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President's Letter

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Thank You for Your Responses:

I would like to start this letter by thanking everyone who responded to NYAPT's inquiry regarding conference feedback, ideas and assistance. As I stated in that inquiry, we certainly want to be responsive to members' needs related to the annual state conference. In order to explore regional and rotation options for the annual 2013 (and beyond) it will be very important to have NYAPT conference(s) conference committee members from different areas of the state and regional representation on the committee. Your initial responses will be very helpful with future planning. If you are interested in becoming active on future conference committees please contact me at maassini2000@yahoo.com. (If you have any questions about what would be involved please let me know and I can send you a copy of the conference committee planning outline).

Leadership Academy:

According to Stephanie Carter at APT "Today more than 150 members have graduated the Leadership Academy and learned about APT and its history, programs, finances, and personnel; how the Policy Governance Model benefits APT and other organizations; and how you can participate more effectively in organizational governance and programs. Many grads now serve in various APT and Branch leadership roles". Having completed the academy myself in 2010 I can attest to the fact it is a very enlightening and educational experience. The NYAPT board believes very strongly in the benefits of participation in this academy. In keeping with that belief the board unanimously voted to sponsor newly elected board member's participation in this program beginning in 2012 (for enrollment in the class of 2013). To participate in the [leadership academy](#) class 2012 don't forget to enroll by August 31.

Newsletter:

We owe Chris Foreacre and David Crenshaw a huge debt of gratitude for the many years that they have put this newsletter together! Your dedication is very much appreciated Chris and David! At this point Chris and David have indicated that they would like to "retire" and pass this torch onto others. There has been some interest indicated in working as a team on the production of the newsletter. If you are interested in participating please contact me at maassini2000@yahoo.com. Thank you in advance!

Annual APT Conference:

The annual APT conference is fast approaching. If you are able to attend and have not registered yet be sure to do so before September 15. As a result of recently having changed jobs I am unsure if I will be able to attend this year's conference. If I am unable to attend David Crenshaw will be representing NYAPT at the annual branch meeting (Thank you, David!) and Athena Drewes will accept NYAPT's Gold Branch award (thank you, Athena!) after the annual branch meeting. If I am able to attend I hope to arrange a get together for NYAPT members again this year. Please be on the lookout for any additional details on this.

Regional Training:

We now have a Regional Training schedule for 2011-2012. Thank you so much to presenters Ashley Lawton, MS, CCPT (*Growing Up Too Soon: Dealing with the Loss of a Parent Using Play Therapy Techniques*- August 19, 2011- 4:00pm-7:00pm) and Stephen Demanchick, Ph.D, LMHC, RPT (*The Use of Sandplay in Developmental Models of Supervision*- November 5, 2011- 9:00am – 11:00am

* This workshop meets the APT supervisor training requirement for RPT-S renewal.). Thank you very much as well to the location coordinators Joan Bender, MA, LMCH, Stephen Demanchick, Ph.D, LMHC, RPT, Virna Little, PsyD, LCSW-R, and Jodi Mullen, PhD, RPT-S. Please refer to the regional training schedule in this newsletter for complete information.

As always, if you have any questions or concerns please contact me at maassini2000@yahoo.com

Enjoy the rest of your summer!- Mary Anne

New NYAPT Members

Congratulations to the following people who became members of NYAPT in the last three months (May - July 2011): Maureen O'Shea, Siu Ying Woo. Welcome!

News of Members

Lois Carey is offering a 4 session group experience - "Women's Sandplay Group" - that will meet monthly in her office (Nyack) beginning in September. Contact Lois for further information and to register - [845-358-2318](tel:845-358-2318) or ljcarey@optonline.net.

Athena Drewes and **Lois Carey** were together in Ireland in June. Both presented their work to the Irish Association for Play Therapy and then attended the International Play Therapy Study Group. We were very well received by the Irish and it was a wonderful 10 days.

Laurie Zelinger has participated in several media interviews including two for Parents Magazine (May and December 2011 issues) and two for Red Book Magazine (September and August issues).

David A. Crenshaw will be presenting at APT in Sacramento two workshops; one with **John Seymour**: "Play Therapist Know Thyself": Essential Interior Work in Trauma Treatment; and one with **Eric Green** and **Athena Drewes**: "When Kites Soar Again: Depth Approaches to Foster Resilience Post-Trauma". David and "Rosie's Team" from the Children's Home of Poughkeepsie including Rosie, herself, will present "Rosie Goes to Court" on Friday morning, Oct. 21st, at the Beekman Arms in Rhinebeck to the Hudson Valley Chapter of the NY Branch of NASW. In November, David will present "Fawns in Gorilla Suits: Creative Play Therapy Interventions with Aggression" to the New England Association for Play Therapy, (Nov. 5th). The September issue of Play Therapy Magazine edited by NYAPT's own **Jodi Mullen**, will contain an article by David and **Eric Green** "The Wonder of it All: Letters of Professional and Spiritual Insights for New Play Therapists".

