Christine: *"She likes it there. Her mommy likes it there, too, because she's tricking the porcupine."*

Therapist: *"So being away from the porcupine feels safe to the baby and mommy?"*

Christine: *"Yeah."*

Therapist: *"I wonder what it would be like for the mom and the baby to feel safe?"*

Christine: *"Only if the porcupine isn't there. Sometimes the police take him far away, but he always comes back and finds them."*

Therapist: *"Sounds like he's a very persistent porcupine."*

Christine: *"What's that?"*

Therapist: *"Someone who keeps coming back over and over...."*

Christine: *"Yeap...."*

Therapist: *"I wonder if the mommy and baby could speak to each other; what they would say?"*

Christine: *"Just I love you."*

Therapist: *"The mommy and baby love each other."*

Christine: *"Yeap."*

Therapist: *"How do the branches feel about having company up high?"*

Christine: *"They like the deer being there. They think it's funny because deers don't usually climb on trees, but they like animals in their branches, squirrels, and caterpillars too."*

Therapist: *"If the mother could be heard by the cat, what would she want the cat to know?"*

Christine: *"The mommy would thank the cat for being a good pet and tell her that we'll be back home soon as soon as we can. Mommy says we're going to have a new home with a cat."*

Therapist: *"I see, you and your mom are going to live together in a new home with a cat."*

You can see how willing Christine was to stay with the metaphor and answer questions or comments from that vantage point; however, she was almost always reluctant to volunteer information about her father and his violent behavior since that felt unsafe. She had been told repeatedly that she had to keep her mouth shut or... *"I will shut it for you!!"*

Step 6: Reintroducing the Metaphor

Another option for amplifying the metaphor is to reintroduce it to the child in another medium or another way. In this particular case, at a later date, I reintroduced the story of the mother and baby deer hiding from the porcupine by doing an art therapy project called the Safe Environment Project (Sobol & Schneider, 1996).

We give children a cardboard plate, some arts and crafts, paints or markers, and a miniature animal to complete this project. I chose the miniature for her, giving her a small deer. I then asked her to make an environment for the deer. When she asked what exactly an *environment* was, I told her the place where the deer lived. She thoroughly enjoyed doing this project, although she ended up with a fairly barren environment, with very few objects and little color. The overall feeling it elicited was a sense of exposure and vulnerability.

A few weeks later, I asked her to do the same project, although this time, I asked her to focus on creating a *safe environment* for the deer. This time the child really invested herself differently and ended up producing an environment with foliage, color, a protective fence, a small, covered area, food, water, and a friend for the deer. She had asked for a mother deer to go into her safe environment project, but we could not find one, so she made a big and small bed, telling me that the mother deer wasn't home at the moment but would be home soon.

This reintroduction of the baby deer in a completely different activity allowed the child to interact again with the metaphor she had created earlier and find ways to engage further using another level of resource-building. My integrated approach is documented elsewhere (Gil, 2006; Gil, 2011), but suffice it to say that therapy can include the purposeful integration of directive and nondirective strategies.

Step 7: Using a Systemic Lens and Dyadic (attachment) Work

It is important to note that attachment work cannot be done in a vacuum. Once the legal processes had concluded, and a permanency plan was articulated for "return home," I did family therapy work with Christine and her mother to ensure that Christine could experience her mother as a protector and nurturer. This work aimed to encourage Christine to see her mother as a capable, safe, and protective parent and to process traumatic memories so they could move forward, as articulated by Lieberman, Ippen, and Van Horn (2015).

The first time I saw them together, I asked Christine to show her mother around the room, and I allowed them to decide what they wanted to do during their time together. Christine talked to her mother about the sand tray and asked her to come and play with her. Christine explained that they could use any of the miniatures on the shelves and build a world together. "*Let's build a peaceful place,*" said mother, and they proceeded to build a beautiful sand picture quietly. Their sand tray had different colored beads, and there were two circles, a large one and a small one, inside. They both seemed to finish precisely the same time, and Christine asked me to take a picture. There was a beautiful green circle of shiny beads on the outside and a smaller yellow circle of shiny beads on the inside. They asked me to take a picture with both of them included (which is why I do not include the picture here). On their way out, Christine said to me, "*my mom loved making something so beautiful.*" Her mother smiled as they walked out. This was the first of many joint sand trays, not all as beautiful or as organized, but all as heart-felt by them. Their willingness and interest in working together was heartwarming, and I mostly took a nondirective

stance awaiting spontaneous communication in some shape or form about the traumas they had experienced in their past. None emerged in their art or play, and it seemed evident that the mother was conveying a desire to “move on and forget” what had occurred, finding it painful to remember or discuss the past. Given her mother’s avoidance and Christine’s compliance with her, I opted to “tickle the defenses” by asking Christine to tell her mom first about the environments she had built for her deer and later, by telling her mother a little about the sandtray with the porcupine. I took it one step further and invited Christine to spend half a session alone with me re-building the sandtray from the picture, and in the second half, Christine told her mother the story about the mother and baby deer and the porcupine. Mother was in and out emotionally, sometimes tearing up; however, she was most receptive to the story, interacted in a nurturing way with her daughter, and offered up some of her own views on Christine’s dad and her “old fears” about him. They were able to do a co-narration of what it had been like for mom to try to protect her child, and Christine offered up feeling well protected by mom and grateful to her.

References

- Gil, E. (2017). *Posttraumatic play in children: What clinicians need to know*. Guilford Press
- Gil, E. (2012). Trauma-Focused Integrated Play Therapy, In P. Goodyear Brown (Ed.), *Handbook of sexual abuse: Identification, assessment, and treatment* (pp. 251-278) Wiley.
- Gil, E. (2010), (Ed.). *Working with children to heal interpersonal trauma: The power of play*. Guilford Press.
- Gil, E. (2006), Special Issues: Posttraumatic Play, Trauma-Focused Play Therapy, and Problems of Dissociation, In E. Gil, *Helping abused and traumatized children: Integrating directive and nondirective approaches*, pp.151-174. Guilford Press.
- Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). “Don’t hit my mommy!” A manual for child-parent psychotherapy with young children exposed to violence and trauma, Zero to Three.
- Schaefer, C. E. (1994). Play therapy for psychic trauma in children. In K. J. O’Connor & C. E. Schaefer (Eds.), *Handbook of play therapy: Vol. 2, Advances and innovations* (pp.297-318). Wiley.
- Siegel, D. J. & Payne Bryson, T. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child’s developing mind*. Bantam.
- Sobol, B. & Schneider, K. (1996). Art as an adjunctive therapy in the treatment of children who dissociate, In J. L. Silberg (Ed.), *The dissociative child: Diagnosis, treatment, and management* (pp.191-218). Sidran Press.