THE APPLICATION OF SANDPLAY THERAPY IN CHILDREN WITH OBSESSIVE COMPULSIVE DISORDER

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The objective of this study is to present the results of Sandplay Therapy (ST) in case of three children with obsessive-compulsive disorder (OCD). A review of the literature on the psychotherapeutic treatment of children with this disorder identified that the psychological technique most frequently used has been Cognitive-Behavioral Therapy (CBT). This is to our knowledge the first study to apply ST for such cases. The children were tested before and at the end of their processes by the instruments: psychiatric report; interview with parents; Yale-Brown Obsessive-Compulsive Scale (Y-BOCS); Beck Depression Inventory; Beck Anxiety Inventory and school report. The scenarios were organized in categories and divided in three periods: start, middle, and end. A comparison enabled to observe an increase in positive and decrease in negatives categories at the end of the process. According with the instruments, there was a remission of symptoms of OCD at the end of ST for the three cases.

Key words: Sandplay Therapy, obsessive-compulsive disorder, children

Obsessive-compulsive disorder (OCD) in childhood and adolescence is an impairing condition, associated with a specific set of distressing symptoms incorporating repetitive, intrusive thoughts (obsessions) and distressing, time-consuming rituals (compulsions). According to Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), obsessions are defined by recurrent and persistent thoughts, urges, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress. Compulsions are defined by repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize, prevent or are clearly excessive. Once considered to be rare in youth, epidemiological studies have found an estimated prevalence of 0.25%–4% among children and adolescents and the exact pathogenesis of OCD remains uncertain but
multiple components such as hereditary/genetic, cognitive, biological, environmental and behavioral factors have been implicated. (Kessler et al., 2005; Chandna, 2015). These data besides the fact that paediatric OCD is associated with increased risk of other psychiatric disorders in adulthood (Micali et al., 2010) make the early diagnosis and treatment urgent to prevent this psychopathology from getting worse in adulthood.

So far, the cognitive behavioral therapy (CBT) has presented the greatest number of studies. A meta-analysis made by Barrett et al. (2008) concluded that individual exposure-based CBT can be considered as a probably efficacious treatment and that family-based CBT, both in individual or group format, can be considered as a possibly efficacious treatment as well. Geller et al. (2012) also recommended CBT as the first choice when OCD presents mild to moderate severity, whereas selective serotonin reuptake inhibitors combined with CBT are indicated for moderate to severe cases. Actually, several meta-analyses on the efficacy of psychological interventions in pediatric OCD have been published. Among them, the study of Rosa-Alcázar et al. (2015) reveals that for clinical practice it is convenient to use CBT for treating children and adolescents with OCD, since the improvements are very notable in reducing obsessive-compulsive symptoms and, in a lesser extent, anxiety, depression, family adaptation, functional impairment, and other symptoms. The majority of controlled trials and meta-analytic summaries have also examined Exposure with Response Prevention (ERP) versus cognitive therapy as two distinct treatments for OCD. When compared, no differences have been found, with both treatments demonstrating significant and equivalent efficacy (Eddy et al., 2004; Olatunji et al., 2013; Rosa-Alcázar et al., 2008). In the last years, an alternative approach has been also proposed in prominent treatment guidelines (National Collaborating Centre for Mental Health, 2006) aiming to integrate Cognitive Therapy (CT) and ERP into a comprehensive integrated CBT approach. With varying degrees of CT/ERP integration (Cordioli et al., 2003; O’Connor et al., 2005), clinical effectiveness of the approach has been demonstrated (Anderson & Rees, 2007; Braga et al., 2016; Cordioli et al., 2003; Gomes et al., 2016; Jaurreita et al., 2008; O’Connor et al., 2005). A recent mega-analysis combining information from both controlled trials and clinical settings as well found that integrated CBT, CT, and ERP all had large effect sizes (Steketee et al., 2018). Rector et al. (2018) demonstrated that both ERP and ERP plus CT were found to be highly efficacious treatments with significant and statistically large reductions in OCD symptoms at post-treatment. The results of that research suggest that the integration of cognitive therapy into ERP approach to OCD may lead to clinically significant additive benefits beyond ERP alone.

