

## The Institute of Child Psychology

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By Dr. Margaret Lowenfeld

In a recent number of the International Journal of Psycho-Analysis Dr. Gardner Lindzey, in a paper called “Psycho-analytic: Paths of Change”, analyses the present position of psychoanalytic theory, summarising first the different attitudes to psychoanalytic theory found among psychoanalysts.

Following this he says, “Psychoanalytic theory has remained an obstinate foreign body which has responded neither to efforts to dissolve and metabolise, to regurgitate or to excrete it”... although allowing for the “enormous influence of psychoanalytic theory upon the contemporary social science scene”. Lindzey writes: “given this vast influence and frequent personal convictions concerning the potential predictive capacity of psychoanalytic theory, it is only natural that we should expect to find a considerable array of well contrived, carefully executed and relevant investigations. What we actually observe is quite the contrary: As I have maintained elsewhere (Lindzey, 1958), “there is only a tiny quantity of research existing today that is directly relevant to the theory and is considered of reasonable merit by trained investigator and clinician alike”.

Lindzey lists and discusses five determinants and comments: “if the theory contains nothing more than this – if when made explicit it proves to be capable of systematically generating research that is largely confirmatory – it would be a considerable service to psychology as a whole to make clear that the task of generating a systematic theory must commence from another site”.

This chapter is an account of the nature and development of a mode in investigation, capable of the closest scrutiny and analysis, which can be used for study and treatment of adults and children and which may well fit into some of Dr. Lindzey’s desiderata.

New ideas and new approaches to old problems can have the oddest origins. The root of the work I am setting out to describe originated in an experience I had in Poland where I was working as a junior M.O. with the British Typhus Unit, and following that as M.O. with the British Typhus Unit, and following that as M.O. to the American Y.M.C.A. with the Polish Army and P.O.W. Departments. Later, as secretary to European Student Relief, following the peace of Brzest-Litow and the demobilisations of 10,000 students into Warsaw, minus even minimum clothing, housing, good and materials for restarting the Polish universities.

At that time, having just qualified with one medical and one surgical House post behind me, I had no connection with psychology or psychiatry of any sort, and only the briefest contact with paediatrics.

Nevertheless, when during the ordinary course of a day's work in delivering supplies to institutions run by the Polish Government, an occasion came for delivering some to a large stone house which I had not previously noticed. Here were received the surviving children from cattle trucks crammed with human families which had been moving slowly across the map towards Warsaw, the dead in the trucks being thrown out at each stopping place. The children in the building, which was empty of furniture, as far as my memory serves, were about 40 boys between the ages of 10 to 14, although I did not see any of them. These children had lost everything a human child can have, language, nationality, family, 'roots', and anyone with whom to share childhood's experiences.

Some two years later this address was again on my list, and on ringing the bell I was surprised to find a pleasant interior, completely furnished, even to locks on the doors – which the children and this adults in charge had made. They had a theatre with a footlights and the scenery – of a kind – costumes made of any substances that could be found, and a cheerful community spirit. My interest being keenly aroused, I asked for permission to stay awhile and watch the children.

Although then without psychiatric experience, at the end of day's observation I was convinced, unlikely as it seemed, that a substantial number of the boys I had been watching were cheerful and normal.

How could this have come about?

This thought stayed with me throughout a somewhat prolonged journey home. On the way I had the opportunity of meeting and talking with relief workers of many sorts, including those approaching the problems of children from the psychoanalytic angle.

The phenomenon of these boys remained with me as the conquest of factors generally accepted as intractable and seemed to me to demand the finding of an explanation.

On return home I found the situation for medical women not propitious. Hospital posts would first be filled with doctors returning from the Forces and there seemed no place for women. At the same time the higher degrees of that time contained nothing that would help me to realise what had become my intention; namely, to find out what had happened to the Polish boys I had seen to make recovery, or apparent recovery from such severe traumata possible, and to see if something similar for disturbed traumata possible, and to see if something similar for disturbed and traumatised children could not be created in Britain.

Training in research seemed the obvious next step, and I was lucky enough, after recovering from the effects of relief work and having an eclectic analysis, to gain a M.R.C. scholarship plus the Muirhead Fellowship for work under Professor Leonard Findlay at the R.G.S.C. Glasgow to become part of a team working in Glasgow and at St. Thomas Hospital London, in the study of Acute Rheumatism and Home Conditions in Children.

As it was Dr. Findlay's view that in an investigation of this kind both types of observation, that of the children in hospital and the study of their families in the children's homes should be made by the same observers, the filling up very detailed social investigation forms, both for the children studied clinically in hospital and for the 100 control families, was carried out by DR. H.W. Sutherland and myself.

Working on the social side of the investigation was very valuable to me, since with the 'control' families it gave me insight into 200 families from the poorest parts of Glasgow. This was in 1927.

This work finished, it became obvious that the climate of Glasgow was proving too great a difficulty to be overcome by me, and on medical advice I returned south.

Here once again in London, I had the good fortune to be awarded the Alfred Langton Research Scholarship for work under Professor Louise McIlroy and Professor Winifred Cullis, in the Obstetric Unit of the Royal Free Hospital. The subject of our research was the study of colostrum and the first ten days of life of infants born in the hospital. My part was the taking of all clinical samples, with a double-blind code marking, delivering them to the chemical department of the London School of Medicine for Women, for analysis. Since certain interesting conclusions arose from this work it was continued for some years into different stages of mammary activity.

From time to time during the clinical work carried out in the wards, I had been puzzled to observe that in some cases children with very severe cardiological conditions, who might reasonably be expected to die of these, recovered instead. Some of these children later gave me the opportunity with the co-operations of a Professor of Physiology at that time in the University of Glasgow, to test their cardiac competence on his exercise machine, to our surprise, finding them adequate for normal living. (Records of this work were later brought by me to Professor Lewis at University College London for discussion of their implications). On the other hand, the reverse also occurred, in that every now and then children whose prognosis seemed good would unexpectedly die.

By this time, it was clear that paediatrics and those aspects of paediatrics in which the personality of the child patients were involved, was the sphere in which I wanted to work. Experience with infants opened out the possibility of combining co-operations with obstetricians working in consultant and private obstetric practice in London. This gave me opportunity for a small amount of leisure in which to start experimentally at the task I had set myself – to discover how paediatrics and child personality interacted with one another. At the same time, I made determined attempt to gain all the experience I could of what was at that time known or being worked at concerning child psychology and child development.

