

## DREAMS IN SAND.

By LOUISE F. W. EICKHOFF, M.D., D.P.M.,

Senior Lecturer in Child Psychiatry, University of Leeds.

[Received 30 August, 1951.]

THE inadequacy of verbal development is the most striking handicap to the analysis of children. In the young child, under seven years, many concepts such as "happy," "sad," and "worried" are frequently not recognized at all; the child's very vocabulary is too limited for expressive purposes. Even as late as pre-adolescence the child may fail to correlate its inner experiences with its vocabulary. Besides the limitation of vocabulary due to intellectual immaturity there is also the Super-Ego's restraining action on what may be expressed verbally, in cold blood, and the younger the child the greater is this restraint. Most children, however, given an adequate medium other than words, are richly expressive of themselves but, unfortunately, it is now the adult who is inadequate and frequently fails to understand the language that the child is using, or, understanding it, cannot express himself in it. He "interprets" for the child in the more adult language of words, and sometimes even at a more adult level of erotic and emotional development than the child's. When this happens the child usually demonstrates its inability to correlate the inner experience which it is expressing in its own language with the adult's verbal interpretation. It either takes no notice or is frankly puzzled, or gives up its expression as if stunned by the unexpected.

Many media have been tried to facilitate the analysis of children. Possibly the most favoured is paint. This is certainly of great use therapeutically if only through a general catharsis. The medium itself gives an erotic stimulation, especially if finger-painting is used, and various gross feelings can be expressed with satisfaction through certain colours (e.g., black and red) and by certain techniques (e.g., splashing and smearing). Unfortunately, painting to be successful in depicting concepts and conflicts requires a certain skill and, until the later years, children have not the proficiency to paint exactly what they wish to express. This inadequate expression leads to a feeling of frustration. Younger children tend to become stereotyped in their productions owing to the limitations of their abilities, executing the same type of house, landscape, flower pattern, "flag" without much evolution or progression or unfolding of material that would help in analysis. Moreover, the therapist, unless skilled in art, has to resort to a verbal communication with the child, for if he attempts to participate at the child's level he must perform with reasonable proficiency lest he disturb the child's expression. The child must be able to recognize that which the therapist intrudes, otherwise it is merely treated as an interference to be ignored or painted out.

The same criticism applies to all plastic media. As catharsis they may be excellent, but until the child has sufficient manipulative skill in that medium he is not able to express his concepts adequately to the therapist, and both this and the therapist's own limitations in the medium prevent the formation of the ideal bond between therapist and patient: it keeps the therapy at an empiric level and more in the hands of the patient, since the therapist cannot really control that which he does not fully understand.

The most therapeutically exciting and satisfying medium in my experience is the sand tray with its equipment. Here is plastic material in the shape of sand and water by means of which gross feelings can be expressed, for it can be thrown, tossed, moulded, plastered, dug and smoothed; and on this basis concrete symbols can be placed so that a situation is very easily presented to the gazer. The whole is capable of rapid change and evolution or of dissolution and destruction. The

medium is simple enough for adequate therapeutic interference and it is with ease that the therapists can discuss the situation in the child's language. The forces of the psychiatrist can be placed at the disposal of the child before the child's very eyes. (Until and even during adolescence it is often very necessary for the patient to have concrete proof of the bond between himself and the psychiatrist before he can benefit from therapy.) *Fences* and *barriers* can be pulled down gently, *wild animal feelings* liberated with impunity and *conflicts* resolved at a level satisfying to the emotional and erotic level of the child, and easily interpreted intellectually by both therapist and patient, for the position is plain for all to see.

When I applied the adjective "exciting" to this medium I meant that here, probably, is the most thrilling of all psychiatric experiences. For some time I have been struck by the dream appearance of the sand tray when viewed as a finished entity. In adult analysis the therapist listens to dreams and is involved by the patient in certain bonds and situations of a spiritual nature, tenuous and abstract, but in analysis of children, through the sand tray, the therapist can become part of the actual dream, moving in this subconscious world symbolized, contracted, elaborated, transposed, transfixed into the shapes, figures and schemes recognised as dream-work. At the dream level the psychiatrist can insert the exploratory finger, smooth over the roughness of a situation, heal the breach, cut the bonds, all non-verbally, as it were—"In the silence of the sleep-time, when you set your fancy free."