ACAIT Professional Insurance

Professional malpractice insurance is available at very competitive rates to APT member psychologists, counselors, therapists and social workers via the ACA Insurance Trust program. Inquiries should be directed to: Paul Nelson, 800-347-6647 x 342 or pnelson.acait@counseling.org.

2011-2012 REGIONAL TRAINING SCHEDULE

Growing Up Too Soon: Dealing with the Loss of a Parent Using Play Therapy Techniques.

- Ashley Lawton, MS, CCPT

August 19, 2011- 4:00pm-7:00pm

Integrative Counseling Services
2nd floor conference room
5 W. Cayuga St., Oswego, N.Y. 13126

Overview:

This workshop will focus on issues relating to grief and loss among young children dealing with the loss of a parent through death, deployment, divorce, or incarceration. Participants can expect an in-depth examination of grief, manifesting behaviors and themes seen in the play room relating to parental loss. A variety of techniques will be presented for helping clients manage the symptoms and issues that are associated with grief and parental loss. Additionally, several techniques will be discussed for working with caregivers of

children who have lost a parent. The presentation will be given in PowerPoint format and will involve interactive lecture and interactive components. The theoretical framework in which this presentation falls is Prescriptive Play Therapy.

The Use of Sandplay in Developmental Models of Supervision

-Stephen Demanchick, Ph.D, LMHC, RPT

November 5, 2011- 9:00am – 11:00am

Nazareth College
4245 East Avenue
Rochester, NY 14618
The Arts Center - Pallodoro Room

Overview:

The purpose of this workshop is to examine models of play therapist and clinician development, highlight concerns of supervisors and supervisees, and discover ways to incorporate concepts from sandplay therapy into our clinical supervision. This workshop meets the APT supervisor training requirement for RPT-S renewal.

Using Play Therapy Interventions to Enhance Social Skills and Emotional Development

-Mary Anne Assini, LCSW-R, RPT-S

September 21, 2012 - 9:00am-3:00pm

St. Catherine's Center for Children
Pastoral Center
40 North Main Ave.
Albany, NY 12003

Overview:

This workshop will be presented from a developmental perspective. Emphasis will be on exploration of play therapy techniques and interventions that can be integrated to help children enhance their social skills and emotional development.

Grist for the Mill of the Play Therapist



David A. Crenshaw, Ph.D., ABPP, RPT-S

Rosie: A Historic Mission in New York

There is a subgroup of play therapists called Animal-Assisted Play Therapists that have leveraged the power of the playfulness of pets to enhance the impact of play therapy. While totally new to this way of practice, I have witnessed the impact of a very special golden retriever not only in my therapy sessions with children and adolescents this past 4 months at the Children's Home of Poughkeepsie but also in the courtroom.

A golden retriever, named Rosie, captured the imagination and hearts of many across this country, when on June 13th, 2011 she entered a courtroom in Poughkeepsie, New York with her handler Sherry Cookinham. Rosie, an 11 year-old service, facility-trained dog was called out of retirement for a high-stakes assignment. No dog in the history of NY Courts had been allowed to accompany a child witness or victim to the witness stand to provide comfort to a child.

Jessica (fictitious name), a courageous 15-year-old, took the witness stand on that day after Dutchess County Court Judge Stephen Greller ruled in favor of the petition by Senior Prosecutor Kristine Hawk to allow the dog to comfort Jessica as she gave testimony regarding repeated sexual abuse by the accused. In the court proceeding regarding the petition, Lori Stella, a licensed clinical social worker, and therapist who had treated Jessica for the prior nine months, strongly asserted that the comfort of Rosie was essential to prevent further psychological harm to Jessica and to enable her to give accurate and complete testimony.



(David Crenshaw, Lori Stella, and Rosie at the Children's Home)

My part in this project dated back to the previous October, when as a clinical psychologist, I attended and also presented at the annual Association for Play Therapy International Conference in Louisville, KY. In one of the workshops I attended, a member of the audience mentioned during a discussion of the stress on children when giving testimony in court that a few states allow specially trained dogs to provide comfort to child witnesses.

My imagination was immediately excited because as Lori Stella's clinical supervisor, I knew that Jessica would likely be required to testify in a trial within the next year. Upon my return to New York, I began researching the idea of a courthouse dog. I found numerous articles written in newspapers and the popular press but what really gave this project credibility was finding the unusually helpful information on The Courthouse Dogs website: www.courhousedogs.com



Now convinced that this idea was credible and that these dogs have been used in Washington State since 2003 as a result of the work of Ellen O'Neill-Stephens, Esquire, founder of CourthouseDogs and its Executive Director, Celeste Walsen, D.V.M., I called the District Attorney's Office and spoke with Marjorie Smith, the Bureau Chief in charge of prosecution for sex offenses. She was immediately receptive to the idea and brought it to William Grady, the District Attorney who was also open to the idea. I supplied copies of the articles I had read plus the information from the Courthouse Dogs website that included useful information about the legal issues to the D.A.'s office.