Although it has been demonstrated the effectiveness of these techniques, we could ask whether psychodynamics approaches would also show some effectiveness and bring similar benefits. As we know, techniques that allow the emergency of unconscious contents can lead to the elaboration of conflicts that are behind the formation of symptoms and may lead to increase of knowledge about ourselves. However, the literature search did not find any study in Jungian approach with OCD. So, the motivation for this study was to observe the effect of a Jungian psychotherapy technique into reduction of symptoms of OCD in children. Sandplay was the chosen technique due
to excellent results that have been observed in our clinical practice.

Sandplay Therapy (ST) is a non-verbal and creative therapy, where subjects create their own scenes or drawings by hand using sand trays containing dry or wet sand, miniatures, pebbles and other natural objects. Weinrib (1993), Kalff (2003), and Zoja (2011) observed that the act of playing in the sand enables the expression of deep unconscious content and thus awareness on a preverbal level. Mitchell and Friedman (1994) have indicated that this form of treatment allows for the emergence of unconscious traumatic components, which are normally contained via defense mechanisms. These unconscious components may be symbolically revealed in scenes, bringing aggressive suppressed needs to the surface.

Some clinical cases studies of ST have been conducted with adult, teenage and child trauma victims (Kalff, 2003; Adams, 2007; Balfour, 2008; Rivière, 2008; Herrmann, 2008, 2011; Hong, 2011; Freedle et al., 2015). They have shown that symbolization of the trauma allowed for psychic content to be integrated and for aggressive and destructive tendencies to be acknowledged, converting the core of defensive structures into creative structures instead and gradually modifying and strengthening the ego.

So, the objective of this study is to observe the effect of ST in the reduction of symptoms of children with diagnoses of OCD.

**Method**

*Participants*

Three boys, age: G. (8 years and 10 months), L. (8 years and 1 month), and A. (6 years and 10 months).

*Instruments*

Psychiatric report; Consent form; Semi structured interview with parents; Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Goodman et al. (1989); Beck Depression Inventory (BDI; Beck et al., 1961); Beck Anxiety Inventory (BAI; Beck et al., 1988), school report.

Instrument for the psychotherapeutic procedure of Sandplay: Two rectangular boxes, (72 × 50 × 7.5 cm)—one with dry and another with wet sand.

Realistic or fantastic miniatures covering several categories such as: domestic and wild animals; construction toys; weapons; stones; mythological, fantastic concrete human figures among others. Digital camera.

This project was approved by the Ethics Committee of the Pontifical Catholic University of São Paulo.

*Procedure*

The patients were referred by psychiatrists with the diagnoses of OCD. There was an initial semi structured interview with parents who signed the consent form and filled out the scales described above. After the application of the instruments, it was proposed the treatment with weekly sessions lasting 50 minutes each.

During treatment it was asked to the patients to freely create a scene in the sandtray. The researcher/therapist sat at a small distance, observing the reactions and the behavior of the patient and also the development of the scenario. When the patient finished the setting, the therapist asked the patient to tell a story about the scenario and asked questions that could clarify the scenario performed. After the departure of the participants, the scenes were photographed and undone. The treatment of each child was terminated in accordance with the report of the parents, psychiatrists and school. At this point, a new evaluation was
made with the application of the same scales.

**Results**

*Scales Before Sandplay Process*

Y-BOCS. Evaluation according to Goodman et al. (1989): Case G. Total score: Obsessions (15) + Compulsions (16) = 31: Severe case of OCD; Case L. Total score: Obsessions (09) + Compulsions (07) = 16: Moderate case of OCD; Case A. Total score: Obsessions (13) + Compulsions (14) = 27: Severe case of OCD.

BDI (Beck et al., 1961): Case G. (6); Case L. (8); Case A. (8). None fulfilled the criteria for depression.

BAI (Beck et al., 1988): Case G. (23) moderate anxiety; Case L. (9) low anxiety; Case A. (13) low anxiety.

*Scales After the Sandplay Process*

Y-BOCS. Evaluation according to Goodman et al. (1989): Case G. Total score: Obsessions (03) + Compulsions (02) = 05; Case L. Total score: Obsessions (02) + Compulsions (01) = 03; Case A. Total score: Obsessions (04) + Compulsions (03) = 07. None fulfilled the criteria for OCD.

BDI (Beck et al., 1961): Case G. (2); Case L. (4); Case A. (5). None fulfilled the criteria for depression.