Children of all ages even through adolescence, once the *rappport* has been established, will drop quickly into this dream state. They become absorbed in the moulding and the fashioning of the sand as if in the process of falling asleep. The shaping seems to be analogous to the tracing on the wall and ceiling of the hypnagogic patterns that are the entry into the unconscious state of the dream world at night. This fashioning may remain basically the same for the specific child; a smooth, slightly concave base remained throughout the formations of a child of five; a boy of seven related everything to a tall central structure surrounded by a deep and furrowed moat; a girl of eleven preferred a flatness with a rough surface. On this basic personal structure moves the play of those matters troubling the child. Words need not be omitted entirely. As in dreams, where usually the expression is in mime, verbalization and even vocalization does occur, and where the bond between therapist and patient is strong the psychiatrist can utter the scream of terror, the wail of sorrow, the cry of hate, the "How vile!" and the "What a dreadful thing!" that will not come from the child's dumb mouth that by this sympathetic encouragement the child may be helped to a better catharsis.

The extraordinary phenomenon of this dreamlike state is its serial nature. More and more rapidly at each interview the child will make the personal foundation which will show some modification as the child progresses. Parts of situations may be repeated and recalled from former interviews, and from this stage the statement in symbol will continue. To facilitate the process it is essential that the constituents of this sand-tray language should be arranged in an orderly dictionary (as it were), so that the child does not have to waste time looking for the representation of the words "mother," "house," "bondage," "conflict," but the feelings may flow freely and the dream progress rapidly because the symbols are at hand and in the expected place. Unless this equipment is arranged on easily accessible shelves in a standard order to which it is returned before each session, the child can only express itself stammeringly and haltingly. If presented with this facile, organized language, children of all ages will unfold their inner selves in a fascinating way impossible in any other medium.

Adolescents may require an explanation of this language to overcome their intellectual barriers, but I have used this method with remarkably rich results in fifteen- and sixteen-year old girls and boys. Even where full verbalization is intellectually possible the method remains the most therapeutically satisfying because of the union between psychiatrist and child in person at the dream level. I had pandered to the intellectual development of a girl of fifteen using painting and verbal techniques without success. She still remained enuretic, and kept herself and her conflicts away from me. We knew that the girls' mother had treated her disgracefully, but the girl refused to face the reality of her emotional state and the attitudes resulting from that treatment. Finally I took her to the language of the sand tray, to the concrete dream level, and in a series of six sessions she had expressed her "awfulness."

All the other animals in the world were on the pleasant hills under the trees, shaded from too hot sun and safe from danger. They were united into families, but in the unsafe patch, in the middle of the morass, were two calves, brother and sister, whose mother had left them and was herself on the pleasant side of the world.

This statement evolved into more human expressions of the unhappy situation until the last was obvious in relationship even to the child, and she was able to express with grief and horror the reality to which the dream had been so near.

A farmer and his wife lived on the most prominent hill with their son, a boy of the same age as the patient's brother, who was more accepted by her mother. Everything was at home and safe but the farmer's wife had not bothered about the last of her chickens, who was trying to get across the stream and reach home before the wolf ate it. The chicken was very frightened, but felt that perhaps it would be alright because there was a friendly bull (coming from the therapist!) who would fight the wolf and save the chicken.

Together we were able to say what a terrible person was the farmer's wife—and the child's mother. With this release of aggression against the mother the girl's enuresis cleared. Throughout, the basic sand formation had been a pattern of hill at the periphery with a central morass later turning to a definite stream.

The dream-like evolution of the sand tray picture is shown excellently by the series of photographs of the formations made by one boy of thirteen years. The series is far from unique in my collection except that in this case I was able to obtain photographs instead of the sketches that I usually keep for record purposes. The lad's clinical story is not of importance save that he was of psychopathic inheritance, knew nothing of his parents, imagined that his father was in America, had suffered much from mother-deprivation, had grown no roots for he had been moved from home to home, and was of that inadequate psychopathic structure that can exist socially only with obsessive bonds. He had high aspirations and low morale, and had broken down at the onset of adolescence with a depressive condition manifesting itself in stealing.

Throughout the series the patient worked from the left of the picture while I sat on the right. We faced each other. The part of the tray termed "Background" stood against the wall. The tray could only be seen as a whole from the "Foreground" which is the front of each photograph.