(Above Courthouse Dog, Molly, a 3 year-old lab, Celeste Walsen, D.M.V., Executive Director of Courthouse Dogs, David Crenshaw, and Ellen O'Neill-Stephens, Esq., Founder of Courthouse Dogs from Seattle, WA)

Two months before the trial, momentum for this project accelerated. Marjorie Smith let me know that one of her senior prosecutors was handling the case, Kristine Hawlk. I found this seasoned prosecutor enthusiastic about the concept of a courthouse dog from the outset. Kristine Hawlk and her colleagues in the D.A.'s office impressed me with their sensitivity and compassion for children throughout the legal proceedings. I knew that the legal case was in good hands.

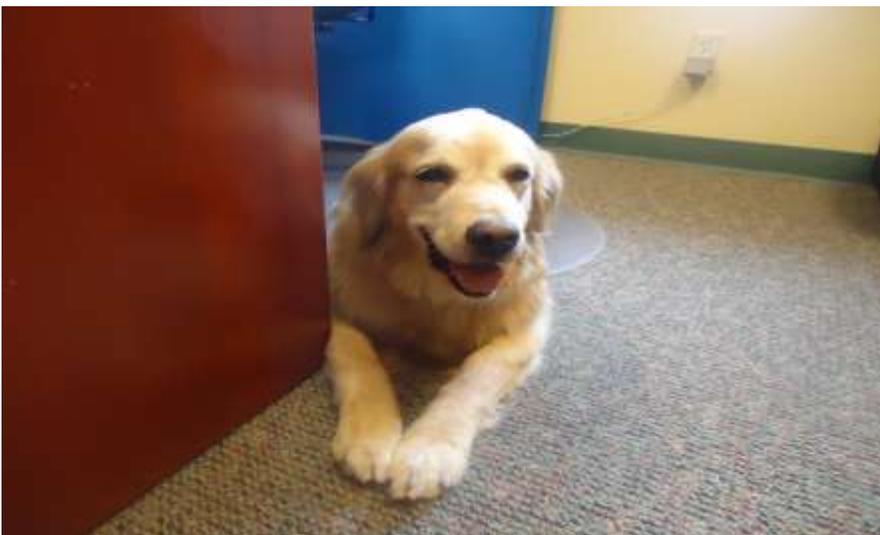
What later was to be known as "Rosie's Team" began to take shape. This project only succeeded because of the combined efforts of many dedicated and passionate advocates for children. Joining me in this project were Sherry Cookinham, who not only handled Rosie as a qualified trainer but also boarded Rosie in her home and took care of her when Rosie wasn't at work bonding not only with Jessica but many other troubled children and even stressed staff members at the Children's Home of Poughkeepsie, where I am the Clinical Director. In addition to Kristine Hawlk and her colleagues at the District Attorney's office, special credit goes to Lori Stella for her effective testimony on behalf of Jessica's genuine need for Rosie as a courtroom companion.



(Rosie on the Witness stand)

An important member of "Rosie's Team" not yet mentioned is Rosie's owner and trainer, Dale Picard, Executive Director of Educated Canines Assisting with Disabilities (ECAD) in Torrington, CT, who along with his wife Lu, have been training service dogs for 15 years (website: ECAD1.org). Dale and Lu generously allowed us to use Rosie for the purpose of this trial even though Rosie was in "retirement" at the time. Although service dogs are rigorously trained, Rosie is a standout among the dogs that ECAD trains. Dale told us that only 10 to 15 percent of the dogs he trains have a temperament as calm, sweet, and gentle as Rosie's.

No wonder there was an instant bond formed between Jessica and Rosie—a bond that only grew as they spent more and more time together leading up to the trial. Jessica understood, however that Rosie was on loan to do a job, namely to provide comfort to her when she testified in court. It was made clear to Jessica that while Rosie was in court she would be available to anyone in the courtroom who was stressed and needed her comfort. She also was well aware that in the weeks preceding the trial that Rosie worked to comfort many children and adults at the Children's Home. Nevertheless, we told Jessica that after the trial we would arrange for her to visit Rosie periodically at her request.



The culmination of the special bond between Jessica and Rosie came when Jessica was asked on the witness stand to point to the man in the courtroom who had raped her. For a moment, Jessica froze in fear, but at that precise moment with Rosie at her side and Jessica petting her throughout her testimony, Rosie gently nuzzled Jessica and laid her head in her lap. In that moment of being comforted and soothed by her canine companion, Jessica was able to point to the accused. Four days later the trial was concluded with the jury finding the defendant guilty on all counts. When Jessica learned the verdict she hugged her therapist Lori, Sherry, Rosie's handler, and me, but most of all, Rosie. Jessica is an unusually kind-hearted and generous child so she did not take pleasure in the fact that the man who raped her was going to prison but she couldn't help but express lots of overdue tears of joy that she had been vindicated and relief that it was all over. Then pictures were taken with her and Rosie's team with Jessica, of course hugging Rosie! Her favorite of these pictures was framed and presented to her to keep and cherish.



