

SANDTRAY THERAPY WITH A 24-YEAR-OLD WOMAN IN THE RESIDUAL PHASE OF SCHIZOPHRENIA

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Abstract: *Sandtray therapy is a clinical tool for helping a client express and understand his or her unconscious dynamics. It utilizes a sandtray and anywhere from a few hundred to a few thousand figurines in the room for the client to select from. These figurines cover a wide range of people, situations, and objects, from the most ordinary to the mythical. The client makes a story in the sand, which the client and therapist then discuss. It is standard therapeutic wisdom that one should not use techniques involving fantasy with psychotic clients since it is typically too hard for both them and the clinician to contain those fantasies in a healthy manner. Although this is very often true, the authors offer an example of how they were able to use sandtray to great therapeutic advantage with a schizophrenic client in the residual phase of schizophrenia.*

Most researchers and practitioners today agree that schizophrenia is fundamentally a biological disorder with a strong genetic component (Tsuang & Faraone, 1997). Chromosomes 5, 6, 9, 10, 11, 18 and 22 have been implicated in various studies in the transmission of schizophrenia; however, it has proven difficult to replicate findings

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from study to study (Comer, 1998; Tsuang & Faraone, 1997). Although, as we shall see below, various psychological modalities can be useful in the treatment of schizophrenia and the prevention of relapse (Lieberman, Spaulding, & Corrigan, 1995; Mueser & Bellack, 1995), and it is fairly generally acknowledged that schizophrenia is not primarily a psychogenic disorder. Hence, such explanations of schizophrenia as Bateson's Double-Bind theory and the notion of the "schizogenic mother" have been largely abandoned (Mueser & Bellack, 1995).

The symptoms of schizophrenia often depend on the type of schizophrenia with which the patient presents (Comer, 1998). The most common symptoms are auditory hallucinations, delusions (of persecution, reference, control, and grandeur), thought disorders, and speech abnormalities. Other less common symptoms include visual, olfactory, gustatory, and somatic hallucinations (Tsuang & Faraone, 1997).

Schizophrenia typically runs a tripartite course. They are generally referred to as the prodromal phase, the active phase, and the residual phase. Schizoid features are not particularly detectable in the prodromal phase; however, certain warning signs are emerging, such as social withdrawal, speaking in unclear or symbolic ways, strange ideation, and flat or inappropriate affect (Comer, 1998). The active phase, often stimulated by stress, evidences the symptoms mentioned above in a much clearer and more disturbing fashion. The residual phase is similar to the prodromal phase except that there is a preponderance of negative symptoms (i.e., the absence of a certain normal function as opposed to the presence of a bizarre function) and a heightening of the positive ones. Our client was in the residual phase during our work with her, which covered several months and involved about 20 sandtrays, of which we will look at five.

The current treatment of choice for schizophrenia is pharmacological. Neuroleptic (or antipsychotic) drugs have been in existence since the 1940s. It is estimated that world-wide these drugs have significantly alleviated symptoms in fully two-thirds of schizophrenics (Tsuang & Faraone, 1997). Because of unwanted side

symptoms of Parkinson's Disease) the goal is to finally find the lowest possible dosage that will maintain a patient with schizophrenia at the residual phase. The new neuroleptics, however, tend to cause less, and less severe Parkinsonian symptoms than do the conventional neuroleptics. Clozapine and risperidone are the most successful and widely used of the new "atypical" neuroleptics. In most cases, the optimal treatment of schizophrenia includes medication as the basic component, augmented by psychological and social therapies for the patient in the residual phase.

Psychological, social, and linguistically-based treatments can be useful in addressing certain aspects of schizophrenia as well as in helping to prevent a relapse (Lieberman, Spaulding, & Corrigan, 1995; Mueser & Bellack, 1995). In this case study, we will examine how sandplay therapy proved a useful psychosocial device for a schizophrenic named "Melissa" with whom we were working in the residual phase. Sandplay allowed her to construct powerful, healing narratives about her life. Narrative-based therapy has proven to have great value by helping the client "reframe" his or her difficult experiences in a way that is more meaningful and hopeful (White & Epston, 1990). This approach is also important because schizophrenia has been increasingly seen as having psycholinguistic components, especially regarding the patient's ability to construct a coherent narrative of his or her life (Chaika, 1997; Frith, 1997). Please note that since our approach is oriented around the psychology of C.G. Jung, there will be explanations of Jungian ideas with which the reader may not be familiar in footnotes.