#### *Formation I.*

The foreground was constructed first. A house with two chimneys and an adjacent coal cellar (not visible in the photograph) stood inside its own grounds which were fenced off from the rest of the world. In one corner was a summer-house almost as big as the main house, the winter house, which the patient preferred because it was warm inside. Although warmth was sometimes needed in the summer-house because of the cold atmosphere around, fires could not be lit because there were no chimneys.\* One part of the garden was raised into a small kind of island. The back-ground remained a sand wilderness, and the patient agreed with all his heart that it looked very lonely. I shuddered and said that I thought I might be frightened to be in such a lonely spot. He began to smooth the sand upwards to make a mound in his own corner and he propped a motor cycle against the summer house on which to go away.

The wilderness took shape rapidly after this. A castle appeared near the patient, and behind it, more in the background, was a structure with a hole in it leading to an underground railway. A main road from him to me was smoothed out, and from it led a secondary road to the underground railway. All the traffic along the main road led from him to me except the milk-van, which came from me delivering milk to all the buildings. My position he designated the Sea.

An imposing house with many steps leading up to it came up on my side of the back-ground. This was the Lord Mayor's Palace. Outside this, on the secondary road, the patient placed a sign which he had wanted to be HALT! MAJOR ROAD AHEAD, but unfortunately this was missing from the set and a substitute was used. Outside the castle should have been a notice pointing to the Railway. The policeman was holding up the traffic from the railway, a horse and cart—slow traffic compared with the vehicles that flew along the main road from him to me.

He could not verbalize beyond the identification and saying that the houses were where rich people lived and that there was a connection between them. Yet he had

---

\* This boy had become depressed first in May and had grown worse in August.

said more plainly than any adult in a first interview that although in the main there was good communication between us, there was a double censorship holding up the flow from what lay underneath, the more powerful unconscious. I had been passive except for a rare comment.

*Formation II, 3 days later.*

He made this with exquisite and loving care. At his suggestion I altered the HALT sign to TO THE CROSS ROADS while he made the foreground. He finished four mounds, with three signs placed as in the photograph and a cross of roads and presented it to me with "There!"

I remarked on the deadness of the picture and that I could see nothing happening. I supposed that it was night time, but he corrected me for it was day-time and he fashioned the structures more clearly, adding an island at the cross roads and putting in the wooden figures.

Here is basically the same structure as in Formation I. The winter- and summer-houses have disappeared into a road that leads slowly to the main road ahead. The front fence of the garden has vanished and the raised piece of garden has moved out to become an island in the main road at the junction of the original road to the Underground and the road that was the houses. Both side hedges remained as structures but they were now modified to two rows of houses, ordinary houses where ordinary people lived and their front gardens, abutting on the road, were on the original garden site. The mound at the patient's side had melted into little mounds which were the walls of the back gardens beside him.

The most interesting mutation is in the background where the structures, still in the same position as in Formation I, are now almost of equal size and similar in shape except that the centre of the right hand is raised while that of the left is depressed. That which had been a Castle was now a big Cinema with "lots of pictures" and some buried treasure (his stick with which he had fashioned the chimney stacks). That which had been the Lord Mayor's Palace had been converted into luxury flats by an American with lots of money who had come over here and bought up the palace. The patient emphasized that he would never go there for it was too "posh."

My position was still the Sea and still milk went from me to all the buildings. The main road traffic continued to pass from him to me. The policeman and the instruction HALT! had both gone for ever. The latter had been replaced by the sign TO THE CROSS ROADS.

*Formation III, 5 days later.*

He referred to his last formation and said that he would not like to be "posh" but would rather be in the little houses, so identifying himself with the foreground of both formations. He told me that everyone on the formation went to the Cinema, rich and poor, but the posh people from the luxury flats went upstairs in the "Gods."

As he spoke he drew an island in the sand, scratched out a box-like hole and covered it in again. This has been a sudden feeling of a grave. I wondered aloud whose it was, but taking no notice of my query, he began an extensive formation in which he continued to look for his lost stick, although he kept overlooking it, burying it again whenever it turned up. He left his side and came round to lay at my feet a pile of sand, the surplus from his smoothing process. Then he dragged me into the dream play with "Guess what this is!"

*Therapist* : A castle? A football ground? A race course?

*Patient* : A race course. Hounds. It's at night.

*Therapist* : Can't we have a race? We have dogs here. And where are the people?

*Patient* : Oh, usually they stand there and pay money to go in. But it's night and there's only you and me.

*Therapist* : A race just for us! How lovely! Didn't we have to pay?

*Patient* : No.