BAI (Beck et al., 1988): Case G. (9); Case L. (4); Case A. (8). All presented low anxiety.

Semi structured interview with parents. Both parents of the three children report symptoms of OCD like persistent and intrusive phantasies and thoughts, aggressive impulses that disturbed the family and friends as also several compulsions like constant and obsessive ordering, repeating words and automatic and rigid behaviors.

*Sandplay Scene Analysis*

The analysis of the scenes was performed according to the method developed by Ramos and Matta (2008, 2018): All scenes were classified and organized in categories according with the use of miniatures, spatial organization, verbalizations and told history while working into the box. The description and categorization of the dynamics of the scenes were also made by the observation of each picture. The total time in treatment for each patient was divided into three phases according to the duration in days of the process: initial, intermediate, and final and was computed the total of categories and the number of times that each one appears in each phase.

For this investigation, 14 categories of themes were defined based on categorization by Mitchell and Friedman (1994): Automatism; Celebration; Centralization; Congestion; Conflict; Destruction; Defenses; Egoic Identification; Integration; Ascendant Movement; Descended Movement; Submersion; Transference and Transformation. Each scene could contain one or more themes.
Description of Each Category With Examples

Automatism. Use of verbal expressions and images in the scenes that suggest something automatic: a machine or engine consisting of a mechanism that repeats certain movements (clock, electronic plate) or equipment that looks almost human that reproduces human movements by mechanical means (robot). It is considered to be something that moves on its own and performs an activity or movement as a result of external/internal stimulus irrespective of its will and to a certain extent it is unconscious. Constructions in the sand and use of miniatures such as: robots, clocks, electronic plates. The category automatism is a series of activities performed without any conscious intention and in relation to a psychopathological behaviour. It can be understood as a sign of perturbation between a voluntary and involuntary behaviour. The repetition of the same behaviour numerous times and the time spent in performing these rituals can be symbolized, for example, by a clock and by robots.

Celebration. Verbal expressions where there is the act or effect of celebrating, for example: homage, celebration or commemoration of a date, performing a ritual, public praise, festivals or solemn ceremony. Examples of verbal expressions: terms related to dates (festivals such as Natal and birthdays); terms related to power and royalty; terms related to values: “These are precious stones at the bottom of the sea”; “These are official balls from the World Cup.” Terms related to the past and associated values: “Museum of valuable things,” “I’m going to make a museum of precious things.” Constructions in the sand and use of miniatures that are presents or symbols of commemorative dates (Christmas trees and cakes, nativity scene) gold and shiny miniatures, personalities that symbolize feelings of happiness and entertainment (clown),

Fig. 1. Example of a Scene of Celebration
accessories (gold or coloured chains, jewellery) and musical instruments; coloured feathers; mythological figures and glass balls. Celebration can be considered to be a time when individuals express feelings of happiness and victory. The act of celebrating an achievement can be considered as an expression of recognition of the effort and work invested in search of an objective (Fig. 1).

Centralization. Verbal expressions or images in scenes that appear to be joining or concentrating sand in the centre of the sandtray, and the placing and converging of objects towards the centre of the sandtray. Examples of verbal expressions: terms related to movement towards the centre of the tray: “It’s a mountain where people jump to do hand-gliding.” Constructions in the sand and use of miniatures in the centre of the sandtray, lamps, candles, glass balls, coins, the world, means of transport, construction of islands, elevations (mountains) and circles. The process of centralization within the context of analytical psychology represents one of the most important points in the therapeutic process related to the process of individuation. Centralization can be considered as the place where creative transformation takes place, the meeting between the unconscious and the conscious towards a goal or centre (Fig. 2).

Conflict. Verbal expressions of the unknown, frightening, terms related to a state of shock, confrontation or verbal expressions considered to mean opposition, such as: threat × protection, fear × courage, danger × security, unknown × known, difficulties × ease, peace × war. Examples: “I am going to go to war against the evil house,” “This penguin looks frightened,” “The elephant and the giraffe are going to fight.” Constructions in the sand and use of miniatures including a Chinese ball (Bomb), wild animals, wild birds, insects, sea animals, predatory animals and prehistoric animals in
threatening positions; war weapons; soldiers, Indians and warriors in threatening positions or positions of attack, miniatures that had been knocked over in a position of destruction; sticks/wood used as spears. Conflict is also considered to be those scenes that present miniatures in opposition, in threatening and confrontational positions, such as: the presence of battles between soldiers and Indians, possibilities of threat and confrontation between predatory wild animals and non-predatory animals, confrontation between animals and robots. Conflict may appear also as opposition, contradiction or a fight between different structures, principles or attitudes. In analytical psychology, psychic conflict is a state of collision between unconscious and conscious, and from this state of conflict it is possible to recognize unconscious contents, so that the process of integration can subsequently occur (Fig. 3).