At that time, apart from a small O.P.D. that Dr. Alice Hutchinson had started with Miss Muriel Payne, working on the social side at the Tavistock Clinic, no treatment for disturbed children existed in London.

One spring, Mrs. St. Loe Strachey invited 12 medical men and women already working on psychological lines with children, to a dinner party at her house to discuss existing facilities and future possibilities for psychological (the term child psychiatry

had not then been thought of) work with children in need of help. Those present included Dr. C.L.C. Burns, Dr. Alan Maberley, Dr. Mildred Creak, Dr. Alice Hutchinson, Dr. Noel Burke, Dr. Emmanuel Miller, Dr. William Moody and myself.

The discussion at this meeting gave rise to negotiation with the Pilgrim Trust of America for the despatch of a team of psychiatrists, social workers and psychologists from Great Britain to the U.S.A. for training in Child Guidance. This form of work, based upon pioneer work done by Drs. Healey and Broner in Philadelphia, had become well established in American though as yet unknown in Britain. This team left for the U.S.A., if my memory serves me rightly, in the autumn of 1927.

In the meantime, my own technical equipment gained an unexpected addition. Through severe head injuries from a motor accident, recovery from which was guided by Dr. Wilfred Trotter, with whom I had been experimenting with provision for children referred to me with materials presented haphazardly in a shoe box – called by the children ‘the wonder box’ – to see what they did with them while I watched, and now and then came to understand what they were attempted to express. These were perforce highly selected children and during the autumn of 1928 it seemed to me the moment had come for making an attempt to extend this work on to a wider basis.

At that time hospitals in England were supported by voluntary contributions, and medical staff gave their services voluntarily. Since both I and a colleague, Miss C. Trew, B.Sc., Lecturer in Science at Bedford College London, were prepared to work under the same conditions, it seemed that if suitable premises could be found where work on the lines we planned could be carried out, an attempt to break through into wider and unselected field for research along these lines might become possible.

That this was a just estimate was proved when an approach to the Committee of the Women’s Welfare Centre, 12 Telford Road, London, W.10., resulted in a decision to allow us to use two rooms in the building on one morning and one afternoon a week, when they were not needed by the Welfare Centre. This permission solved the problem of premises, so with gratitude we decided to accept their offer, take the initiative and open in these rooms, at those times, a Clinic a leaflet was drawn up stating its presence, address and purposes. Fortunately, specimens of this leaflet have survived.

Copies of this leaflet were taken to the neighbouring shops, with the request that they might be displayed in the windows of the shops. A ready response was met with from them.

The two rooms allowed for the Clinic’s work consisted of one opening direct on to the street, which we used as the treatment room for the children, and a second room opening out of it, with an entrance and exit door to the passage leading to the street. Here records could be made and kept, parents interviewed, biochemical investigations carried out, and discussions conveniently held between myself and my colleague.

Money was short so the playroom furniture began as one table and three chairs, one of them a fireside chair placed beside the diminutive gas fire grate. The play materials were kept in the second room and carefully selected for each child who came – it was too precious to be indiscriminately displayed. Later a second table was added

for the children to paint on, the first-round table remaining in the centre of the room. A scene in which this table figured later won us our crucial friend.

The first child who came was the 'bad boy' of the neighbourhood, abominated by the shopkeepers. He came by himself and I do not remember ever seeing his mother, He was defiant and silent, but remembering the Polish children, I left a French painting book – these were lovely – (good ones being practically unobtainable in England) on the table with water and painting brushes. He seated himself with his back to the centre of the room and studied. Half an hour later I stood silently in the communicating door watching him. His concentration was intense; he breathed excitedly and – schools being different in those days – I found later this was the first time he had the magic of colour in his hands. Every day the Clinic was open he came, and slowly began to talk. By that time I knew his attendance at school was erratic and all efforts to improve this had been defeated by his silence under questioning, We made a pact together: more regular attendance at school on the days and times the Clinic was not open, and fresh paints and painting books when he came. It was from the school we heard later that a different boy had slowly emerged – complaints against him ceased. One day he brought a young friend with him and we knew we were winning our way in the neighbourhood.

The second child was a little girl of 2 ½ - a child with a natural instinct for social occasions. It was on one of her attendances that the fireside chair came into use. At that time and especially in that neighbourhood, the Charity Organisation Society – called C.O.S. for short – was powerful and had a remarkable secretary. Hearing of something new in her area on one very cold day she came to inspect it, knocked at the street door and getting no answer, opened it and made her way in. No one seemed to be present, so she sat herself down to wait; but hearing scuffles and low voice sounds coming from under the centre table, very carefully seemed not to attend. A few minutes passed and then from under the table a very small girl slipped, saying indignantly she wanted to go to what would now be called the toilet – a perfect solution for a situation on which she was determined not to give way – that situation being to respond to my invitation (also sitting under the table) to come out from under it. Scrambling out, dishevelled and dirty, I found our visitor, Miss Nixon, and from the conversation that ensued, a firm friendship arose.

All we lacked in knowledge of the proper relationship of such a Clinic to the outside powers was solved by Miss Nixon, who became the firm friend of the Clinic. Through her, we obtained permission for children attending the Clinic to get their mark for school attendance on the days and times they were at the Clinic. Realising the value of the work, she began to search for better quarters for us.

By the end of the year my own work in private, combined with three months of work in the Clinic, had given me a rough idea of what type of premises would be necessary for carrying out the full scale of work I had in mind, This we at many times discussed with Miss Nixon and at the beginning of 1929 she brought to our notice the existence of an enterprise in our neighbourhood which might well have the kind of accommodation we needed. It was called The Quest – a large building on a corner which had been an old coaching house, covering quite a big area. A large kind of hall used for entertainment stood on what had once been the stable yard, a café faced the

street, and the rest of the house was club rooms, run as a kind of children's club centre by Miss Sophia Fry.