*Therapist* : How nice! We must be special people.

*Patient* : Oh no. Anyone can go.

*Therapist* : Wouldn't it spoil it if everyone got in free? Nobody would pay if they could get in free and everyone would come and the place be overcrowded.

*Patient* : Only we knew about it.

*Therapist* : Then we must be special.

*Patient* : No! No! The man who owned it sent a boy to advertise it but he didn't.

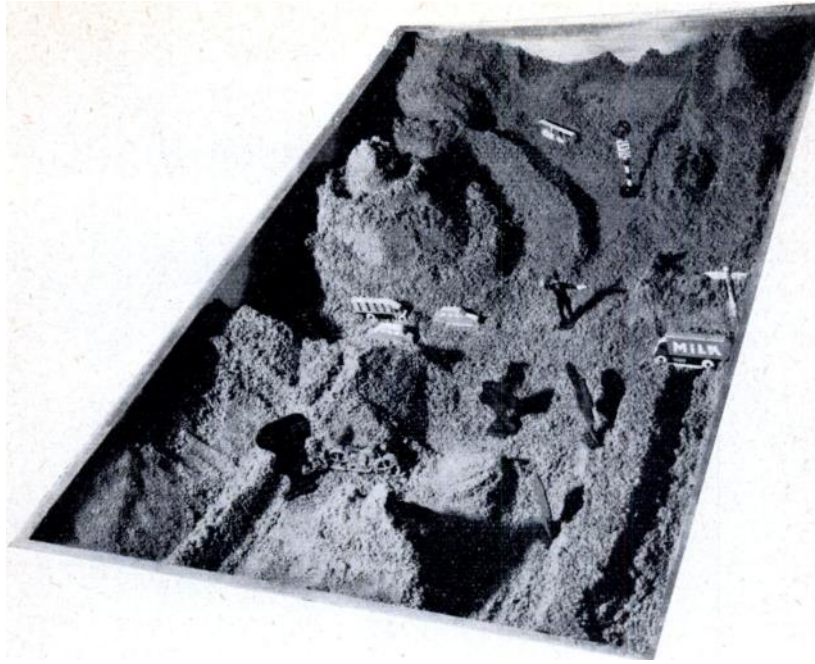
He just told us.

*Therapist* : Then when the man gets to know he'll sack the boy and get someone else to advertise and then everyone will come.

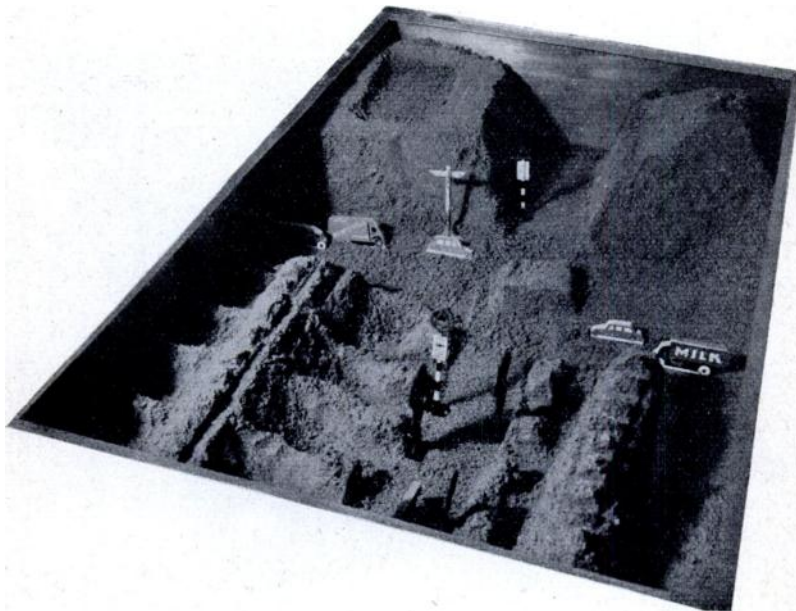
*Patient* : No! Because he wants to keep the boy. So we'll be the only ones there.

*Therapist* : In other words, you want us to be special but you don't like calling us special.