(Rosie at PETCO being playful, picked out a bone and took it to the check-out counter and was waiting in line when her handler caught up with her much to the delight of the other customers waiting in line)

As a clinical psychologist who has worked for more than four decades with child trauma and vulnerable children at-risk when faced with conditions of high-stress, this experience has been exhilarating and heartwarming. Since the Supreme Court ruling in 2004 upholding the right of the defendant to confront their accuser, the previous protective measures for vulnerable child witnesses, namely testimony by videotaping or closed circuit TV is rarely approved by the judicial system.

Now judges are required to consider the best way to limit psychological harm to children testifying in open court by permitting them to hold comfort items or allowing a support person in proximity to the child versus the possibility of prejudice these accommodations would have on the defendant. Thus the case for courthouse dogs becomes even more compelling because if done correctly the presence of the dog can better reduce stress on the child while also being less prejudicial to the defendant.

Although the judicial system has been concerned about the possible psychological harm to minors required to give testimony, many judges may not understand that the risk of traumatization or in some extreme cases revictimization is real and can make it difficult for the child witness to describe what happened.^{i ii} One of the essential conditions for children to disclose highly distressful experiences and

in extreme cases, traumatic events, is a sense of safety established in an interpersonal context where trust has been established. These are conditions usually established with trusted family members or a child therapist who builds bonds of trust with the child gradually over time. These are conditions impossible to replicate in the courtroom and the risk is accentuated during cross-examination even when a defense attorney proceeds in a sensitive manner to challenge the child's account of the events. To create a greater sense of safety for children giving courtroom testimony, a courthouse dog can play a valuable role.

The case for the use of the courthouse dog becomes even more persuasive because the scientific literature suggests that this could not only be a win for countless children who are exposed to potential emotional harm by testifying under the high-stress conditions of open court but also a victory for the judicial system. Anything that brings comfort and reduces the stress on child witnesses is likely to yield more accurate and complete testimony. This is even more true the younger the child witness and the more heinous the crime they witnessed or experienced as a victim.ⁱⁱⁱ

Research in cognitive and neuroscience fields has shown that anxiety in children interferes with verbal expressiveness and information processing. This is because the child's threat response which entails the release of stress hormones to mobilize the body to deal with danger will decrease their cognitive/contextual abilities of sequential memory, verbal skills, concentration, focusing or attentional skills, so they may not be able to communicate to the court what they are able to report when calm.

Further, in studies of the effects of anxiety in children on task performance, a consistent result has been that anxiety disrupts performance on verbal tasks significantly more than on non-verbal tasks. This has important implications for testimony by child witnesses since the child on the witness stand would be required largely to give a verbal account under the high stress conditions of an open courtroom in the presence of the defendant.

Research is ongoing and by no means complete, since there are far more studies on the effect of anxiety on information processing in adults than children, but the research to-date in the cognitive, neuroscience literature suggests that anxiety impacts in a negative way on verbal expression and information processing in children.^{iv v} Further, crucial to accurate child testimony in the courtroom, anxiety in children negatively impacts verbal abilities more than non-verbal abilities.^{vi} Clearly many cases have led to plea bargaining because the child simply is too anxious to testify at all, while other prosecutions have failed due to the child being unable to give complete testimony due to verbal "shutdown" under the stressful conditions of the courtroom. More complete and accurate testimony is in the best interest of providing justice for all and this is more likely achieved with child witnesses when anxiety is reduced.

Since courthouse dogs have been shown to reduce anxiety and stress, it makes the case for use of a dog such as Rosie extremely compelling. The strong bond so quickly established between Jessica and Rosie was a contemporary example of an ancient and enduring attachment that Meg Olmert has described in her book: *Made for Each Other*.^{vii} Olmert explains the biology of bonding between humans and animals that has played a crucial role in the survival of the human species. In particular, Olmert delineates the role of *oxytocin*, a hormone that produces a chain reaction of positive emotions and responses when we engage in a positive manner with another person or animal. I dare say the courtroom is not the place where you would expect to see an outpouring of oxytocin. May that in a small way begin to change as more highly trained dogs enter the courtroom not only to comfort child witnesses but anyone else in need in that high stress, psychologically hazardous

ⁱ Herman, J. L. (2003). The mental health of crime victims: Impact of legal intervention. *Journal of Traumatic Stress*, 16(2), 159-166. Herman states: "...if one set out intentionally to design a system for posttraumatic stress disorder, it might very much look like a court of law (Herman, 1992)" p.159.