Hearing of our need, Miss Alexander and Miss Fry invited me to meet them to discuss possibilities, and with the valuable help of Miss Nixon with the negotiations, an agreement was entered into by which the Clinic could have the use of the 'club room', of a waiting-room running along the first floor front, the hall with its piano, the paved yard and later a separate room for use as an office. In these rooms it was agreed that our work could be carried out on Monday and Thursday afternoons from 2:30 to 5 pm, but everything had to be cleared away immediately after closing times and stored in cupboards as the rooms were used for other purposes in the intervening days.

In spite of the limitation of time and days, this was so valuable an offer in comparison with Telford Road that it was gratefully accepted and on **March 4th, 1929** the clinic moved to its new quarters: the official opening taking place on **March 20th, 1929**.

The year 1928 lies a long way back from 1969 and during the war all papers concerned with the original Clinic and its development of the work have many times been moved and become disordered. It would be impossible to reconstruct from memory all that took place from then to 1969, but since the work carried out and the training initiated have developed uninterruptedly from these earlier beginnings, we need to know exactly what was planned, done and recorded from the first child who was seen at 12 Telford Road.

Fortunately, we are able to do so because through a grant from the Bollingen Foundation of the U.S.A. awarded in 1956 to Miss Ville Andersen, Dip. I.C.P., to meet this situation she undertook to find, arrange in sequence and study every case sheet and every published report concerning the work started in the Clinic and carried on uninterruptedly since 1928.

Miss Andersen is particularly well equipped to make this survey, since after a Froebel training in Denmark and a number of years spent in detailed administrative work, she initiated and brought to successful fruition a Kindergarten and a 'Fritedsjren' \* for normal children, before training in Child Psychotherapy at the Institution of Child Psychology.

Summarising the work of the Telford Road Clinic, from October 25th, 1928 to the end of the year, the figures are given on the following page.

### **Types of Complaint**

Physical  
    Enuresis . . . . . 2  
Educational  
    Backward . . . . . 1  
Behaviour  
    Unmanageable. .2  
Psychoneurosis

Miserableness . . .	1
General nervousness	2
Fear . . . . .	1
Consultation . . . . .	1
	<b>10</b>

**Stats at Closure**

Entirely adjusted . . . . .	4
Transferred (M.D.) . . . . .	1

**Inconclusive**

Distance too far . . . . .	2
Clinic moving . . . . .	1
Child moving . . . . .	1
Consultation . . . . .	1
	<b>10</b>

Between the 4<sup>th</sup> and 20<sup>th</sup> March there was full opportunity to study our quarters. As I did so I came to see that the configuration of the rooms and their relation to one another had exceptional advantages for the study I wished to undertake. These advantages were as follows :-

The Waiting room – used later as a Parent Discussion room, was at right angles to the two rooms which I designed to use as the consultant and playroom sector, so that no noise from the first could penetrate the second. Only later I realised that it was the shape and interconnection of the clinical rooms which had made possible much of the work we achieved, since a door opened from the consulting room on to a tiny platform with a small circular stair leading down to the main club room which we turned into or playroom. This platform and stair gave me opportunity such as I had had at Telford Road silently to watch the work going on in the Playroom, and arrangement almost as valuable as a one-way screen. \*

The Hall at the end of the building gave space for running games, music, dancing and generally for that freedom of movement so lacking in the lives of underprivileged children. The pavement leading to it allowed for destructive play without upsetting the running of the playroom.

**General Organisation and Equipment of the Playroom:**

As I had already observed in Telford Road, children do not embarrass one another. Given a good contact between the child and the adult whose responsibility he is, it matters little to him that at the next table another child is absorbedly conversing or playing out some topic or incident of intense personal interest to him. In relation to this discovery therefore, the fact that we had for our study only one playroom had its advantages; not only that it made it possible for me, as the member of staff eventually responsible for the whole work, to keep continual observation of both children and of the staff working with them.

The general equipment of the playroom consisted of tables, chairs and occasionally a cabinet of varying heights and size, plus a strong fixed playpen with mattress floor which filled one corner of the room. Its presence made possible the inclusion of quite small children or – with inconspicuous supervision – of children liable to attack or disturb the others.

\*From the beginning I have felt that the design of the building in which research work of the kind I planned to attempt, had considerable bearing upon the possibilities and the effective.

Along the inner wall ran a series of shelved cupboards used for storing the total equipment of the room when not in use.

## **Play Equipment**

During the years of preparation of this adventure I had taken advantage of every opportunity that came my way to study writings, experiences and actual equipment used in work with children by people of different professions and in differing situations. I had come to the conclusion that if what we were about to attempt were to emerge in general findings suitable for use in many countries, a thorough knowledge of these possibilities would be essential for making a wise selection of materials for our own play equipment.

It had been my custom for a number of years to take advantage of a connection I had gained with a firm of toy makers and importers in Berlin, who exhibited at the Annual Leipzig Fair and made their proud boast that examples of every toy made in Europe was to be found on the shelves of their demonstration warehouse. Through constant and detailed study of the materials they made available I had, through the years, collected a fair size armentarium of very varied 'toy' material from the tiny Schwarzwald wooden people, houses etc. familiar to me from my childhood, to large-scale construction equipment of various types.

Once at The Quest, the name of the clinic was changed to the Children's Clinic for the Observation and Treatment of Nervous and Difficult Children, and our first task became the construction of a constitutionally correct body to become responsible for the running of the Clinic.

Finance was needed, although of a moderate kind – the figure shown in the first report of the Clinic's work from 1928-29 as the total of the accounts section was £275.2.7 – an Advisory Council and Executive Committee, and very shortly after our move, a salaried secretary.

With so unusual an approach to medical, educational and social problems in children, an Advisory Council was particularly necessary. Similarly, when we began to consider staff in earnest, a Consultant as well as an active staff.

To take the constitutional aspect first. To our profound relief we found interest in this venture keen. Miss Alexander, Miss Sophia Fry, the Right Rev. the Bishop of Kensington, Mrs. A.K. Worsthorne, L.C.C., and the M.O. of Kensington, James

Fenton, M.D., F.R.C.P., D.P.M., accepted our invitation to become concerned in the running of the clinic. These were joined by the Hon. Lady Lawrence, J.P.,L.C.C., the Rev. Herbert Gray, D.D., Sir Atul Chatterjee, Miss Irene Cooper Willis, the lady Glenconner, William Feldman, M.D.,F.R.C.P.,F.R.S., and from education John Bell, M.A., Miss I.M. Oakden and Professor Marcault, Charles Grave of Punch, whose assistance with cartoons and advice greatly helped us, completed the list.