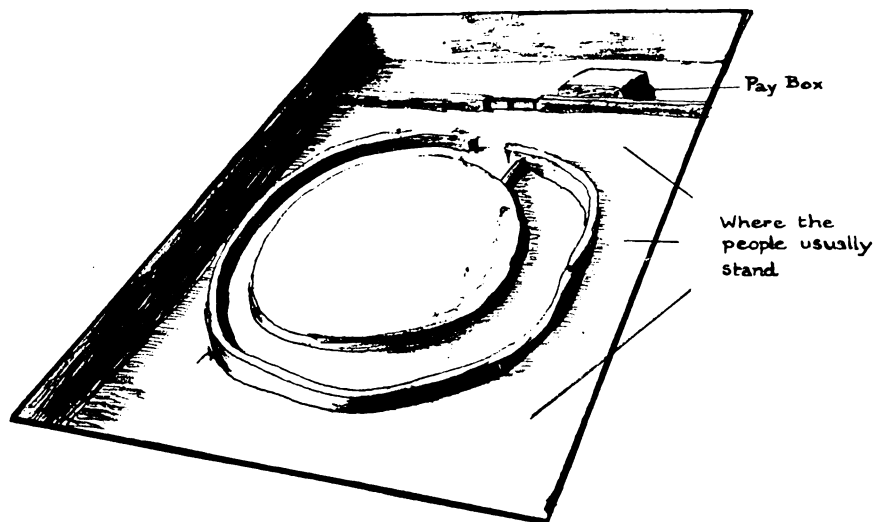
Patient laughed and the dream play almost ended as if the Censor had awakened to the imminence of reality. I said, "How nice it would be if we two could have something



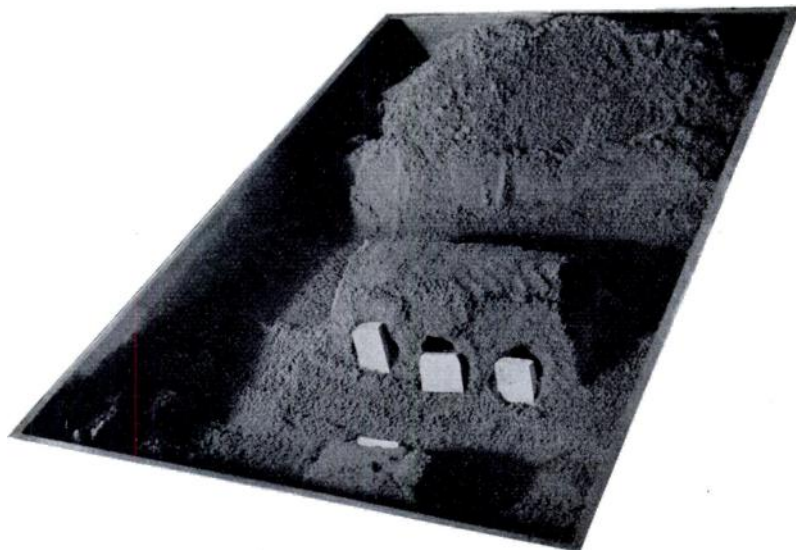
FORMATION I.



FORMATION II.



FORMATION III.



FORMATION IV.

together and free, a race all to ourselves at night. It's very nice of you to want me with you. I wonder which dog wins, yours or mine." He ran a race very carefully and made our two dogs finish first, in a tie. The others had left the course.

He scrubbed out this formation and I can therefore only present my drawing. The formation was obviously a development of a specific part of the first two, but whether of the Island, which had come from his garden, or of the Castle which had mutated into the Cinema it is difficult to say. Most probably this is an example of condensation. The Castle and the Island have fused. Note that there is a remnant of the Flats or Super-ego corner, the Pay Box, which is barred off from the rest of the theme.

When I expressed regret that he had destroyed this (My secret zeal for photography having outrun temporarily my therapeutic sense) he made another scene, *Formation IV*, which had an unidentified mound spreading from the Flats area, a mound of greyhound kennels in the Main Street area, and a separate house for our dogs in the foreground, his own area. Everything was "shut up for the night." I think that this demonstrates very plainly the uselessness of trying to force the analytical process. This was emphasized by the next interview, three days later, when the patient dug holes in the sand and filled them in again in a very dissatisfied way.

*Formation V*, 1 week after Formations III and IV.