About Melissa

Melissa described her experiences during an acute phase in the following terms. "I began having schizophrenic symptoms at the age of 16. After two years we were able to get medical help and identify my illness. During those two years I had thought God was speaking to me through the Holy Ghost. At first I would not accept reality, but my mother was the one who got me out of thinking irrationally. I was then able to break away from obeying the voices' wishes. Refusing to heed

these voices not only gave me back my life, but it meant I would have to struggle for it. Finally there was a drug, Clozaril, that actually helped me. No, it did not stop me from hearing voices, but I no longer have to struggle, nor fight, nor do I see things, and I finally am able to get to sleep. It gave me back a life without fear."

We met Melissa several years after the onset of further acute schizophrenic episodes when she was a student at a university. During this time, the second author briefly worked with Melissa in supplemental therapy during an acute episode. Our sandtray work with Melissa began about a year after she had stabilized and returned to the university. With her medications, she was quite functional, maintaining a good grade average at a university. At this point, we asked her if she would like to do some sandtray work with us *gratis* as part of a study we were conducting. She was very enthusiastic about this.

It is important to stress that we started sandplay work with Melissa only *after* she had moved into a residual phase, when Melissa's symptoms lessened and were considerably more manageable and thus more amenable to other interventions in addition to medications. It has been standard wisdom for some time that depth psychological approaches are generally not appropriate during the prodromal and active phases of schizophrenia (Mueser & Bellack, 1995). However, we believe that analytic work carried on in conjunction with cognitive restructuring approaches (Beck, 1995) can be useful in the residual phase (Lieberman, Spaulding, & Corrigan, 1995).

This certainly proved to be the case with Melissa. Sandplay therapy offered Melissa a means of reframing her experiences and constructing narratives that helped her understand her situation in a way that was analytically rich and personally satisfying, and that also allowed a structured social situation with us that addressed that element of her recovery as well. It helped her envision future possibilities for growth and action, which is a crucial element in any form of psychological recovery and maturation (Bannister & Fransella, 1986).

Sandtray 1: "The Purple Pansy Tree"

In this opening sandtray, which Melissa called "The Purple

Pansy Tree," the self-character is a veterinarian. This is a character who would make several appearances throughout her work with us. Consistent with Jung's notion that animals in dreams often represent one's own physical nature, we saw this as an encouraging sign of Melissa's desire to attend in a loving, therapeutic way to herself and her body. As the self figure in the presenting sandtray, we felt that this was a positive sign.

The first tray contains only markedly feminine symbols, themes and persons except for the "fantasy" male figures of Christ, Tigger, and a character whom she called "Mr. Snakey"—a huddling, coiled black figure at the base of the pansy tree who makes his appearance here and would continue to figure prominently in other trays. The only non-fantasy human is a woman: the self-figure—a veterinarian. Standing above her is Glenda of Oz, who in this case is not a good but a problematic figure. Glenda was not invited to the tea party, symbolized by the red tea-cups. Melissa said that Glenda, who is pointing an accusatory finger, represents the accusing voices that often plagued Melissa. Finally, the rock with the word "dream" on it represented Melissa's desire to go to interior design school in Europe and then return home and open an office.

The first thing to note about this tray is that it may show the effect of Melissa's family-of-origin situation. Her father was schizophrenic most of his life and at the time of Melissa's birth. Melissa, who only saw him once a year, felt uncomfortable around him from an early age. Her mother divorced him. Melissa was raised by her mother and sister. The only significant contacts she had with a male was a great-uncle whom she visited every Sunday and with whom she spent a great deal of time during his passing, and also with a "big-brother" figure in her local church. Hence, it is not surprising to see a Mother-complex in a presenting tray. In Jungian psychology, a "complex" refers to the fact that our subconscious dynamics tend to involve "clusters" of images, ideas, memories, hopes, and fears (Jung, 1957). The complex can either be healthy or not.

For instance, in this tray the only protective male is the otherworldly Savior with a lamb in his lap. The other two males—Tigger

and Mr. Snakey—are all coiled up, filled with excessive male energy and poised to spring on an unsuspecting victim at any time. Tigger, who is orange, is a color archetypally associated with raw energy. Mr. Snakey, who is black, is an emerging *shadow*-figure. Jung wrote “By *shadow* I mean the negative side of the personality – the sum of all those unpleasant qualities we like to hide, together with the insufficiently developed functions, and the contents of the personal unconscious” (Jung, 1996).

