

by  
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# *The* Psychology *of the* Sand-Pit

REMEMBER THE TIME Winnie-the-Pooh, Rabbit, and Piglet got lost in the woods? Again and again, they tried to find a way out, a way home, but every time

**CLINICAL LESSONS** they set off, their efforts to  
**FROM WINNIE-** escape kept returning them to  
**THE-POOH** their point of departure, to “a

small sand-pit on the top of the Forest.” Pooh Bear became “rather tired of that sand-pit, and suspected it of following them about, because whichever direction they started in, they always ended up at it.” ■ How easy it is to find ourselves in a similar predicament with our clients! Despite getting paid to guide them out of their sand-pit, we at times succeed only at leading them right back into it. When this happens, it’s possible to decide that they somehow “need” their problem, that they’re “not ready” to change, or that we lack the skill to help them

ILLUSTRATIONS BY GREG COUCH

effectively. Alternatively, we can turn to A. A. Milne for inspiration on how to get unstuck, on how to change the way we're trying to help.

In the story, Pooh finally realized that the attempts to escape from the sand-pit were failing precisely because he and his friends were *attempting to escape*. If setting out in search of his home resulted in their returning to their starting point in the woods, then, he reasoned, going in search of the sand-pit should allow them to find their way home. The reversal of intent worked, and soon the trio achieved their freedom.

Pooh's dilemma and subsequent "Aha!" reveal much about the doggedness of problems, as well as the liberating quality of therapeutic change. To keep yourself and your clients from inadvertently returning to their sand-pit, you need a good grasp of both.

People seek our services because some troubling chunk of experience is rattling them, bringing them down, driving them crazy. Most often, before they call us, they do their best to get their problem out of their lives or under control, but it refuses to budge and, indeed, seems to control *them*. They typically ask for help in getting *away* from it, getting *rid* of it, or getting *around* it. But as Pooh discovered, such negation-based solutions just make matters worse.

### **Negation Creates Attraction**

Try this experiment. Before reading beyond this paragraph, remember a time in your life when someone you trusted, respected, and perhaps even loved, seriously betrayed you. Recall the moment when you were confronted with the devastating reality, and relive the shock, fury, and nausea that hit you when your world turned upside down.

Okay, great. Now, stop thinking about the betrayal. Just make the images disappear. Stop those painful emotions dead in their tracks. Come on, stop them! Stop!

Having trouble? It's a lot easier to fire up such memories, feelings, and thoughts than it is to douse them. Ordering an idea or emotion to cease



We  
10 to 20 minutes **alone** every  
draw and color the

and desist is an exercise in futility. By trying to banish an unwanted experience, you necessarily highlight it, rendering it more important and less likely to disappear.

Your clients' problems don't persist *despite* their concerted efforts to negate them: they continue precisely *because of* such efforts. Negation creates an intense magnetic attraction between people and whatever they fear or despise. This is why Pooh's epiphany proved so liberating—by going in search of the sand-pit, he quit trying to negate it, thereby enabling himself and his friends to leave it behind them.

Your job as a therapist is to facilitate your clients' leaving their sand-pit behind them, too, and you'll be most successful in this enterprise if you stop trying to get their problem to stop. Cure yourself of the desire to cure it,

and get rid of your effort to get rid of it. Instead of striving to make the problem vanish, look for ways it can *lose significance*. Therapeutic change becomes possible when, with a Pooh-like reversal of intent, your clients head toward, rather than back away from, the problem, when they *connect* with it—by embracing it, getting curious about it, protecting time for it, or increasing it.

### **Connecting Creatively**

A participant in one of my workshops once asked me about a client who was convinced that evil spirits from another dimension surrounded her, trying to enter her body through her mouth. Frightened at the prospect of his client (or anyone) "messing with the dark side of the spirit world," the therapist had tried to help her construct a

“psychic force-field” to repulse the spirits and send them back to their own dimension. But the harder he worked to protect her from the spirits, the more she was, in his words, “perversely attracted to them.” Part of her wanted to just open her mouth and let them in.

I commented that if the client continued her unrelenting efforts to keep the spirits at bay, she’d also need to battle her inclination to relax her vigilance. Surely this would prove to be impossibly exhausting. I considered the woman’s inclination to swallow the spirits to be anything but perverse; rather, I thought it a brilliant inspiration. Was her digestive system not perfectly designed for protecting her from dark forces? Her stomach and intestines would no doubt know how to transform and use anything from the spirits that proved to be nutritious (i.e., valuable), and they’d know how to eliminate anything that couldn’t be digested properly. Thus, it seemed to me the woman

recycling proclivities, because when clients ask for assistance in disposing of their problem, I start wondering which parts of it we might salvage for reinventing their experience.