He traced on the sand, in quick succession, something of his rows of houses, the island and the dog track before he burst into the making of *Formation V*. Once more he came round to me in a dreamlike way to put sand at my feet as he, so deeply absorbed as to be almost in a state of altered consciousness, fashioned with exquisite care the dream picture. Once more we had a cross of ways but the Main Road from me to him was the firmer and passed over the fluid way that had evolved from the connection between himself and the Underground. Once more there were two main mounds in the background; that which had been the Castle and the Cinema was now pleasant country and was bigger than the other mound which had passed from the palace to "posh" Flats, a Pay Box and now into a penned field containing a lonely ram. Pleasure boats sailed along the river. The car on the bridge was taking the patient and myself home from a day at the sea.

*Formation VI*, 10 days later due to a holiday intervening.

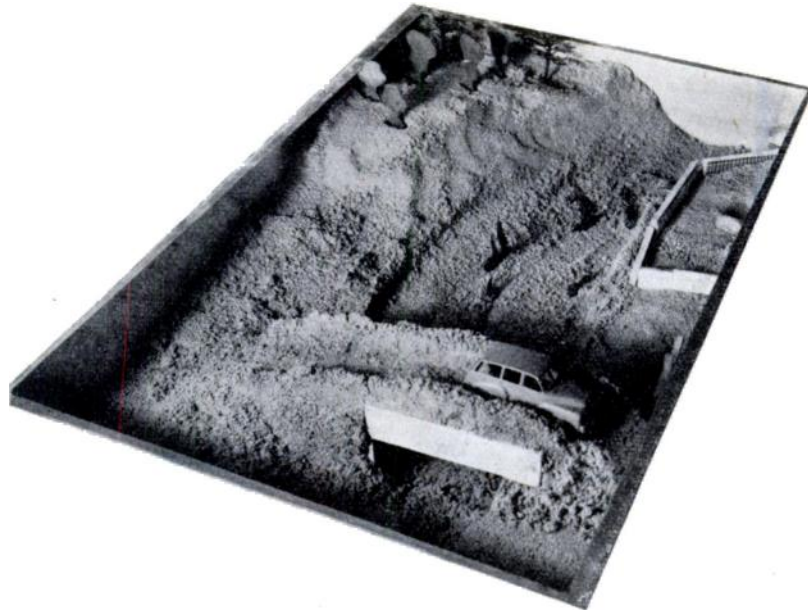
(This picture I hesitated to include for it appeared to be the beginning of a new series. Unfortunately this lad's treatment was administratively interrupted here and I have no further records for comparison.)

Blocking my view was a house meant to be the hospital part of the Home from which he had been moved recently as it was felt that his suicidal tendencies had subsided. He asked me to help by making the roof of the verandah for him and, as a wide road led from me to the front door under this verandah that I had made, and as the window jutting above it was the matron's room, I felt that I was correlated with the matron.

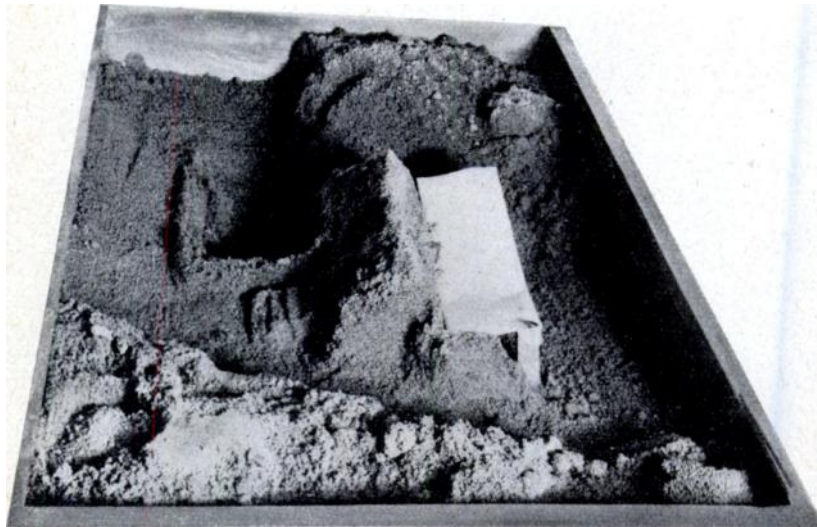
Behind this house, fashioned out of my sight (although I was given my customary present of sand out of the excavations), were steps leading up to the back door which the patient preferred, and also steps leading down to a place where dustbins were kept. The steps led up to "where we play," indicated in that corner where the Castle, Cinema and Country structures had been. The foreground, which the patient called "the Side" was not in the picture. The mound which had been the Super Ego structures was unformed. It was night.

