Book Review


Reviewed by Regina Ragan Taggart, LCSW, Satir Institute of the Southeast, Inc.; email: reginaragan@mac.com

Children who have experienced trauma before the age of four often cannot verbally articulate feelings. This strategy provides a venue for clients to identify, express and cope with feelings of pain using objects in the sand tray. An important vehicle of change utilized throughout the book is the *Personal Iceberg*.

In addition to helping psychotherapists understand the *Satir Model*, this book will be useful to psychology and social work professors who teach clinical models for coping with trauma, especially at risk children with attachment disorders. An important concept of the *Satir Transformational Systemic Model*, is “life energy” which Virginia Satir often referred to in her clinical work. “This life energy” is the wellspring of our potential for becoming more fully human, more positively centered, and more spiritually awakened” (De Little, 15). The book describes another foundation of the *Satir Transformational Model* which is, the problem is not the problem; the coping is the problem. With children, often the presenting problem or behavior reflects his or her coping with an underlying issue.

This book provides a clear framework for understanding the client’s internal world which is represented by the *Personal Iceberg* metaphor. The *Personal Iceberg* allows clinicians to use a non-judgmental language, focus on internal healing rather than on presenting behaviors and encourage choice. Effectively using this strategy requires the therapist to stay mindful, curious, and non-judgmental. These qualities develop opportunities for trust, safety and attachment with the client. As the therapist observes the client’s overt behavior just above the water line, he/she may gently comment. The client’s perception of reality is beneath his/her behavior. As behavior is explored, feelings emerge. The process unfolds to reveal the client’s feelings about the feelings, which some Satir therapists use as an indicator of self-esteem. At the client’s core is expectations, yearnings and self/I AM. Throughout the book, one will learn how to use the *Personal Iceberg* to understand the client’s deepest yearnings, often connected to safety for self and others, especially in families with trauma. A
major strength of this book, is that case examples provide specific questions based upon using the *Personal Iceberg* in the sand tray.

Current neuroscience research shows that children with poor attachment to others do not have a fully integrated brain, which results in an inability to regulate emotion. A child growing up with neglect such as food, safety and emotions, will have high alert neural networks. The book also explains that post-traumatic stress syndrome is associated with a “loss of neural networks controlling cognition, sensation, affect and behavior” (De Little, 37). This is important because the sand tray provides an opportunity for the client to uncover their unconscious feelings. Virginia Satir’s coping stances complement the research on fight/flight and hyper/hypo arousal. Examples are given of children coping stances such as placating, super-reasonable, irrelevant and frozen.

The session for this clinical approach begins with the therapist connecting with the client. Virginia Satir demonstrated ways of making contact such as being on the same eye level as the client, making eye contact, centered breathing and soft nonverbal expressions. The book cites several research studies which indicate that connection in psychotherapy supports the client’s integration of the left and right hemispheres.

The therapist begins by asking the client questions through the figurines chosen for the sandbox. Rather than “how are you feeling,” the therapist will ask “How does the elephant feel?” In addition to using the *Personal Iceberg*, this approach allows the client to interpret unconscious feelings using metaphor. This supports the client in anchoring the change experienced in the sand tray by asking questions such as, “What will be different after you leave the playroom?” (De Little, 61).

The book provides in-depth instruction on setting up a play room, the sand tray and conducting sessions. An interesting part of the strategy is awareness of “energy spots” and mindfulness in the sand tray. An energy spot may be a figurine in danger or a picture of chaos. In addition, the therapist also needs to attend to pictures lacking any energy spots. In both cases, the therapist may comment about the picture with intention for uncovering unmet needs, yearnings and feelings. Mindfulness is introduced through breathing and paying attention to the internal and external body which keeps the session focused in the present moment.

Specific case examples from the author’s private practice demonstrate the application of this strategy for multiple presenting problems and types of play. Expectations and yearnings are explored in the sand tray of a child in foster care for ten years. Free play is explained using a session with a child refusing to go to school. Problem oriented play is explained by focusing on fear of domestic violence in a child’s family. Therapist-directed play is utilized with clients who are frozen and anxious. A case example is given using an adult coping with grief, an anxious child and a court ordered family. It’s important to note that building trust and creating safety with clients needing directive play takes more time. Case examples of challenging trauma cases such as sexual abuse are given.

Unlike some books which only provide case examples or personal clinical experience using the methodology, this one outlines for the therapist: how to create a
sand tray environment. The reader will find guidance on specific figurines and their possible meaning. Also provided is an Intake form, how to write a report, process questions for each part of the *Personal Iceberg* and the wish candle for ending the session. The book is a wonderful roadmap for using sand tray and the Satir Model. The author sends a strong message about her commitment to the model and her hope for sharing knowledge with other clinicians.