Congestion. Verbal expressions using terms related to feelings of stagnation and unpaired movement, such as: “everything is clogged,” “one car is on the top of another.” Images in the scenes that refer to miniatures or constructions in the sand that prevent free circulation or make circulation difficult, with a mixture of miniatures in total imbalance, chaos and difficulty to visualize objects or objects hidden by other objects on the surface of the sand. For example, constructions in the sand and use of miniatures such as trucks that are obstructed and objects on top of each other. Congestion can be compared to stagnation in the flow of psychic energy. The energy does not have a way out, and becomes stagnant, preventing creativity and productivity. The expression of feelings of anguish is frequently at this stage.

Defences. Verbal expressions related to separation, defined and limited spaces, protection or resistance. For examples: “the fences are here to protect the plants,” “the
Fig. 4. Example of a Scene of Defences

Fig. 5. Example of a Scene of Destruction

chain surrounds the city.” Constructions in the sand and use of miniatures such as: fences, open or closed boxes, boxes that are tied up, cages, safe, sticks marking space, jails. Images in scenes related to separation of the construction, closing off and defining spaces within the sandtray. In the images created in the trays it was possible to visualize the action of defence and resistance to attacks. The presence of miniatures used that suggest defensive or protective equipment or structures. In analytical psychology, defines means the act or effect of defending oneself to prevent changes occurring. We may see the closed fences as more rigid defences whilst the open fences with ways out,
more flexible and adaptive defences. Or closed fences may be used as healthy separation, protecting the individual against uncontrollable impulses. For example: fences closing wild animals in the zoo (Fig. 4).

Destruction. Verbal expressions using terms that are related to natural disasters, such as volcano, storms, avalanches and floods: “It was a type of zoo with sinking sand” and “There was a flood and it destroyed everything.” Constructions in the sand and use of miniatures that are buried or semi-buried, thrown or upside down and sand that has been mixed around. Images where it is possible to observe an action or effect of placing face down what has been constructed, including demolition, elimination, devastation, ruins, total extinction, annihilation. Destruction could represent a moment when the patient is feeling anxious or threatened by his or her impulses. Impulses can be considered to be psychic processes that consciousness does not control. Conflicts may provoke a dangerous situation, expressed by destructive acts represented by natural disasters, for example (Fig. 5).

Egoic identification. Verbal expressions related to the patient him or herself. Examples of verbal expressions including auto-reference, consciousness of oneself and the process: “I love dogs, but I don’t have one because I live in an apartment” and “I am going to study biology because I love plants and animals.” Constructions in the sand and use of miniatures that are repeated for the purpose of representing oneself (animals/objects with which the client identifies). The process of identification can be understood as the time when the subject places in an external object something that he or she is unable to recognize in him or herself, which is important for the development of the personality.

Integration. Verbal expressions related to connections, links and relationships. Also, verbal expressions with terms related to union: “Here is a bridge” and “I am going to put a bridge here.” Images that represent a connection between various parts of a
scene forming a coherent and harmonious whole. Constructions in the sand and the use of bridges, rivers and barriers as connecting elements. The same miniatures placed at opposite ends. Constructions of circles or mandalas in the sand. Tracing paths in the sand. Integration can be understood as an improved ability to organize the personality and improved interaction between conscious and unconscious contents (Fig. 6).

Ascending movement. Verbalexpressions related to geographic accidents, such as mountains or elevations: “I want to make a mountain for the car to go up.” Terms related to paths (ascendant): “There are several paths here.” Movement in the sand from one side of the sandtray to another with the intention of building constructions of islands, elevations or mounds in the sandtray. Miniatures such as, towers, lighthouse, and high monuments. Elevated movements may represent progression towards adaptation to external life. This movement also may be an attempt to go to another position where the patient may see his situation from an upper level or may be developing an uprising vision.