On the Executive Committee Miss Nixon remained Chairman, joined by Dame Katherine Furst, C.B.E., R.B.C., Miss M.A. Payne, Mrs. R.G. Collingwood, Miss Z.B. Fairfield, Mrs. R.B. Wyatt, Miss E.O Kamp, Dr. Doris Odlum and John Rayner.

By common consent, as the design of the Clinic had arisen from my work, I was appointed Hon. Medical Director. Miss Gordon was our first secretary, followed by Miss Merston.

### **Medical and Technical Staff:**

Feeling my responsibility very keenly, it was a great encouragement and relief from overmuch responsibility when we found that Professor Cyril Burt, Dr. H.E. Cameron, Dr. Bernard Hart, Mr. Wilfred Trotter, M.D. , M.S.,F.R.C.S, Dr Hazel Chodak Gregory, Dr. Elizabeth Sloan Chesser, Dr. Hamilton Pearson, Miss Gertrude Herzfeld, F.R.C.S.E., Dr. Hubert J. Norman, Mr. Scott Stevenson, M.D., F.R.C.S.E., Dr. Worster Drought and DR. E. Obermer consented to be our honorary consulting staff.

Dr. Bowdler Henry became our Hon. Dental Consultant, Dr. E.J. Roth our Hon. Radiologist, Dr. H.B. Hervery Wyatt our Hon. Pathologist, to which list were added the names of Mr. Kenneth Walker, F.R.C.S., and Mr. F.G. Cruikshank, F.R.C.P., shortly after opened.

### **Acting Medical Staff:**

It is difficult to choose a moment in the history of the Clinic's work at The Quest to give the list of the medical staff, since as the work grew additional members of staff joined us and at the same time others, after getting us started, found claims of their other work too great to continue to make possible work in a Clinic continually growing in size and in a relatively inaccessible part of London. The following list, however, gives a picture of the main organisation.

**Physicians:**            Dr. Stuart Orchard.            Dr. Wilfred Gaisford

### **Working in the Children's Playroom, and directly with the children:**

Dr. G.L.C. Burns	attending once weekly
Dr. Laurence Bendit	attending once weekly
Dr. Sybille Yates	attending twice weekly

### **Non-medical staff working with the children:**

Mrs. Adelaide Gardner, B.A.	Mrs. Bendit
Miss Susan Barter	Miss Merston

**Psychologist:** Miss T. Gosse

**Help in Speech Defects** Miss Meredith

### **Work in the Playroom:**

All children attended for the whole of the afternoon sessions. It was explained to each child during their earlier sessions that they were free to make use of anything that attracted their attention in the playroom: that nothing they did or said would be repeated to their parents or teachers: that the adults working with them in the playroom were there to help them, were interested in their ideas and problems: that ordinary standards of speech and action did not apply in the playroom and that what they did with the material would be recorded and discussed with them from time to time.

Most of the children became absorbed in what they were doing; aggressive behaviour occurred rarely, largely because of this absorption and was either firmly dealt with in the playroom or diverted to activities in the paved outdoor space or to movement and games or dancing to music in the Hall.

To summarise, such objectives fell into two parts:

1. An attempt to make a careful clinical examination of each individual child physically, intellectually and socially, to study its background, family history and educational record, and in as far as possible to get a grasp of the social situation from which the child came.
2.
  - a. An attempt to devise means by use of which children could discover ways of expressing their experiences, fears and ideas and beliefs.
  - b. To explore types of relationship between ourselves and the children which would enable us to communicate with them on their terms.
  - c. Exploratory possibilities of recording in each child's case sheet what he had done during each session, including comments made by the child and notes of conversations with other children and adults.
  - d. Constant self-critical observation of our own behaviour with the children and of the relative usefulness of the techniques used.

One of the difficulties of writing the story of a development of thought and sequences of discovery made by a group of people working together is that what happened simultaneously has to be described sequentially.

So although in one sense the goal we had in view, from a practical point of view was clear from the beginning, in another sense, that of the planning of the enterprise as a whole, thinking out the meaning for medicine and psychology of the work done,

had to be described in stages. This is because it was only at one stage was reached and what was happening before our eyes, to some extent understood, that the bearing of what we were now understanding upon the planning of the next stage, become clear.

The essence of the enterprise as I saw it was that three aspects were and must be simultaneously involved :-

1. The planning and carrying out of the actual day to day work in which we were involved: its organisation, doing and recording.
2. The conveyance to the public by any means available, of the truths about children's needs that we were discovering.
3. The detailed study of what was actually taking place in the work we were doing, both in regard to the children we were treating and the adults we were training, and the drawing of correct inferences from these in the light of which the next stage could be constructed

For the present stage in our story, what must be made clear is the general medical and technical plan I had in mind.

### **Main Aim**

Since psychoanalytic work, which has brought in so much valuable new knowledge about human nature is, when it is concerned with children that work of this kind does not accommodate itself to controlled research methods.

Other factors, however, come into play in the selection of children for psychoanalytic treatment: the economic factor: the stability of the parents and their potential ability, when helped, to give the child security in his home: co-operation from the parents and possibilities of steady frequent attendance for treatment for long periods.

My main aim, therefore, was to find out whether an attempted could be made to study children belonging to different categories, children from institutions, children with disturbed or psychotic parents: from very poor surroundings or with un-cooperative parents, and to see if a research method could not be found for work among them which would fall within the sphere of Children's' Medicine with its branch the psychological medicine of childhood.

If, when approached from a new angle, such a means could be found, it would not only enlarge the scope of our understanding of human nature but be of value in complementing the insight brought us by psychanalysis.

**The Basic Programme** of the study I hoped that we would be able to carry out were as follows :-

- A. **A careful, detailed, physical study of each presenting Child** to be carried out, not so much in a search for the possible disease or pathological symptoms that might be present (as it was taken for granted that this would have been made by the patient's G.P. or the school M.O.). Instead the aim

I hoped to persuade my medical colleagues to adopt was in each child to assess how far and in what respects that child deviated from what might be expected for a child of her age, family background, education and social conditions, (bearing in mind the work of Kretschmar, Sheldon, Gesell and others) to study his physical build and consider how far it did or did not correspond with that of his parents. That is to say how far was he carrying on the basic family type and now far deviating from it. As we came more and more to be confronted with children from the U.S.A. visiting Britain, or from other countries, this became more and more important. We would have liked to have seen the siblings of our child patients also, but that was too difficult to achieve. From the research point of view, however, it should have been included as in the M.R.C. work in Glasgow.