The veterinarian-self is thus about as far away from those two portentous male figures as she could possibly be in the tray, reflecting Melissa’s fear of men and their phallic, feral energy, which she has both displaced and attempted to “tame” in the form of the “cuddly” domestic animals in her care as a veterinarian. Thus, we felt it important that she work with Cliff, a male therapist whom she trusted, with whom she had a positive transference relationship, and through whom, therefore, she might be able to work on some of her *animus* issues. With men the anima is usually personified by the unconscious as a woman; with women the animus is personified as a man” (Jung, 1996). Also, as we suspected from having met Melissa’s mother during one of Melissa’s more difficult episodes, she was certainly kind, loving and supportive of her daughter, but also (perhaps unconsciously) rather ambitious for her daughter in ways that did not match Melissa’s possibilities as a person dealing with schizophrenia.

Sandtray 2: “Past and Present”

To discuss this tray requires that we introduce an interpretive model that we have used in a previous article (Mayes & Blackwell Mayes, 2002) and which Bradway (2002) has termed “the Mayes hypothesis”. We have found in our clinical experience as Jungian-oriented practitioners that our clients often place sandtray figures in each of the quadrants in a way that, based upon our clients’ explanations, seems to us to roughly correspond to the four essential phenomenological functions or personality types identified by Jung: thinking, feeling, intuitive and sensate. We have gradually come to the conclusion that the four quadrants may sometimes represent these

functions: the upper right of the sandtray representing what the client is portraying about his or her thinking function; the lower right representing the sensate function; the upper left encoding the intuitive function, and the lower left manifesting the feeling function. Although we have reached this conclusion on the basis of our clinical experience, there are also paradigmatic reasons why such a “quaternity” makes sense. Many sandtray therapists believe that the upper half of the sandtray is the area in which conscious factors and functions tend to express themselves with the greatest regularity, and the lower half being the site of more unconscious dynamics. In addition, some have suggested that the left half of the tray may concretize more archetypally feminine issues (the “anima” functions of care, feeling, and intuition), and the right half of the tray more archetypally male issues (the “animus” functions of ratiocination, measurement, and manipulation) (Kalff, 1980; Weinrib, 1983; see also Belenkey, et al., 1986; Gilligan, 1982). Our four-part model is consistent with both the vertical-polar interpretation as well as the horizontal one, and is, indeed, a synthesis of them. The upper right quadrant can be viewed as the site of the more conscious “animus” function of “thinking”, and the lower left quadrant being the site of the more instinctual “animus” function of sensation. Conversely, the upper left is the site of the more mentative “anima” function of “intuition”, while the lower right represents the more primary “anima” function of feeling. For all of its interpretive usefulness, however, we do not simply mechanically apply this model whenever we look at a client’s sandtray. Like every theoretical construct, it is merely a tool to be used when it seems appropriate and useful to do, but it can be “left on the shelf” when this does not seem to be the case. The model must fit the sandtray, not vice versa, for us to use it hermeneutically. There is no simple model that can replace the individual therapist’s past experiences with a particular client, an understanding of the client’s existentially unique issues, a knowledge of the personal and archetypal symbols that that client tends to employ, and the client’s *own* explanations of his/her figures and stories.

This second sandtray contains images and themes already present in the first sandtray while also introducing some new ones. For

instance, there are references to Melissa's time spent in Europe and her desire to return there: the butterfly (associated with a museum she visited in Vienna), the nun (associated with the Black Madonna), and a knight (not pictured here because she later put it in the tray as an afterthought). Also present is an oversized, white, praying boy, reminiscent of Christ in the first tray. In addition, there is an evergreen tree which has been placed very close to where the floral arrangement was in the first tray and which, like the arrangement, represents home and mother. And, of course, Mr. Snakey shows up again, this time with a patch of blue water leading up to him. The clown-letters "e" and "t" on the left side of the tray suggest the decisions she is making about her present and future schooling. The title of the second tray, "Past and Present," introduces a new theme that will figure prominently in many of Melissa's following trays, namely, her concern with time.