### **Playing with Nightmares**

I once consulted on a case involving a 7-year-old girl named Isadora, whose nightmares scared her so much that she was afraid to go to bed. She couldn’t fall asleep without a light on, and when she’d jolt awake in the middle of one of the dreams, it often took her parents up to an hour to help her calm down. Her therapist, Sean, and I reasoned that because her nightmares probably wouldn’t be so vivid if she didn’t possess a remarkable imagination, it only made sense for us to assess the degree of her artistic ability. With her parents’ permission, Sean asked her to close her eyes and, with his help, to create and change the color, size, and shape of various suggested objects.

Isadora had felt bored, so they switched off her light as planned. It worked that night and the next, but on the fifth night, when they returned to her room to switch her light back on, she’d fallen asleep. Hating to disturb her, they took the art supplies off her bed and tucked her in. The same thing happened the next few nights, and, after that, they could no longer convince Isadora to bother with the drawings, particularly since her nightmares had stopped.

### **The Power of Curiosity**

My 5-year-old daughter, Jenna, will initially get upset when an exotic Florida bug sidles up too close to her, but if her big brother, Eric, catches it and, holding it gently between thumb and forefinger, holds it up to better examine it, her attitude and emotional state shift dramatically. Drawn in by his insatiable curiosity, she, too, will get her nose close to it and comment on how “cool” it looks. And sometimes she even asks him to let her hold it.

Curiosity is the best way I know for helping clients to reverse the way they orient to a problem, to connect with what they’ve been trying to keep separate. Instead of attempting to flee from or stamp on it, they find themselves, through our conversations, picking it up and

holding it near enough to learn something new about it.

To this end, I ask a lot of magnifying-glass and instant-replay questions. “The last time it happened,” I asked a man who had trouble signing his name on checks and credit-card receipts, “at what point did you know your hand was going to start shaking?” He wasn’t sure, so I asked more specific questions: “Were you surprised by a twitch half-way through your name? or did your hand start vibrating before the tip of the pen touched the paper? Did your hand tell you *while you were signing* that your signature was coming out funky? or did you wait and let your eye assess it at the end? Were the vibrations localized in the fingers holding the pen? or were you able to feel them in your whole hand? How about your arm, did it get in on the action?”

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already knew the safest and most creative way to deal with the spirits. All she had to do was follow her gut reaction: swallow the spirits, allow her body to digest what it could, and then let it eliminate the roughage. The therapist could relax his guard, too.

When we join our clients in their intention to cut off contact with their problem, we risk turning it into a sand-pit. But when we help them connect to it, creative possibilities for change open up. By relaxing her stiff-armed attempt at controlling the spirits and finding a safe way to encounter them, she could begin not being bothered about them.

My mom describes my dad as a pack-rat, but I think of him as an inventive recycler. Saving as treasure what my mom considers trash, he is a specialist at putting castaway materials to creative use. I must have inherited my dad’s

After Isadora successfully completed several imagination exercises in the session, we sent the family off to buy Isadora a box of crayons and drawing paper. We asked them to give her 10 to 20 minutes alone every evening before bed to draw and color the nightmare she expected to have. If the exercise began to go stale, the parents could stimulate her imagination by shutting off her light, leaving the room for 60 seconds, coming back, turning the light on again, and then giving her time alone to bring the necessary vitality to her artwork. If, on subsequent nights, she were to again feel uninspired, her parents should increase the duration of darkness, 60 seconds at a time.

The family returned two weeks later, apologetic that Isadora had managed to complete only a handful of sketches. They explained that on the third night,

When you invite your clients to become curious about a problem—finding out when it happens, when it doesn't, how fast it comes on, how long (or short) it lasts, how it spins out of control, how predictable or unpredictable it is, and so on—they'll be able to provide you with loads of details and ideas for how it might be teased apart and reinvented. Sometimes the details will provide clues for how the problem might change; other times their curiosity alone will make all the difference. Just bringing the problem into close focus is, in and of itself, a Pooh-like shift.

### Reinventing Bulimia

Several years ago, two colleagues (Shelley Green and David Todtman) and I saw a client who was worried she might be bulimic. She'd been bingeing and vomiting for a while, but only recently had become concerned enough to seek professional help. She wanted a diagnosis of her condition. I asked lots of questions about how, what, when, how often, and with whom she ate, as well as how, how often, when, and with whom she threw up. Some of the questions she could answer; some, she couldn't. We asked her to monitor and keep detailed notes about her eating and throwing-up experiences so we could better assess what was going on.

When she came back for her second appointment, the frequency of the behavior had decreased enough for us to speculate to her that she was more likely suffering from what we termed "quasi-bulimia" than "true bulimia." We asked her to continue to closely track what was going on. At her third visit, she reported a further significant decrease in out-of-control eating and vomiting. We further normalized our provisional diagnosis to "pseudo-bulimia" and requested ongoing scrutiny. By her fourth appointment, she'd stopped the problematic behaviors altogether. We diagnosed her as "sometimes having an issue with eating" and agreed with her that therapy wasn't necessary for such a problem. She left, bulimia-free.