- B. **The taking of an equally detailed and skilled physical** history of the child, in as far as this could be obtained from the mother, including what could be gathered of the reactions of the child to the stages of birth, feeding and development, periods in hospital, reactions on return, attitude to change and general characteristics of temperament.
- C. Sympathetic interviews with parents, where obtainable with both parents as to their expectations for their child's future, and the making of a general estimate of what the home atmosphere was likely to be for the child's future if his wishes were to deviate from those of his parents. Having had considerable experience, myself of how intimate the experiences in those days could be of a good G.P. of his patients and their families, we felt the value of having of having experienced G.P.s on our clinical staff. Consistent effort was also made to keep in touch with the children's G.P.s.
- D. Having gained some knowledge of the person life and background of the child patient, the central feature of the research project came into view, namely :-
  - i. To discover means through which children could spontaneously express their feelings, experiences and ideas.
  - ii. To experiment with relationships between workers and children which would make open expression of such feelings, experiences and ideas possible.

The aim of the work before us and therefore the guideline in the designing of objectives to be kept in mind, fell into two Groups.

1. Study from every aspect we could achieve of the individual child **as a personality** in its own right.
2. Use of all the knowledge I had so far gained of the type of ideas, experiences, feelings and phantasies, children of different ages were likely to have, and determined effort continually to experiment with new tools and new ways of using the tools we had in relation to temperaments of children, to aid in making such expression possible for them.
3. Careful and regular record of everything done by the children and the responses made by the adults working with them; using every means our

limited finance made possible, so that the records could later be treated as objective scientific material capable, should any such opportunity arise, of comparison with similar expression of 'normal' children not undergoing treatment or in need of any.

4. Constant self-critical observation of ourselves in relation to the children and noting of the relative usefulness of the techniques used.

#### **E. Additional Departments:**

Movement is important for all children, but especially so for city children. Movement, considered from this point of view, is of two kinds :-

- a. Free running, jumping, wrestling, ball throwing and catching and running games.
- b. Rhythm, movement to music; dance. As Miss Kirschner has put in: 'Rhythm in connection with the playroom is a definite therapeutic tool and forms a department which stands by itself'.

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#### **F. The Psychological Side:**

The reason why this comes so low down on the list of activities is that in 1929 its availability was very different from the situation today.

As will be seen in the list of staff, we were fortunate in having a trained psychologist for most of the time and with having also the help of a Froebel-trained very experienced teacher in attempting to make assessments of the educational attainment and developmental level of each child.

#### **G. Relation Between Adults and Children**

As the adults working in the playroom came from very different schools of thought, our present method of handling the children developed only gradually and as far as the stage reached in work at The Quest, mainly through study of the records, discussion in the Training periods and lectures from members of the staff with special experience of one side or another.

It was decided early on that no direct 'interpretation' should be given to the children of what they produced with the play material or said in the playroom. It was necessary we felt to gain experience of the different types of children and to compare what was done by one age and type with another before coming to any definite conclusion as to significance of the play itself. What astonished us was the effect the work with the material had upon the children who worked: and the intensity of the concentration they gave to their 'play'.

Both children and adults moved freely about the playroom, very little inter-contact between the children taking place. Gradually we learned how to handle the differences in behaviour taking place among the children and how to deal with each type so that the processes coming to light in their work should be able to develop their own rhythm and rate.

Whatever a child brought up or expressed was discussed with him on his own level and slowly an atmosphere was built, or rather built itself up, in which the children behaved freely and spontaneously, and keenly enjoyed discussing what they were doing with the adults with whom they were working.

### **Records – Clinical Side**

Here from the beginning printed record forms were used, specially designed by ourselves, for the gaining of the facts we wished to know. All these records have been preserved and it is from them largely that Miss Andersen's research has been drawn.

### **Psychotherapeutic**

Everything the children did was recorded by the worker who had spent most time with the child after the session had ended and was filed in the child's case sheet. At times Professor R.G. Collingwood, on his way to and from London and Oxford, would look in to watch us at work, and to draw some of the 'worlds' for us.

### **Research**

Detailed charting of the work done, its relation to the progress (or absence) of the symptoms for which the child was referred and to other factors like school progress – when we could ascertain that – came later when we had had a long period of observation of a particular set of children.

### **Parents and Finance**

As parents tend to make more seriously advice they have paid for, small fees were charged per session, adjusted to the family income. This was looked upon, however, as part of the therapeutic process and no child was ever refused on account of impossibility of payment. All parents were seen regularly by some member of the staff, to give them help in their own problems and to help to understand the problems of their child.

After about six months a Parents Department was formed, which functioned through discussion meetings of parents in one or other rooms in The Quest.

**Total Applications:**

Under 5 years	Boys 6 Girls 11
5-10 years	Boys 28 Girls 20
Over 10 years	Boys 17 Girls 21
Boys	46
Girls	52
<b>98</b>	

**Accepted Cases:**

Under 5 years	Boys 5 Girls 5
5-10 years	Boys 14 Girls 14
Over 10 years	Boys 4 Girls 12
Boys	23
Girls	31
<b>54</b>	

**Sources from which applications were received:**

Local Education Authorities, School Care Committees	20
C.O.S.	3
Invalid Children's' Organisation	4
Infant Welfare Societies	7
Hospitals:	
St. Georges	7
Children's Hospital, Paddington Green	2
St. Marys	2
Brompton	1
Princess Louise	1
Maida Vale	1
Private doctors and consultants	15
Publicity and Friends	22
Staff of Clinic	5
Headmasters and Headmistresses (non L.C.C.)	8
<b>98</b>	

**Primary Classification of Complaint from Parents Statements:**

Anxiety	1	Voice loss	1	Sleeping walking	1
Arson	1	Lying	6	Spasms	1
Backwardness	9	Masturbation	2	Speech defect	2
Cruelty	1	Mutism	1	Sulkiness	3
Debility	1	Nervousness	19	Temper	1
Enuresis	15	Night terrors	7	Truancy	3
Epilepsy	3	Obstinacy	1	Unmanageable	9
Fears	4	Pilfering	9		
Fighting	1	Post-concussion character change	1		
hysterics	1	Screaming fits	2		