ⁱⁱ Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

ⁱⁱⁱ Chae, Y., Goodman, G. S., Eisen, M., & Qin, J. (in press). Event memory and suggestibility in abused and neglected children:

Trauma-related psychopathology and cognitive functioning. *Journal of Experimental Child Psychology* (2011), doi:10.1016/j.jecp.2011.05.006

Chae et al. found in their research that highly dissociative children with more trauma symptoms showed greater inaccuracy in memory, whereas trauma symptoms were not associated with increased error for children who were lower in dissociative tendencies.

^{iv} Field, A. P., & Lester, K. J. (2010). Is there room for 'development' in developmental models of information processing biases to threat in children and adolescents? *Clinical Child Family Psychology Review*, 13, 315–332.

Field and Lester review research indicating that anxiety in childhood is associated with distinctive patterns of information-processing bias taking the form of giving priority in attention and interpretation to threatening information.

^v White, L. K., Suway, J. G., Pine, D. S., Bar-Haim, Y., & Fox, N. A. (2011). Cascading effects: The influence of attention bias to threat on the interpretation of ambiguous situation. *Behaviour Research and Therapy*, 49, 244-251.

White et al. review evidence that attention bias to threat produced by anxiety is intricately related to negative interpretation bias of neutral or ambiguous events.

^{vi} Studies dating back nearly a half-century have demonstrated that anxiety creates inhibition, caution, hesitation, and disturbances in verbal expression. See, for example, Siegman, A. W. & Pope, B. (1965). Effects of question specificity and anxiety-producing messages on verbal fluency in the initial interview. *Journal of Personality and Social Psychology*, 2(4), 522-530; or Kasl, S. V. & Mahl, G. F. (1958). Experimentally induced anxiety and speech disturbances. *American Psychologist*, 13, 349. For a more recent review see Eysenck, M. W., Derakshan, N., Santos, R., & Calvo, M. G. (2007). Anxiety and cognitive performance: Attentional control theory. *Emotion*, 7(2), 336-353. These investigators demonstrated that anxiety is associated with adverse performance on cognitive tasks and especially on tasks placing high demands on cognitive resources.

^{vii} Olmert, M. (2009). *Made for each other: The biology of the human-animal bond*. New York: Da Capo Press.

SYMBOLS AND ARCHETYPES IN SANDPLAY THERAPY

PART I of III

By: Lois Carey

This article is written in order to acquaint the reader with an understanding of symbols and archetypes as they are portrayed in Jungian Sandplay Therapy. A brief description of Jung's psychic structure that enriches the Sandplay process on one's journey towards individuation will set the stage for why this knowledge, when added to the therapist's repertoire, will deepen and enrich the process. Differences between symbols and archetypes will be discussed and illustrated. Archetypes^{viii} have both positive and negative poles; some of the archetypes to be illustrated are the Great Mother, the Wise Old Man, the Hero/Heroine, Anima/Animus, Ego/Self and the archetype of Evil. Representative examples will be sand pictures of both children and adults.

"The world of the archetypes is the invisible world that we have never seen. It is hypothesized to be the deepest realm of the psyche and has the potential to evoke images of a more or less predictable nature. It is these images that we see and which occur worldwide in all people's psyches. They have been appearing and reappearing from time immemorial. We know them through myths, fairy tales, sagas, legends, and stories told the world over."^{vii}

An archetype is nothing more or less than a model - a model of an idea often. For example, when one thinks of "mother," one may have several ideas in mind. One, of course, is one's personal mother, but the archetypal mother is the ideal that no human can ever measure up to. An example of this might be Mary as Christ's mother – the idealized saint. Then, as archetypes are two-sided, one needs to consider the Negative Mother Archetype – Medusa is a good example of this one.

A symbol often points to an underlying archetype. For example, a dove is a symbol for peace. Churchill as he held up two fingers during World War II symbolized the letter "V" for victory. Symbols are also found in music and mathematics, i.e., notes on the scale symbolizes what keys to play on an instrument. In mathematics, addition, subtraction, division or multiplication signs demonstrate what process should be undertaken.

Jungians believe that dreams are the most common place where we encounter our own personal symbols – those that are connected with our own psychology. This topic is pertinent to Sandplay because Sandplay is often referred to as a ‘waking dream.’

Webster^{vii}, writing about ‘symbol’, says that it is a token by which one infers some- thing, else, i.e. the “dove of peace”. He goes on to say that in psychoanalysis, a symbol is an act or object representing an unconscious desire that has been repressed. Prior to 9/11, we thought of the World Trade Center as a symbol of the power of the United States and the flag symbolized our unity as a nation.

Dreams happen spontaneously and are our main source of knowledge about symbolism and how they can point to an underlying archetype, but the symbol is not the archetype itself. I’ll give a personal example that I discussed more fully in my memoir, A Salty Lake of Tears^{vii}.