Like the Christ figure in tray 1, the praying boy in tray 2 is all white and relatively undifferentiated, suggesting, we believe, the still "unembodied" nature of her feelings towards and experiences with men. Nevertheless, there are also signs that this is beginning to change positively. The circular object, frequently symbolizing wholeness and integration, that rests against the boy's left knee may point to this healthier animus possibility. It may also suggest marriage, both as a personal possibility and an internal *coniunctio* of the masculine and feminine components of her psyche. This is perhaps why the self figure in this tray, the woman next to the stop sign, is so close to the boy. Additionally, given that water is a classic symbol of both the personal and collective unconscious, the fact that Mr. Snakey, in the primal masculine sector of "sensation, is associated with water may indicate that he is beginning to emerge from the unconscious into more conscious awareness, where he can be handled and transformed into a positive male figure to be introjected. Note as well that the ninja is "blocking" the feminine left-half of the tray from the right, which she has also separated by building a wall of sand on which the ninja is standing. This is perhaps a primary attempt to "control" the Mother-complex that figures so prominently into Melissa's femininity, thereby allowing masculine figures to develop in the future.

Still, there are only stylized and/or dangerous males in this tray, which include clowns, an assassin, Mr. Snakey, and a “pretty” boy. The woman, standing next to a stop sign, faces two chess pieces, one black and one white. This might suggest her reluctance to carry through with the project of both external and internal marriage. And opposite the nun in the sandtray is the masked man. Here, we felt, the nun and her tightly shut suitcase might well represent Melissa’s virginity, which she is unwilling to “unlock” for a man, since she still sees them as generally hooded and dangerous.

Sandtray 3: “Selfishness”

Perhaps the most notable fact about this interesting sandtray is its doubling motif. It has two houses, which we will discuss presently. It also has two stagecoaches, one moving leftward and the other rightward. Outside of the fact that they are both stagecoaches, they are quite different. The leftward-moving stagecoach has a pincushion on top, a woman seated in pink in the driver’s seat, and no horse. The rightward-tending one, a stark copper color, is being drawn by a copper-colored horse. These facts seem consistent with our notion that the left side of the tray often embodies the archetypally feminine, and the right the archetypally masculine. The left stagecoach, dominated by feminine figures (a woman in pink and a pincushion that Melissa associated with her mother), lacks a horse to pull it along, a clear reference to Melissa’s mother-dominated world and the absence of a strong masculine presence and principle in her life. On the other hand, we see the emergence of this principle in the copper stagecoach and horse, for copper is a tough metal, often associated with chthonic male gods, and the steed is a classically phallic symbol.

The two houses further reinforce this left-right distinction. The house on the left is clearly feminine in its fanciful colors and gingerbread design, and even has two women poised on its roof. Conversely, the house on the right is a rugged affair, minimalist, earthy and rough to the touch. Melissa said that the two women on the roof were her mother and sister, explaining that she was afraid that if she went to Europe after graduation, her mother might become ill and her sister might take some

of her things that she values. Offsetting these problematic feminine images and themes are more hopeful signs on the right: the Tibetan dragon (a variation on Mr. Snakey?) represents a time that she went to San Francisco with her aunt, a woman whom she sees as dynamic, untroubled, and free of any traces of a delimiting mother-complex. She also associates her aunt with health, empowerment, and money, the latter of which is important enough in itself but is also a symbol of potency.

The peacock and the mirror, classically feminine images, have an *animus* dimension in this tray, for as Melissa explained, she feels “pretty and proud as a peacock when you [Cliff] say you are happy to see me each week!” As early as her second tray with Cliff, in other words, Melissa seemed to be absorbing the stable, nurturing *paternal* energy that Cliff offered. Seen in this light, the right side of the tray represents the emergence of positive *animus* energy and imagery for Melissa, a healthy alternative to the damaged *animus* that her father embodied. Note as well that there are no dangerous male figures in this tray, unlike in the first two trays.

We also see a new motif in this tray, one that will occur in many of Melissa’s future trays, that is, objects placed on top of each other. Not having seen this sort of thing very often in our work with non-schizophrenic clients, we surmised that this motif might refer to the fact that Melissa, whose voices had driven her focus “up” into her head, was in a series of “delicate balances.” At any rate, this tray was clearly “pivotal” in other ways as well, particularly regarding the left-right tensions that suggested the early formation of a positive *animus* to “answer” the challenge of the deeply ingrained mother-complex. The title of the tray, “Selfishness,” suggests this burgeoning sense of empowerment and healthy self-assertion.