## Districts from which applications were received

Campden Hill	1	Kensal Rise	3	Abridge	1
Chelsea	1	Kentish Town	2	Brockley	1
Clapham Common	1	N. Kensington	16	Chatham	1
Croydon	2	Paddington	5	Colchester	2
Dulwich	1	Peckham	1	Devonshire	1
Fulham	12	Putney	1	Farnham	1
Hackney	1	Roehampton	1	Hayes	1
Hammersmith	4	St. Johns Wood	1	Hoddesdon	1
Hampstead	2	Southwark	2	Oxford	1
Harrow	1	Stamford Hill	1	Purley	1
Hendon	1	Upper Tooting	1	Sevenoaks	1
Highgate	1	Victoria	1	Sutton	1
Holland Park	6	Walham Green	2	Welwyn	1
Ilford	1	Whitechapel	1		
Kennington	2	Wimbledon	3		

## Home Conditions – Economic:

Good country	1
Good Suburban	9
London whole house	2
London flat	5
London tenement	9
London poor part house	18
London slum	10

## Parents:

### Nervous history

Insanity	-
Suicide	2
Suicidal tendencies	-
Nervous instability	10
Neurotic	9
Fits	3
Alcohol	2
Delinquency	1
Unsatisfactory character	1
Clear	62
Severe of chronic illness	6

**Expenditure:            Total Cost            £1,069**

## Second year:

During the second year the quarters, in spite of their advantages over Telford Road, gradually proved themselves to be wholly inadequate to proper continuity of work demands that sessions can be held more than two a week. The fact that all trace

of the work had to be cleared away at the end of each session meant that the atmosphere had to be built up afresh each session.

The Report for 1929/30 states: “we have this year developed research and record departments which will provide scientific data of great value in the treatment of our cases and – if our aims and ambitions are fulfilled – in the treatment of other cases handled by fellow workers in their own field. As our figures show, we had to a large extent achieved our object of making contact with and attempting to study and help children from areas and families where help so far had not been available.”

A delightful feature of this second year was the consent of the H.R.H. Princess Marie Louise to become the Patron of the Clinic. Professor Leonard Findlay, who had been watching the work on the medical side, accepted the post of Senior Physician to the Clinic. From this moment on, all children were seen by Professor Findlay for diagnosis as to the nature of their complaint and concerning the correlations of morbid physical with psychological conditions.

During the year we were sad to lose Dr. C.L.C. Burns, Dr. Sybille Yates and Mrs. Gardner, to whom we owe so much for her work in making detailed order of our playroom material. Having started us on our way, each retired owing to the severity of pressure of other work which made a journey twice weekly to North Kensington impossible for them.

During this year, as the tables show, we had achieved better co-ordination with outside bodies, and particularly with Hospitals who seemed glad to refer some of their cases to us. **Follow-up work** also became possible. This was owing to the loan to the Clinic by the Child Guidance Council of one of their Psychiatric Social Workers, Miss Dorothy Lilley, who not only took over the social side of the work but also gave us new insight into what could be done by trained workers in this field, and made a Follow-up service fruitful. “Every case”, she writes in her report, “has been investigated at regular intervals to determine whether the improvement made is maintained”.

### **Rhythm Department:**

The whole staff were grateful for the work of Mrs. Vaux in initiating work along these lines. In her report she writes: “It is slowly beginning to be possible to see that a differentiation can be made between types of children and types of response”. Forty-four children attended the Rhythm Department during the year.

Later when once again the pressure of other work made Mrs. Vaux feel she must resign, the work was carried on by Miss Norah Bore, who later decided to become medically trained and remained a warm friend of all of us until her early and lamented death a few years after qualification. A **new feature** this year was the addition of a photographic department. For all new types of approach, no matter what the subject, objective evidence is of first importance. Through the initiative of Miss Norah Sturdy, a collection of photographs of children on arrival taken – stripped – front and sideways to show posture and with wider focus – facial expression. We hoped in those to build up a collection showing these photos of each child on entry and on discharge.

By the end of that year, however, conditions were becoming impossible. As the Report of that year describes: "Though it had many helpers, the Clinic had no adequate funds. Its office furniture for a long time consisted mainly of a few fountain pens and the despatch cases of the Medical Director and the Social Worker. There was no typewriter; there was no office even. Yet during the six months comprising the second half of our financial year there has been built up an administrative machinery and a system of recording and analysis that successfully challenges comparison with any existing in this country or abroad".

### **Definition of Results:**

What has been attempted and what is being built up is a method of research into causes, and a treatment based upon the result of that research, which is combined with the work of the physician and the social student. It has been realised that the problem of neurosis is far too big to be tackled in its entirety that the problem of neurosis is far too big to be tackled in its entirety by any of one branch of medical or social service and it has been the aim of the Clinic to make real the half-formulated conception of all true wisdom that any condition is the reaction of the whole man to his whole circumstances. The limitation of quarters making expansion in numbers impossible, we have concentrated upon consolidating the structure of the work. As a result, the organism is now capable of expansion, equipped and ready to take any field that opens before it.

Nevertheless, as time went on, constriction of quarters and the fact that we could have only two sessions a week gradually made such great difficulties in carrying on the work, that efforts began once more to examine the possibility of finding larger quarters.

In this place it is impossible to mention all the staff who assisted in this arduous work; we would like to thank Dr. Ruth Burr, Dr. Eileen Boyd, Miss Alcock as executive officer in charge of the playroom after Mrs. Gardner, Miss M. Ekenberg from Sweden as research worker on the psychological side, and most of all Miss Winfred Antill who joined us as secretary and to whose enthusiasm and ability is due her excellence.

For my own part I was beginning to see the answer to the problems of interaction between the psyche and soma in children and on March 25<sup>th</sup> read a paper to the London Association of the Medical Women's Association entitled "**The Interaction of Physical and Psychologic Factors in the Causality of Neurosis in Children**". But the desperate nature of the physical circumstances of the work at The Quest remain.

### **The Next Step:**

Suddenly help came. One of the groups working with us at The Quest offered us the leasehold of the house facing on to Regents Park canal, now called Little Venice, where Robert Browning had lived. This was a fine four-story house with a long garden running from the back door, and well walled in.