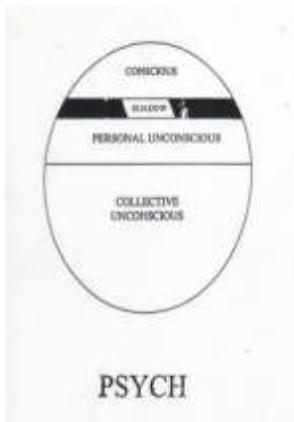
Several years ago I had a dream where my husband and I were confronted by a buffalo that first sniffed at him and then made his way towards me. I awoke at that moment, quite frightened. However, in analyzing that dream, I discovered that there were several aspects to this particular symbol. The image of the buffalo directly linked me to a pleasant childhood experience while, at the same time, encouraged me to draw on the strength of the buffalo at those tense moments when I was just beginning to deliver lectures. This is a dream that has stayed with me for many years. I also added many buffaloes to my miniature collection after that dream and often carry one with me when I lecture.

My family’s Sunday drive usually led us to a large herd of buffalo that lived in South Park in Pittsburgh. This was a very pleasant memory of a not-so-pleasant childhood. I studied up on this symbol to gain further insight into this unusual dream image. I found one passage in the Medicine Cards^{vii} that says “Buffalo medicine is a sign that you achieve nothing without the aid of the Great Spirit and that you must be humble enough to ask for that assistance and then be grateful for what you receive.”^{vii} This was for me a very positive connection with a dream symbol that led me to the Power Archetype. Naturally, not all symbols are positive as they, like archetypes, can have both positive and negative sides.

Jungian therapists seek to locate connections between the conscious mind of the patient and the unconscious archetypes or symbols that cause personal suffering to the client. The danger that arises when this material remains unconscious is that the client can become IDENTIFIED with the archetype and this can cause much suffering. In those situations, Jungians believe that the archetype has power over the person rather than the person having power over the archetype.

In order to assist the reader with the balance of this article, I have included a few illustrations that will hopefully explain the theory.

Jung’s Model of the Psyche



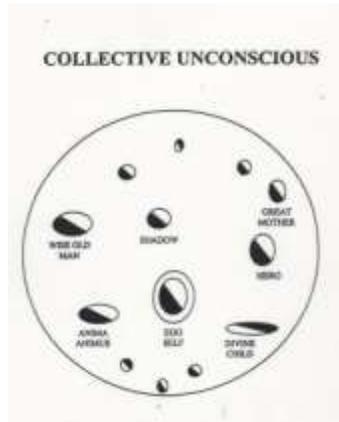
Sams & Carson, p.113

^{vii} Ibid, p. 116

^{vii} Neumann, p. 18

This sketch represents Jung's model of the psyche. Note that the conscious part is only a small part of the overall psyche. The shadow is that rejected part of one's psyche that is projected onto other people. There is possibly something about that person that one dislikes about oneself, like a negative attitude. When one begins to examine one's personal reaction, it is often possible to detect what has been illustrated and thus, make it available to consciousness. The personal unconscious is that area of the psyche that has repressed personal issues from past experiences, such as in childhood, but that can be accessed at times through flashbacks, dreams, etc. The collective unconscious is the major portion of the psyche and is the area that caused the rift between Jung and Freud. Jung believed that each person is born with countless "archetypes" and as one matures, only a few or several are favored. The word psyche in contemporary analytical psychology has taken on at least two meanings. On the one hand, it refers to the faculty of the human being that is capable of experiencing the imaginary world as well as the physical world or it may refer to the entire realm of experience, both conscious and unconscious. In the first case, psyche is identified with soul in the traditional sense; in the second, psyche is the world of the soul.

Collective Unconscious

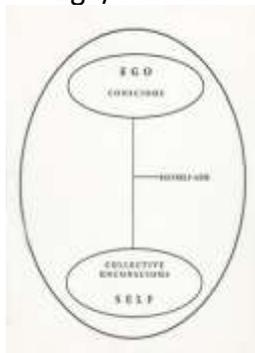


This is a sketch of the collective unconscious. Each archetype has a dark and a light side as indicated on the sketch. For example, consider the Great Mother^{vii} archetype. This is not referring to one's personal mother, but is considered to be the extreme of the extremes; the positive side is the nurturing, loving, cherishing part of the mother figure, similar to mother images from ancient Greece. Mary, the mother of Jesus, is considered to be an example of the Great Mother as well. The negative aspect of this archetype can best be described as the Terrible Mother^{vii} – she of the many rages, the Medusa – she who can kill with one glance, etc. The aim of therapy is to find a way to balance each archetype that is encountered. Again, to use the Great Mother as an example, if the positive side is dominant, one does everything to excess – to the point where there is nothing more to give. This is often the major archetype of the therapist. On the negative side, we may use the example of the man, so under the sway of the mother, that he is totally unable to relate to the real women in his life. Our task becomes one of helping a client to find a balance between the two poles. Jung believed that the ego/Self was an archetype as well.