Descending movements. Verbalexpressions related to feelings of going down or to dig a hole, such as “I am going down” or “this man is crazy, he is going to dive in the volcano.” Examples of verbalexpressions with terms related to geographic accidents such as caves and grottos: “They discovered an emerald mine.” Constructions in the sand and use of digging miniatures such as excavator or trowel in the dry/wet sand forming holes with or without water, simulating rivers, lakes, caves and grottos. Descendent movements may represent regression towards internal life, feelings of going deep or desire to find or to hide precious treasures.

Submersion. Verbalexpressions related to diving, flooding or submerging in water, such as “I feel I am drowning,” “This is an inundation,” “Two men are diving with the whales.” The sand may be inundated with water as if it were a swamp. Miniatures placed at the bottom of the mud and buried in the sand. The presence of glass balls symbolizing water (river or lake), miniatures of wells, swimming pools and toilets. Like the descending movement, submersion can mean a regressive movement of psychic energy and the return of deeper unconscious contents. Floods are threat to man, since water may represent ego dissolution or a destructive power, carrying both good and bad elements.

Transference. Verbalexpressions with terms related to curiosity about the therapist or feelings of love and anger towards the same: “It’s a heart for you”; “I am throwing bombs at R. (the therapist) and she is not reacting”; “How old are you?”; “Who are you going to leave the miniatures to when you stop working?” Constructions in the sand such as of a heart and the therapist’s name. Use of miniatures that may represent the therapist such as a figure of a psychologist, doctor, nurse or a figure that resembles the same. The position of miniatures often placed near the therapist or against he/she.

Transformation. Verbalexpressions with terms related to changes in the physical state of materials (liquids, gases, pastes and solids). For example: “Glass comes from sand”; “where is that pan that evaporates water?” Miniatures that represent different forms of energy or changes in the material state. For example, the use of fire from candles or lamps, stove, fire place, matches, electric wiring. The use of miniatures such
us transformers that alters the electric current and enables energy to be available in lamp
posts, conducting electricity from one place to another, may be expressing a movement
from a primitive impulse to a more elaborate state of mind; perhaps a more controllable
and conscious behavior.

Description of Sandplay Process of Each Patient

Case G. Length of the process: 2 years and 3 months—therapy once a week.
Number of scenes: initial phase = 12; intermediate phase = 15; final phase = 11.

Case L. Length of the process: 2 years and 4 months—therapy once a week.
Number of scenes: initial phase = 40; intermediate phase = 44; final phase = 31.

Case A. Length of the process: 3 years and 2 months—therapy once a week.
Number of scenes: initial phase = 29 scenes; intermediate phase = 65 scenes; final phase = 15.

We can observe in Table 1, during the sandplay process, an increase in the percentage
of categories that indicate wellbeing and recover (transformation, centralization, celebration,
and integration) and a decrease in the percentage of categories that could be a
representation of OCD symptoms: automatism, conflict, and defenses. There was a
fluctuation in the other categories without special meaning.

In Table 2, we may observe the difference between the initial and final phase for
each category according with Wilcoxon test.

This table allows to see that, according to the patient’s pathology (OCD), as it was

| Table 1. Evolution of the Categories for the Three Patients Together |
|----------------------|--------|--------|--------|
| Categories            | Initial | Middle | Final |
| Automatism           | 15.88% | 12.69% | 0.00% |
| Conflict              | 36.39% | 26.89% | 30.47% |
| Defenses             | 28.56% | 16.22% | 5.82% |
| Destruction          | 10.35% | 16.38% | 12.28% |
| Congestion           | 15.20% | 6.98%  | 11.84% |
| Celebration          | 15.86% | 7.72%  | 18.09% |
| Egoic identification | 43.75% | 44.61% | 41.60% |
| Integration          | 6.36%  | 10.55% | 44.43% |
| Ascendent Movement   | 22.55% | 25.42% | 11.76% |
| Descent Movement     | 43.99% | 55.82% | 33.45% |
| Transference         | 18.27% | 4.30%  | 9.11% |
| Transformation       | 8.04%  | 10.00% | 24.76% |
| Submersion           | 13.61% | 30.01% | 9.74% |
| Centralization       | 21.20% | 32.41% | 46.65% |
Table 2. Wilcoxon Test for Differences Between Initial and Final Phase for Each Category for the Three Patients