It is possible that in this picture the Castle-complex had been displaced into the centre of the picture, for the pathway to the underground hole of the dustbins was reminiscent of the road to the Underground Railway which was under the square structure at the back of the Castle in *Formation I*. I should not like to draw definite conclusions for the purposes of this paper without examining this formation in relation to the rest of the series which was never obtained. Later he sent me a very inadequate drawing which he called the inside of a machine, "the Mole," which could go underground, and this might be taken as corroborative evidence for my assumption about the last formation.

The analysis of this material I do not wish to attempt here although much of it is so obvious that one scarcely needs psychological knowledge for interpretation. I only wish to demonstrate that these formations "are such stuff as dreams are made on." Here, before our very eyes, are the symbolic acts—the laying of dirt at the feet of the vast mother figure not actually seen in the dream picture; here is the dramatization whereby the latent idea in the content is turned into action; here are the condensations of several aspects into one symbol which mutates before our eyes to give better expression to the individual facets without change of basic feeling structure. So the Lord Mayor's Palace was bought by a rich American and converted into a "posh" place above the aspirations of the dreamer, a place where lived people who went in the "Gods," a place that constricted to a Pay Box and lastly expanded into a field of restriction where dwelt a solitary ram. It



FORMATION V.



FORMATION VI.



remained a masculine Super Ego place on the doctor's side. It remained raised, altered its shape but little and its position not at all in the series that was obtained. So too, the Castle, a place for defence and refuge, became the place for pleasure, the Cinema, and then a place of freedom and relief, the Country. Even when the complex moved to the centre for discussion its original site retained the flavour of freedom and recreation. As in the dream, two completely separate figures can be compounded into one, and latent elements sharing common characteristics are blended into a single whole. In Formation III it was difficult to know whether the racecourse was an elaboration of the Castle or of the Island for it was reminiscent of both. As in the dream the centre of interest can shift, only in the sand the separate complexes are shifted in turn to the centre instead of the centre shifting. From what had gone before it seemed only a question of time before the very difficult Super Ego complex would be moved from its corner to the centre for discussion. Freud points out that the essence of the dream function is regressive, as it implies a translation of the wish into an archaic form of language, and surely the most archaic of all expression is the concrete representation as we can have in the sand tray.

A form of secondary elaboration is obvious in connection with all the formations and the same incongruities are found as in dreams—the rich people go in the “ gods,” milk was generated at the sea, a structure is heightened to become flats—but probably this is more obvious in Formation III where we return to verbalization. There was here a considerable degree of rationalization. Because the latent elements have been replaced by something more remote, by an illusion as it were, the formations have too that same remote intimacy which is the quality of those vivid dream pictures that our censors allow us to recall or which press beyond our censors because of their intensity.

In the normal person the dream life is sufficient to satisfy the forbidden desires and enough catharsis to heal the wounds of the day. Sleep “ knits up the ravelled sleeve of care ” completely each night. There is no need to examine and discuss these dreams or to analyse their contents. So in this therapeutic dream work where the therapist and patient converse in symbolic language I have found little need for interpreting to the patient verbally. I sometimes assist catharsis by sympathetically expressing vocally the emotional trend of the dream, often in exclamatory form, and this, together with the patient's satisfaction of expressing perfectly in this displaced way the forbidden wishes, desires and fears, has proved therapeutically valuable. Children improve rapidly, as did this boy until his treatment was interrupted at this crucial stage in his analysis. This freedom from the need for verbalization is an immense relief, for even for the skilled therapist it is difficult to translate adult interpretations into the exact level of concrete or abstract thought development, erotic stage and emotional maturity at which the particular patient may be. The archaic language of the sand tray reduces all to a common level. Moreover we know that, therapeutically, deeper satisfaction is obtained from feeling and doing than from thinking and saying.

The basic structure of flatness remained specific to this boy in all the formations and I have noted this basic tendency in formations made by children over seven years of age. At a younger age the bases may be less defined. It is possible that by analysis of these basic patterns and their origin we could find clues to the basic personality structure of the patient and evidence of the progress of personality integration. At the moment, however, I am impressed by the depiction that the moulding of the conflict and superficial material is dependent upon the shape and structure of the basic formation even as any clinical picture is coloured by the underlying personality. I should like to urge greater interest in and analysis of this sand-tray medium and its possibilities that we may learn more of the associative processes and their formation, of the dream mechanisms and therefore of the thought, feeling and erotisms in the child, and of the analysis of children generally.