Not only was the leasehold to be ours but with it came funds for putting a fine composition floor into the ground floor playroom, and for carrying out certain other adaptations in the house and procuring equipment.

### **On April 24<sup>th</sup>, 1931, we moved into Browning House.**

It seemed as if our efforts had reached their goal as Browning House gave us room for all we wanted to do. The playroom could be used at any time, the basement had been arranged for mess and water play, handcrafts and experiments, and the garden gave scope for running games and noise.

Immediately the organising section of the Clinic went into action; Lady Barrett, Mrs. Corbett Ashby and Dr. Humphreys-Owen with Lady Glenconner became Vice-Presidents: Dr. Ethel Dukes, who had worked on the medical side at The Quest, joined me to become with me Co-Directors, Dr. G.W. Pailthorpe, Mr. Scott-Stevenson and Mr. Louis Savin joined the Hon. Consulting staff, who otherwise remained the same. Dr. Humphreys-Owen became Registrar in the then accepted meaning of the word. The name of the Clinic was changed to The Institute of Child Psychology. Its aim was well expressed in an appeal that went out that summer: "The aim of the treatment is the development of the child as an individual competent to face his own difficulties with understanding and courage".

### **Training:**

Looking back on the work of the last three years we felt that we had come a long enough way now to embark upon a serious form of training. We had seen that our work was needed: that quite a number of our children got well: that techniques were developing which could be standardised and scientifically studied: that we were gaining insight into needs of children that had not been realised before: that flashes of light were coming now and then as to how children think, what it is they feel about the life around them, and we were coming to appreciate their intense desire to have a chance to work slowly and concentratedly at their own pace, upon understanding their world. We felt we had something to give.

Suitable advertisements were put in appropriate quarters regarding the possibility of training at Browning House and a number of applicants interviewed and tried out in the playroom. Schedules for lectures were drawn up and under Mrs. Humphreys-Owen's able steering, case discussion of all staff and prospective students were held twice weekly on the current children and what had been recorded of their work in the playroom. Everything promised well for the autumn.

**A New Department for Parents** was instituted by Dr. Marjory Edwards, a gynaecologist with psychotherapeutic experience. Noticing us all gynaecologists must, the prevalence of minor gynaecological illnesses and complaints in mothers of several children and realising the strain this put upon their tempers with their children. The gynaecological clinic for help to mothers with these troubles. This was greatly appreciated by them and helped all our work.

By this time public interest in the work being done at the Institute had begun to grow, particularly in educational circles. It was therefore decided to organise a

**conference** with educational and medical leaders to discuss with them some of the problems we were facing.

**On Wednesday July 15<sup>th</sup>, 1931 a Conference was held at Browning House** on the possible contribution that the study of difficult children may make to education.

For the Morning Session, Dr. Kimmins took the Chair, and for the Afternoon, Professor Winifred Cullis. During breaks demonstrations were given on the work carried on by the Institute in its various departments. In the evening, by the kind invitation of Dr. Helena Wright, a reception was held with a kind of adult playroom at 5 Randolph Crescent.

The Conference was well attended – many of the leaders in current education being present. It was a most enjoyable day and a full report survives.

Only a limited description of the organisation of the work in Browning House is being given, as our happiness there was not to last: the Institute had to wait long before it was again working in its own house. During the autumn of that year the national financial crisis made itself felt at the I.C.P. as in so many other voluntary bodies working for the public good. Donations and subscriptions that had earlier seemed to us to be going to make continuance possible, shrank to a trickle or ceased altogether. No choice was open to us except to close the work at Browning House and to give the lease back to its original owner.

Before we left, however, one event should be reported. On March 25<sup>th</sup> I read a paper which had been long in preparation, to the Medical Section of the British Psychological in Children". The two key sentences of this paper are: p.1., "The standpoint from which this work is undertaken is that a neurosis represents the reaction of the whole child to his total circumstances. To be effective an attack which arises out of such a conception of the nature of neurosis must therefore concern itself equally with all the factors that make up the situation". Secondly, p.4., "If we are to get in touch directly with a child's mind, if we are to know what it is really feeling and thinking, we need to learn to understand the child's natural idiom and that is not speech but play and action: to a small child words are playthings. He likes the sound of them, he will experiment with the meaning of them; but when it comes to serious communication words in the way we use them are of very little use to him". An account was given of the work of the Institute with illustrative cases showing the development of treatment with these terminal comments:- "I am in most profound disagreement with Dr. Adler in his conception of the neurotic as lacking in courage. The qualities that prevent him from fitting into the forms of society he knows are frequently precisely the qualities that, once realised and controlled, may ultimately enabled him to do his part in the recreation of social forms. What we hear called for on all sides today is creative ability and individuality. What we need is not a greater power to conform but a greater power to recreate our society . . . I have a profound belief in the neurotic child; well handled, I believe he is excellent material for the well-being of the generation".

In the meantime, something had to be done about our quarters, also to express our gratitude to Miss Sophia Fry and Miss Alexander for all they had made possible for us.

Training and Discussion went on and gradually we became able to frame the outline of what would fundamentally be needed in a building which would be able to house all we wanted to do.

## **20 Warwick Crescent:**

During the process of becoming accustomed to the closing of the work at Browning House, Encouragement came through the discovery that in 20 Warwick Crescent, the next-door house to Browning House and facing also on the canal, the ground floor flat was available. This consisted of a large room on the right of the entrance passage (the whole flat being on the ground floor), a good-sized room opposite with bathroom and a second room leading out of the first, and a curious sort of conservatory of glass at the back with a cheerful aspect.

Into this flat the I.C.P. moved. In the room on the right, by the use of screens, examination of children, interviews with parents, social interviews and talks with visitors, were combine. The left-hand main room was used as the playroom, the bathroom providing facilities for water play and mess, the second room for individual talks with children needing greater quiet, and for tests, while the 'conservatory' space made a quite convenient office.

The 1933 Annual Report, written after the lease of 20 Warwick Crescent had run out and a further move become necessary, says of this period: "In spite of the fact that during the whole of last year our premises were inadequate and inconvenient, the work of the Institute was enthusiastically carried on by men and women who are not deterred by such drawbacks. The hall, the stairs and even the scullery were constantly invaded by small groups of children and workers anxious to try out some interesting experiment".