| Categories                        | Z-test | P* value |
|----------------------------------|--------|----------|
| Automatism - Final               | −1.633 | .05      |
| Automatism - Initial             |        |          |
| Celebration - Final              | −1.089 | .14      |
| Celebration - Initial            |        |          |
| Centralization - Final           | 0.000  | .50      |
| Centralization - Initial         |        |          |
| Conflict - Final                 | −1.633 | .05      |
| Conflict - Initial               |        |          |
| Congestion - Final               | −1.089 | .14      |
| Congestion - Initial             |        |          |
| Defenses - Final                 | −1.633 | .05      |
| Defenses - Initial               |        |          |
| Destruction - Final              | −1.633 | .05      |
| Destruction - Initial            |        |          |
| Egoic identification - Final     | −1.633 | .05      |
| Egoic identification - Initial   |        |          |
| Integration - Final              | −1.000 | .16      |
| Integration - Initial            |        |          |
| Ascendant Movement - Final       | −1.633 | .05      |
| Ascendant Movement - Initial     |        |          |
| Descending Movement - Final      | −1.633 | .05      |
| Descending Movement - Initial    |        |          |
| Submersion - Final               | −1.633 | .05      |
| Submersion - Initial             |        |          |
| Transference - Final             | 0.000  | .50      |
| Transference - Initial           |        |          |
| Transformation - Final           | −1.089 | .14      |
| Transformation - Initial         |        |          |

*P < .05.
expected, the number of scenes, between the initial and final phase, had a significant decrease ($p < .05$) in the categories: automatism, conflict, defenses, and destruction. Initially, the defenses, represented in the scenes for walls, fences and barriers, had the function of control aggressive impulses (represented by wild animals, fights and assaults). Scenes of destruction and conflict were also very frequently at this stage with a significant decrease in the final of the therapy ($p < .05$). Similarly, there was a significant decrease at the end of process of scenes and histories depicting automatic and rigid dynamics ($p < .05$), with more scenes of harmonization and transformation at the end (but not significant in number).

The scene is divided in two. Wild and sea animals appear in the bottom corner; at the top can be seen Christmas symbols (a Christmas tree surrounded by presents and the Nativity scene. There is a building with a clock. The Chinese ball that G. identifies as a bomb sits near the crib, possibly symbolizing some danger that threatens the birth of the new. This is where G. feels threatened and endangered by the obsessions and compulsions all around him. The Statue of Liberty situated inside the pyramid might symbolize the rituals that imprison him and his not being free to come and go. This scenario can be interpreted, together with the verbal expressions associated with OCD as symptoms that imprison G. and are felt to be a threat to his freedom. The bottom of the box contains wild animals that could represent the instincts provoked by this experience. The building with the clock could symbolize the time that G. devotes to OCD rituals, an object that mechanically repeats the time, just as he himself feels the need to repeat compulsive forms of behavior in order to relieve his anxiety.

Glass balls scattered all over the box and in the middle. A Chinese ball placed in the
top right corner is here used as a decoration. This last scenario made by G. shows all the stones scattered in orderly fashion. The four large blue balls seem to be moving, with the candles lit in the four corners of the box suggesting the different psychic parts interacting with one another. The house could be seen to symbolize a more integrated ego; we can notice how the building of the whole scenario has evolved, with the various elements and the lit candles symbolizing a well-illuminated path to show the way: internally, the process of renovating follows the unconscious. At this point one perceives greater integration and centralization. Analysis of the whole process reveals indicators of defenses that change from their original stiffness to appear finally as a “sea” of colored stones. Similar to the Defenses theme, Automatism does not appear in the final phase of the process, which leads to the consideration that the child’s psychological development involved a process of his psyche differentiating as a result of ego consciousness being developed, thus providing him with the means to deal with his obsessions and compulsions.