Sandtray 4: “Productive and Unproductive”

The title of this tray alluded to the fact that Melissa had just watched an R-rated movie and felt bad about having spent her time so “unproductively”, especially since the youth in her church have been asked to avoid any R-rated entertainment. Thus, although she had

watched the movie in German as a way of practicing the language, there was also an element of moral self-condemnation implied in the term “unproductive.” Not surprisingly, therefore, this tray contains sexual allusions and tensions.

For instance, the woman just right of top-center has a provocative short skirt. Next to her are the twin-towers with a policeman poised precariously on top, images of both masculinity and potential danger. The mermaid is handcuffed to this male arrangement, suggesting at one and the same time Melissa’s attraction to and fear of the masculine principle. The small fish in front of the Mermaid seemed suggestive of a sperm. The fact that a mermaid is half female and half fish perhaps symbolizes Melissa’s own incomplete feminine self-image along with the fact that she is struggling with her own sexuality, her “animal” nature. Moreover, the male-centered nature of these issues is emphasized by the fact that they are in the right hand of the tray, the archetypally masculine side, and that they are almost all blue, which is the traditional color of boys in our culture.

Thus, the other side of the tray, peopled entirely by females, is either pink or its constituent colors, red and white. The self figure is a girl whose “hair flies out in lots of different directions”, which Melissa associates with her own hair and which, as mentioned above, may also represent the voices in her head. Glenda appears again in this tray, placed almost exactly where she was in the first tray, with her accusatory finger pointed at the self figure. However, Glenda now represents the “productive” use of time, contrasting with the “unproductivity” of watching R-rated movies. This is emphasized by the fact that there is a Bible in front of Glenda, symbolizing scripture-study.

We see here a classic superego-id tension. The full-bodied, sensual woman is pointing to the self-figure from the right as is Glenda from the left. Melissa is clearly the focus of a battle between two very different images of the feminine: the full-bodied, sensual woman and the virginal, accusatory woman. The result is that she sees herself as still a girl, with funny, frizzy hair and child’s clothing. As Jung often pointed out, until a person maturely comes to grips with one’s own contrasexual elements, he or she remains a psychological child. The moral tension

between superego and id is, in this case, thus heightened by the fact that Melissa's incomplete *animus* makes it doubly difficult for her to come to grips with her own sexuality. The result is a painful internal tension, mirrored in the bifurcation of the tray, between a critical mother-complex, on one hand, and the results of a negative father-complex, on the other hand.

Sandtray 5: "My Personal Life and My Family Life"

This was one of Melissa's last trays with us, and we believe it indicates the progress that she has made through this process. In this tray, Christ again appears, this time at the very center holding a lamb. The self-figure, again in the form of the veterinarian, also has animals to which she is tending. This dual image of a person nurturing animals was evidence, we believed, that Melissa was coming to accept the body into which she was born, despite the genetic problems that body had inherited from the father. Indeed, in talking about the figure of Kermit, Melissa said that she was thinking of an episode in which Kermit decides that he wishes he had never been born but finally comes to accept himself and be glad that he was born.

We found the parallelism between the Christ-figure and self-figure important in that Melissa was placing an archetypal figure of the integrated, fully actualized "Self" in the middle of the tray close to her own self-figure. The presence of the temple next to both characters reinforces this sense of burgeoning psychospiritual stability and integration, for temple worship is the existential anchor of a Mormon's life. Melissa also achieves a balance between the right and left sides of the tray. The archetypally male half is replete with potent figures and objects: a Jedi knight, Princess Leah, Hans Solo, Melissa's wealthy aunt, money, St. Paul (which is how Melissa identified the figure of St. Francis of Assisi), and a scooter. The seashell and egg, classically feminine symbols, represented to Melissa the fact that her mother had decided not to give the egg away that Melissa had brought her from Europe. A mother "giving away her egg" might symbolize some sort of rift between a mother and her child, or some other aspect of a troubled mother-complex. Certainly, Melissa was not happy that her mother had