### Protecting Time for Grief

Another way to help clients connect with a pervasive problem is to encourage them to *protect time* for it. A therapist once asked me to consult on a case with a woman who'd lost her adult son in an accident several weeks earlier and, since then, hadn't been able to stem her tears. Her remaining children told her to get on with her life, and her doctor warned her, with considerable urgency, that because of the swelling in her eyes, her nonstop crying jeopardized her sight. The therapist knew that counseling her to stop or even control the crying would make matters worse, but she saw no alternative.

I suggested talking to the woman about the importance of mourning fully and deeply. Her crying was an understandable response to a tragic loss, a fitting way to express the scale of her despair. Yes, it was dangerous to cry, but how could she not? Rather than follow others' advice, why not listen to her

which allowed her emotional expression to begin changing.

I wasn't trying to get the client to resist the therapist, and I wasn't prescribing the opposite of what I hoped would happen. I wanted to facilitate the client's connecting positively and in a concentrated way to what everyone else wanted her to negate, figuring that such a change would allow her to let go of the crying during the rest of the day.

I suggest such time-protecting to clients when they experience an emotion erupting unannounced, at inopportune times. A top executive at a large company was terrified of getting fired because he kept "breaking down" in front of his bosses, colleagues, and staff. Recently abandoned by his wife, he was beside himself with shock, anger, regret, and despair. When I found out that he could lock his office door and unplug his phone, I encouraged him to schedule 20-minute appointments

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body? She felt the need to wail, so she should. Perhaps she could cry more thoroughly than she had so far, allowing her tears, whatever the danger to her sight, to express more purely the agony she felt. The best way for this to happen, I told the therapist, would be for the client to *protect time*, perhaps an hour a day, to concentrate her grief. During this hour, she could let the tears flow freely, could *encourage* them to flow plentifully, knowing that this was a necessary, if dangerous, part of her honoring the memory of her son.

Soon after this idea was conveyed to the client, her crying abated considerably (except for the protected hour). The swelling in and around her eyes went down, and her sight was saved. By protecting time to cry, she was able to fully enter her grief,

with himself twice a day, and a 45-minute time in the evening, when he could relax his efforts to "keep himself together." Almost immediately, he stopped "losing it" in front of people at work. Soon after, he began making concrete plans for dealing with his impending divorce.

### Disrupting Patterns

The more out of control a symptom feels, the more clients strive to rein it in, but this puts them at odds with themselves, fighting a battle they can only lose. The therapeutic alternative is for you to facilitate a truce, helping them to relax their efforts at negating their symptom, or even to *increase* it.

Dierdre, a young English woman in the States on business, had been blessed with a tendency to blush and a



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flair for noticing unintended double entendres. The combination hadn't been a happy one. During conversations, she couldn't help herself from latching onto words that could be interpreted—usually out of context—as oblique references to something sexual. The thought produced a blush and then, afraid that the other person guessed what had triggered her reaction (and conclude she had a “filthy mind”), she'd redden still more.

Dierdre had what she described as a healthy, open attitude about sex, so she couldn't understand why she automatically found sexual significance in “innocent” words and why her body responded to them so dramatically. A previous therapist had introduced thought-stopping (and other) techniques, but nothing had worked. “By

the time I'd reach over to snap the elastic on my wrist,” Dierdre explained, “the blush had already started.” She'd tried her best to keep her thinking process in check, but, predictably, this had only exacerbated the situation. Her efforts to date had all been directed toward getting herself to blush less or not at all.

I figured that if her blushing only happened in response to obvious sexual puns, people might quite easily connect cause and effect. But if she increased the sensitivity of her double-entendre radar to include totally innocent sounding, mundane words, no one would catch the sexual overtones. If she could redden at *lips* or *head*, why not at *but*? All she needed to do was add an automatic “t” to the end of it when she heard it, and she'd be on her

way. And this wasn't the only word with promising possibilities for automatic titillation. I suggested she let her quick-witted mind supply a letter or a word here and there in order to produce an orgy of meaning in almost every sentence.

Two months after Dierdre returned to England, we talked on the phone, and she told me things were better. Whenever she anticipated hearing double entendres, she said, she'd “destroy the pattern” by trying to blush as much and as often as possible. As a result, her blushing hadn't “been that bad” and, when it did happen, she “simply accepted” it as part of who she was. Instead of thought-stopping, she was mind-body surfing.

Just as my dad saves pretty much anything that might someday come in handy, I set out to preserve essential elements of my clients' problems. In the end, Dierdre could still blush at double entendres, and the business executive and grief-stricken mother were still able to cry. The worried-about-bulimia client didn't lose her ability to throw up, and Isadora's imagination and dreaming remained intact.

But there's a fundamental difference between what happens in my dad's workshop and what goes on in my office, a difference that defines the irony of therapeutic change. When my dad holds onto something my mom would prefer he toss, he has to find a place to store it amidst all the other stuff he's accumulated. But when my clients and I hold onto a problem they initially wish to negate—when they go in search of it, or connect with it—the problem changes and fades in significance. Before they know it, they've left it behind them, like so much sand. ■

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