^{vii} Neumann, p. 18

^{vii} Ibid, p. 21

Ego/Self Axis



This is the ego/Self archetype. Jung believed that the ego was in the conscious part of the psyche and the Self, the inner spiritual dimension, was buried in the collective unconscious. Jung believed that the ego and the Self were connected with an invisible thread that he called the ego/Self axis. During childhood, any assault to that invisible thread causes a split to occur. The job of therapy is to re-unite that axis for true healing to occur. Any trauma, such as separation from the mothering figure, or a death in the family, or divorce, not to mention sexual or physical abuse could cause such a rift. It is possible, in Sandplay, to actually visualize when that occurs and sand pictures, later in this series, will help to illustrate this.

An archetype is a model by which an idea is referred to, for example, the Great Mother, the Hero, and the Inner Child. An understanding of the Jungian concept of archetypes can enhance the therapeutic benefits that are inherent in Sandplay. One example of a major archetype is that of the Great Mother. One of the symbols for the Great Mother is a cave, an interior place, deep within the mountain.

Erich Neumann^{vii} produced an entire volume on different aspects of the Great mother. In Her positive view, She is the caretaker, the nurturer, *par excellence*. One of her negative sides can be represented as Medusa who turns men to stone.

The Goddess Demeter^{vii}, in Greek mythology, is a prime example of the Great Mother. Demeter was the mother of Persephone and when Persephone was abducted by the King of the Underworld, Demeter went into a deep depression. Following this event, Demeter dictated the change of the seasons as a result of her grief at separation from her daughter. (Her name – Demeter – means The Mother.) During those times of the year when Persephone spent time with Demeter, Spring and Summer reigned. The fruits of the Earth came to life, bloomed and produced fruit. When Persephone was with Hades, Fall and Winter ensued, representing Demeter's sadness because of the separation. Much of what we see today about winter time depressions can be directly related to this myth.

The negative side of the Great Mother archetype is that She can also try to control every relationship. She is the mistress of guilt: "See all that I've done for you, how you can possibly do this to me?" The negative controlling side can become so extreme that it totally denies the personhood of the other. In this aspect, Medusa is a good example – Medusa was the goddess that men could not look in the face or they would be slain – she could only be approached from behind (the unconscious).

Sandplay is particularly suited to problems with the Great Mother simply because of the use of the earth element of sand that symbolically has the potential to link us directly to the realm of the earth mother. "Mother Earth" is a direct reference to the numinous power of the archetype and often alludes to these issues, issues that have existed from the earliest of times and across all cultures. Because this archetype holds so many varied characteristics and is depicted by so many symbolic representations, one cannot say "the Great Mother archetype is" She is many things that are the essential reason that Sandplay therapists consciously employ Her in Her function of Nurturer and Healer. Many persons, both men and women, find themselves caught in the clutches of the Great Mother archetype and nurture others to the complete exclusion of everything else.

How does one learn about this archetype in Sandplay and the many diverse forms that indicate the presence of the Great Mother? Needless to say, this is a lifelong process, but there are some beginnings that can be made towards an understanding of the archetype. For example, She (in her positive form) can be most readily seen in formations made in the sand such as mountains and hills. Animals, such as the cow, the pig,

the whale, can indicate Her nurturing aspects. In Her negative form, She may be depicted as a volcano, or She might be illustrated as an octopus with its many tentacles. These are just a very few examples.

It is often said that the archetype, or complex, is in charge of the person, rather than the person being in charge of it. This is often the case with the young man or woman who cannot leave the personal mother, or who cannot maintain a relationship to the opposite sex. The “mother complex” can also exist in young children when there is an attachment disorder stemming from an early separation from or loss of the personal mother. The search for a positive Great Mother substitute can last for a lifetime. The characteristics of the Great Mother archetype are quite complex, yet when one is able to contact and mediate with Her, She holds the potential for a deeply healing experience. Therapists must pay special attention to this archetype because its power can sometimes reach epic proportions.

This is one of the archetypes that can control the unconscious of the therapist and often leads him or her into this field in the first place. It is vitally necessary, therefore, for the therapist to contact this archetype during his/her training and learn to mediate with Her so that this does not contaminate the work with the patient or lead to burn-out of the therapist. This archetype can be seen in therapists who arrange appointments at inconvenient times for themselves or who take phone calls at all hours of the day or night. The deep issues that surround the Great Mother archetype is one of the prime reasons why every Sandplay therapist needs to have the experience of his/her personal process. There is simply no substitute for this. The picture below is that of an adult woman who was struggling with a Great Mother issue.



This second example is that of a Negative Great Mother that was made by an 8 year old boy who was in the care of a personal mother with suicidal ideation.
This article will be continued in a future edition of this newsletter.

SYMBOLS AND ARCHETYPES in SANDPLAY THERAPY
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Grin and Share It

A humor column based on true experience

by Dr. Laurie Zelinger

www.drzelinger.com

From 8-year-old Hanna to her mother at the end of a session, “Don’t rush me mom! I need a moment to hug my doctor!”