mentioned that she might give away this fragile object that Melissa had so lovingly brought back for her from Europe. Melissa cheerfully reported at this point, however, that her mother had decided *not* to give away the egg. This might be an indication of the fact that Melissa, coming into her own sense of empowerment, was thus beginning to resolve her mother-complex. If this is the case, then the seashell to the right of the egg could be seen as a kind of exclamation point, betokening Melissa's evolving sense of her own unique feminine identity. In like manner, the figures in the left side of the tray are consistent with archetypally feminine motifs and images: a kitchen table, an elementary school desk and chalkboard, and a praying girl. Piggy and Kermit, who are a "couple," suggest Melissa's increasingly good-humored acceptance of her own sexuality and "animal" nature in the form of a pig and frog, two very chthonic creatures.

CONCLUSION

This study illustrates that: (1) sandplay work can be beneficial to a person dealing with schizophrenia so long as that person is in the more stable residual phase of the illness and is working with therapists whom she trusts; (2) just as female therapists tend to embody the *anima* function of nurturance in the client's mind, male therapists may tend to embody the *animus* function of containment and reality-testing; (3) sandplay may allow certain schizophrenics in the residual phase to concretize their "voices" and work with them in ways that are both physically immediate and richly archetypal; (4) schizophrenia often forces a person "up into his or her head" because of constantly having to deal with ongoing and often conflicting voices that are "in the head." Sandplay may offer a way of helping the residual-phase schizophrenic feel more existentially rooted and somatically embodied by bringing the voices "down" into the primally comforting and creative medium of sand; and (5) there was ample evidence throughout the case of Melissa exploring and psychically incorporating a wide range of feminine images and functions, embodied in characters as diverse as Power Puff Girls and grandmothers.

At the end of our sessions, Melissa reported: "This form of therapy enabled me to see things in a new perspective. What feelings I could not put in words, I could discuss through placing different objects in a sand box. There was certainly a difference between my first and last sand trays. In the last few sand trays, I emphasized the importance of my feelings, whereas, at the beginning, I concentrated on my weekly experiences. In other words, I got into myself more deeply and could see things from a much wider point of view. It has been another step in my healing process."

REFERENCES

- Bannister, D., & Fransella, F. (1986). *Inquiring man: The psychology of personal constructs*. London: Croom Helm.
- Beck, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's way of knowing*. New York: Basic Books.
- Bradway, K. (2002). Response to Authors' paper. *Journal of Sandplay Therapy*, 11(2), 125-129.
- Chaika, E. (1997). Intention, attention, and deviant schizophrenic speech. In J. France & N. Muir (Eds.), *Communication and the mentally ill patient: Developmental and linguistic approaches to schizophrenia* (pp. 18-29). London: Jessica Kingsley Publishers.
- Comer, R. (1998). *Abnormal psychology* (3rd ed.). New York: Freeman Press.
- Frith, C. (1997). Language and communication in schizophrenia. In J. France & N. Muir (Eds.), *Communication and the mentally ill patient: Developmental and linguistic approaches to schizophrenia* (pp. 10-17). London: Jessica Kingsley Publishers.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Jung, C. (1957). *Two essays on analytical psychology*. Princeton, NJ: Princeton University Press.
- Jung, C. (1966). *Two essays on analytical psychology* (R. Hull, Trans.). Princeton, NJ: Princeton University Press.
- Kalff, D. (1980). *Sandplay: A psychotherapeutic approach to the psyche*. Boston: Sigo Press.
- Lieberman, R., Spaulding, D., & Corrigan, P. (1995). Cognitive-Behavioral therapies in psychiatric rehabilitation. In S. Hirsch & D. Weinberger (Eds.), *Schizophrenia* (pp. 605-625). London: Blackwell Science.
- Mayes, C., & Blackwell Mayes, P. (2002). The use of sandtray in a graduate educational leadership program. *The Journal of Sandplay Therapy: The C.G. Jung Institute of Los Angeles*, 11(2), 103-124.

- Mueser, K., & Bellack, A. (1995). Psychotherapy for schizophrenia. In S. Hirsch & D. Weinberger (Eds.), *Schizophrenia* (pp. 626-648). London: Blackwell Science.
- Tsuang, M., & Faraone, S. (1997). *Schizophrenia: The facts*. Oxford: Oxford University Press.
- Weinrib, E. (1983). *Images of the self*. Boston, MA: Sigo Press.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.