

Child Psychotherapy & Lowenfeld Mosaics



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Professor Goodyer, Ladies and Gentlemen,

I do realise that I'm the last obstacle between you and the outside delights of Cambridge. So, I take it as a compliment to me that you are still here and a compliment to you that you are all still looking awake.

I am a child psychotherapist, trained at the Institute of Child Psychology, which was founded by Dr Margaret Lowenfeld.

Given the constraints of time, I will not go into Lowenfeld's theories which informed her method of child psychotherapy. I will mention that Dr Lowenfeld was a physician herself and a founding member of the Royal College of Psychiatry. She was one of the pioneers of child psychotherapy in this country. You may have heard of the Lowenfeld World Technique which uses miniature toys and sand trays as a medium of expression to enable therapeutic communication.

Today, I am going to talk about another Lowenfeld therapeutic tool: the Lowenfeld Mosaics. **[Slide of Mosaics as presented to client]**

I want to do this through the case of a teenage boy.

I chose this particular case because it had another medical component, as possibly the chief agent for his emotional state.

Now all of us who have contact with adolescents are familiar with the fact that often they either talk non-stop or they only talk in monosyllables, making one feel like an interrogator, in either case with not much result. In this context, I have found the Lowenfeld Mosaics very helpful in two ways.

Firstly, the Lowenfeld Mosaics enables the young person to engage in something which **does not require him directly to explain himself**. In the meantime, this enables the therapist to observe the young person's style of reaction and action in a practical activity, which naturally displays him, in two ways First, there is the design or picture that he makes [product], and secondly, the therapist can observe, how he goes about the task of making it [the process]. Inevitably, when doing a mosaic, a person will be expressing himself, which in the context of this particular encounter, will include his inner concerns.

The second way in which the Mosaics are helpful is in **timing the therapist's intervention**, that is, in recognising the moment when the patient is ready to bring whatever it is, into the open, particularly when the patient had previously been reluctant to verbalise his concerns.

To return to this teenage boy. Let me first give you a brief summary of the background to his finally coming to see me. When he was 10 years old, he came to the notice of the School Medical Officer because he had outbursts of anger and temper tantrums. These started around the time when it was first noticed that his left breast had begun to grow.

When he was 12 years old, he was admitted to hospital for the removal of the breast, which he was keen to have done. At the last moment, the operation was cancelled. The surgeon explained afterwards that he had decided it would leave an unacceptable scar.

This experience had a dramatic effect on the boy: not only did his violence increase in degree and frequency, he became tearful and withdrawn, he began truanting from school and he started stealing.

He continued to have periodic check-ups at which he would be told simply that the swelling would disappear in time. Because of the continued worsening of his behaviour and his emotionally withdrawn state, he was referred to the local Child Guidance Service and eventually came to see me.

At the start of the treatment, he would not talk about anything, but would do mosaics in silence. In his third session, the boy, in total silence as usual, made a mosaic design which was to mark a decisive point in his treatment. As soon as he had completed it, he brushed the pieces aside and began reassembling what **looked like** the same design. But he took an extra piece out of the box, muttering "It's a bigger one" as he put the piece in place. Without prompting, he told me that it was a flower, that they were both flowers. He quickly dismantled this design also.

I asked him to remake the two flowers on the same piece of paper, so we could have a look at them again. He said he couldn't remember, but he would try. **[Slide of 2 flowers]** This was his attempt. Note that the flower that he had said was "the bigger one" is on the left. It was his left breast which had become enlarged.

This led me to judge that he was now ready to explore his worry about his breasts.

In the next session, he made another flower in the shape of a cruciform with a white centre. **[Slide of flower with white centre]**. This made his feelings about his breasts and the impact on his self-image available for discussion. But, and this is an important But, we were able **to discuss it through the metaphor he himself had chosen**. We talked about flowers, how even on the same plant, some are bigger than others, how it's all very mysterious, how neither of us know why that is until a point when I was gently able to say "It's a bit like your breasts, isn't it" to which he nodded, tears glistening in his eyes.

The important point I wish to emphasize is that using the Lowenfeld Mosaics had enabled a young person, who had almost entirely withdrawn from attentive human contact, not only to work at a pace of his own choosing, but to show the therapist how his emotional concerns could be approached in a way that he could accept.

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Using Lowenfeld Mosaic material from one adolescent boy to illustrate how the Mosaics enabled one withdrawn patient not only to work at a pace of his own choosing, but for him to show the therapist how his emotional concerns could be approached in a way he could accept.

Short reading list

Lowenfeld, Margaret: The Lowenfeld Mosaic Test. Republished by the Dr Margaret Lowenfeld Trust*, 1995

Woodcock, Thérèse: The use of the Lowenfeld Mosaic Test in child psychotherapy, *In* British Journal of Projective Psychology [and Personality Study] Vo129 No2 Dec84

Woodcock, Thérèse: The Lowenfeld Mosaic Test in the study of cultural differences, *In* BJPP Vo131 No1 June86

Training

The Developmental Psychiatry Section [of the University of Cambridge Department of Psychiatry] runs an intensive one year part- time course in Lowenfeld Projective Psychotherapy [mainly for child, adolescent and family client groups].

*Enquiries and further information can be obtained from.-

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