Tali was afraid of robbers. After exhausting efforts to think of ways to keep them away, I finally suggested putting a sign in the window that said, “Robbers Keep Out!” Tali thought that was worst idea ever. She informed me that they would have to sneak up close to the house to read the sign, and then might just decide to come in since they had already done some of the sneaking already.

Justin decided he wanted to go into the business of making bracelets with string. When he asked if I wanted to buy one for a quarter, I agreed. But suddenly the price jumped to 35 cents. When I asked about the change, he responded, “When you don’t like the first price you gave, you can raise it pretty easily by just saying you’re adding tax”.

From a second grader, “I’m going to be in the band and the music teacher said I can play the tangerine!”

While playing with cannon balls and forts, David told me, “If you got blown up and your body was splattered around the room, I’d take your lips home with me so I could always hear what you had to say”.

“I know something you don’t. The houses in Pennsylvania aren’t really made of pencils!”

“I’m going to marry Justin Beaver when I grow up”.

From a young girl to her father, “Dad- can you bring me here instead of to Dr. Marcus next time I get strep? Dr. Laurie is more fun than the other doctor that gives throat cultures.”

Me: “Why do you want to be a doctor?” Perry: “I like the license plates”

After a very fruitful session with Bobby where I explained that he needed to use his frontal lobes more and to think before he acted, I asked him to explain what we discussed with his mother. He said, “Dr. Zelinger showed me how to figure out if I was going to get in trouble or if I should use my frontal lobes to help me make a good decision. Next week I’m going to ask her to teach me what my backal lobes can do.”

I pledge allegiance to the flag of the United States of America, and to the Republic for fishes stand...

FASD AWARENESS DAY

September 9, 2011

FASD: A Life Sentence with New Hope - Summation *By Catherine E. Cwiakala, LMSW*

Progress is slow but steady. There have been great strides in recognizing what Fetal Alcohol Spectrum Disorders (FASD) is and what it is not. There are advances in FASD Prevention and the identification of FASD during pregnancy and at birth. The medical community now stresses the early identification of infants and young children with FASD. There is a crucial need for further development of specific treatments for people with FASD in the medical, nutritional, educational, and especially, in the mental health fields.

As we experience **International FASD Awareness Day**, on September 9, 2011, I request my fellow NYAPT Members and APT Members to join together to educate ourselves in the identification and treatments for FASD. We need to collaborate to share our knowledge, research, and clinical practice experience of what has helped clients with FASD. The need for art, sand play, puppet, bibliog.-therapy, and other play therapy practices specifically for people with FASD is crucial. Together we can give infants, children, adolescents, and adults with FASD and their families the education, resources, services, and play therapy they need to reach their potential.

Key Information and Resources:

- **FASD and DSM V: National Organization on Fetal Alcohol Syndrome (NOFAS) states:** NOFAS, the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), and over 40 other FASD-focused organizations are advocating for the inclusion of FASD in DSM-V. DSM-V is a planned revision expected to be released in May 2012. <http://www.nofas.org/news/FASDinDSM-V.aspx>
- **American Academy of Pediatrics: Fetal Alcohol Spectrum Disorders (FASDs): A Call to Action:** "Pediatricians should consider FASDs when evaluating children with developmental problems, behavioral concerns, or school failure. ... children with FASD need a pediatric medical home to provide and coordinate care and ensure necessary medical, behavioral, social, and educational services.*
<http://www.medicalhomeinfo.org/downloads/pdfs/fasdfactsheet.pdf>
- **FASD: Strategies not Solutions**, a strategies booklet to educate caregivers and the community in managing the behaviors associated with FASD.
http://www.betterendings.org/strategies_not_solutions.pdf
- **Fetal Alcohol Syndrome Parent Handbook** includes: When to see a doctor; preparing for your appointment, test and diagnosis; and coping and support.
<http://www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184>
- **Fetal Alcohol Syndrome: A Parents' Guide to Caring for a Child Diagnosed with FAS**, 2004 Wake Forest University Health Sciences: School of Medicine, NC
[http://Fetal_Alcohol_Syndrome_Parents_Guide\[1\].pdf](http://Fetal_Alcohol_Syndrome_Parents_Guide[1].pdf)
- **The National Organization on Fetal Alcohol Syndrome provides a list of the State Resources for NY:**
<http://www.nofas.org/resource/results.aspx?ST=32&Name=New%20York>

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- **Northeast Regional FAS Education and Training Center** [University of Medicine and Dentistry of New Jersey](#) (UMDNJ) <http://www.beintheknownj.org>

My complete **FASD: A Life Sentence with New Hope Article** lists FASD Literature Review Articles and a wealth of excellent downloadable FASD Treatment Resources. You may request a copy of this article and/or send your FASD treatment information to Catherine Cwiakala, at ccwiakala.lmsw@yahoo.com. I will add key additional information in our next NYAPT Newsletter.