L. has placed the bars around the whole sandbox, as if to protect it all the more; he has placed the figures at random. Stones made of glass have been placed as if they were water, with boats on top of them. The transformer is half covered by vegetation, possibly to mean what is hidden and what can be transformed. The electronic board, clock and mirror have been placed close to one another, their impulses related to OCD, tics and attention-deficit/hyperactivity disorder (ADHD). The safe has been placed next to the computer and there is a warrior sitting in front of it. When L. picked up the Chinese ball
Fig. 9. Initial Phase of Case L.—Themes: Automatism, Conflict, and Defence

Fig. 10. Final Scene of Case L.—Themes: Celebration, Centralization, and Integration
he said it was a bomb. Wild animals (an elephant and an eagle) are placed nearby, the former representing strength and energy at the service of human beings and possibly some instinct to be guided. The presence of prehistoric animals (a dinosaur) might symbolize very old, aggressive elements of the unconscious; the same might be said of the alligator, which seems to approach the dinosaur. The weapons and cannon constantly appearing in L.’s process may symbolize threat and destruction. Close to the weapons, L. has placed a house made of cardboard, a possible reference to the fragility of the ego faced by so many menacing figures in the sandbox.

L. made an elevation at the center of the box surrounded by sticks and lighted candles around it. He brought a blue car from home that was moving into direction of the top. There the built a platform, revealing a greater integration with the therapeutic process. The lighted candles may symbolize a path in direction of consciousness. At this moment, L. didn’t present any symptom of OCD for about one month.

When A. was putting up five rows of fences, he said: “This is where the desert is and the fences are to defend the plants, because if there are no fences, the plants can be stolen and we have to call the police.” Pointing to a spot in the fence near where the therapist was sitting, he said, “This is the only exit, and the ants can only go out the other side.” He pointed to the first row of fences next to the plants and said, “The strongest gate is this one here, and only the owners can touch the gate, so if anyone else touches it they can die.” In this scenario, we see that the defenses are strong and can even kill. Life can be destroyed. A. repeatedly told his parents that he wanted to die because the OCD symptoms prevented him from doing what he wanted to do. The fences (defenses) not only protected him, they also isolated him.
In the center he made a hill out of sand and said, “I’m going to build a very high mountain and the bike will run off the top and then I’ll make a path for the bike.” Around the mountain he placed poultry (swans, ducks, and geese) and a turtle. He took a string, tied a hummingbird to the end, and then twirled it around the top of the mountain. He asked the therapist to take a picture of him holding the string while he was playing. The bicycle is a means of transportation that requires the individual to make a certain effort. In this scenario one can see a symbol of A.’s ego making, an effort to balance on top of the mountain. The understanding is that A. succeeded in dealing with his internal and external world (just as those animals did) and showed greater capacity to integrate with the social world by using new forms of adaptation. According to reports from his parents, A. became an amusing child who enjoyed talking and telling jokes.

Conclusion

The results of these cases could reflect, at the beginning, the difficulty of the patients in the ability to control and integrate intrusive thoughts with defensive and rigid structures. The dynamics of the scenes were rigid and constantly repeated because the patients didn’t have access to their creativity. However, sandplay, with the symbolic potential of the miniatures and play in the sand, provided that the patients represented their destructive tendencies in a protected and safe environment. To be able to build, destroy and rebuild led the transformation of rigid inner cores, of great aggressiveness and destruction, into scenarios of greater coherence and harmony.

Although it was not significant, we may observe in the final period, in the three participants, a greater production of scenarios related to Centralization and Integration categories, compared to the initial period. While at the beginning the patients had
dissociated scenarios, with no relation among the miniatures, in the final scenes, there was greater consistency between imagistic and verbal representations, with coherent and integrated scenes. We could say that the complexes that underlined the pathological behaviors emerged on the sand through the play with miniatures and could be represented, played, transformed in a more adaptive behavior. Throughout the process the patients started to express themselves in a more open way, as could be seen in the decrease of the categories Submersion, Ascendant and Descending Movement. Same could be said of the decrease of Egoic Identification when the patients represented themselves no more as animals or heroes but with figures similar to them.

These results were consistent with reports from parents and school at the end of the treatment. According to them, the children were more adapted to school and didn’t present anymore symptoms of OCD.

In conclusion, this study allowed to observe that the ST favored the reducing of obsessive-compulsive symptoms and may be a new benchmark for clinical care for children with OCD.

AUTHOR’S CONTRIBUTION

R.M. Clinical data. R.M. and D.R. Research design, data analysis and writing up the manuscript.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of the article.

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