**The training** persisted and one of our present Senior staff joined the I.C.P. during these six months, During the same time also, Miss Hanna Bratt – who later founded Ericastiftelsen (present Training Centre in Sweden) – came to see us, and undaunted by the scurry and cramped quarters, insisted upon watching what we were doing, discussing its principles with us afterwards, and carrying the message of 'play' to Sweden.

## **26 Warwick Avenue, W.9.**

In December, as our lease was running out, we became able to secure a larger and more suitable home in the wide avenue of Warwick Avenue, with a big garden and a staircase down to it from the upper floor, often used for conversation with mothers. As this was to be our home until 1937, these four and a half years will be taken as a block instead of each year separately, although this makes the reporting of staff changes etc. difficult.

With security of quarters, fresh vitality and fresh initiative immediately showed green shoots. Dr. Alan Maberley joined the treatment side, Miss M. Kirschner began her long and fruitful connection with us; Miss M.B. Hallows became our social worker. Later in these year Dr. Maberley was succeeded by Dr. Louis Rose, both having

eventually to retire because of the Institute's inability to pay salaries to its medical and technical staff: a condition which has at times proved most lethal to the work.

Because of this serious limitation of funds, also because at that time little education was given to the public in regard to the problems of children, a project was put into execution in November 1932, which was repeated yearly thereafter. This was the holding of **two set of public lectures at the Friends House, Euston Road**, one in the spring and one in the autumn, each set consisting of a lecture with discussion at 6.30 with a gap following, when the audience could find restaurants in the neighbourhood, and a second lecture and discussion at 8.30.

There lectures were very well attended and discussion keen. The subjects covered were such as the Mind of the Child: The Nature and Significance of Play in Young Children, etc. The lectures themselves were given by such well known physicians as Dr. Sloan-Chesser, Dr. Doris Odlum, Dr. Winnicott, and sometimes members of the teaching profession.

At the same period of our work **Discussion Groups** were held at the I.C.P. for medical and technical workers holding different views and wishing to discuss current medical and educational and social problems and were consistently well attended.

## **Organisation**

In 1932 the I.C.P. was registered as a Friendly Society under the Friendly Societies Act of 1896, the general organisation remaining substantially the same. In 1933 Professor Winifred Cullis became Chairman of the Management Committee, Dr. (later Professor) Chodak Gregory, Vice-Chairman. Dr. Grace Watson joined the Psychological Department, Drs. Bevan Brown and Evelyn Saywell the Parents Dept.

In 1934 we were asked by the West End Hospital to co-operate with them in establishing a Play Therapy Room under the medical direction of the Hospital Child Guidance Unit, and two helpers were sent regularly to work there.

In the report of the same year it is noted that a Consultant Service had sprung up in the Institute which seemed to have answered to a special need. Twenty-seven children were received that year for Consultant Service.

## **Follow up:**

The system of following up discharged cases was continued, and siblings tended to appear. As one mother said: "You made a different boy of our Alfred and now he's doing well and has got a scholarship – now I'm bringing Jimmy to see if you can do something for him". In 1934 the Rt. Hon. Lord Northbourne became our President and we owe much to his wise guidance and unfailing interest in our work and its problems.

**1935** was an important year. For most of the year before, I had been working on Children's Play, using every moment that could be snatched to read – in the British Museum and elsewhere – on the history of thought about both of the two words 'Play' and 'Child', and the fact of children at play, analysing the record at the I.C.P. This work

gradually shaped itself into a book, every chapter of which was discussed with a group of distinguished and experienced educationalists before reaching the final form.

**Play in Childhood**, published by Gollancz, appeared in 1935 and was met with immediate welcome. At the time, I refused permission for the sheets to be sent to the U.S.A. as the time was not yet ripe there. By the time of the war, editions had run out and demands could not be met until, in 1965, at the request of the London and Home Counties Library Association, permission was asked by Cedric Chiver Ltd. To reprint the book. Since then a 1966 and a 1967 edition has appeared and will shortly be followed by a 1969 edition with a new material bringing the book up to date. Meantime, in 1967, a paperback edition with new Introduction was brought out in the U.S.A. by John Wiley & Sons in their Science Editions.

In this year also, a private Conference intended for and attended mainly by officials of educational and local government bodies, was organised at Conway Hall, Red Lion Square, on the work of the I.C.P., and was an outstanding success.

### **1936 was an eventful year: Publication:**

In May of that year an enterprise long meditated came to fruit in the publication of the first number of The Institute of Child Psychology News Bulletin, a quarto-sized six-page Journal issued four times yearly, and costing 3d per issue. This was an immediate success and was carried on until the war with two war numbers entitled "The I.C.P. in Dispersion". Many eminent people wrote for it and it attempted to tackle most modern problems of childhood, plus Book Reviews etc.

The second major event was the – quite unexpected – offer from a donor who wished to remain anonymous of the gift of a freehold house "to accommodate the developing activities of the Institute as soon as a suitable freehold house could be found." The Report of 1936 is a full one containing many items which space will not permit here and recording the decision of the Management Committee to remain in its present quarters until the suitable house had not only been found but also equipped – finance for which was included in the original gift.

### **Finding of the House:**

Eventually the house was found at 6 Pembridge Villas, W.11. It was a solid Victorian house with a set of steps leading up to the front door which made possible a 'ground floor' at the back with garden. The house is one of a street of similar houses but not overlooked.

Here it was possible to carry into effectiveness the principle which had been a centre point of theory in the I.C.P. from the beginning: that is, that to make it possible for effective therapy to be carried out for children, the premises upon which it is done must be adapted to the needs of **Children**.

On the front ground floor are offices, waiting room, interview rooms for parents and student quarters. On the first floor are Board room, Psychologist's room and Housekeeper.

**On Thursday, June 23<sup>rd</sup>, 1939**, 6 Pembridge Villas, the new Institute of Child Psychology, was opened by the Marchioness of Carisbrooke, C.B.E. Over 300 people arrived and an arrangement of loudspeakers through the building made it possible for all to hear the speakers. Professor Winifred Cullis spoke on the scientific aspect of the work being done in the Institute, and Mr. Kenneth Lindsay, then Parliamentary Secretary to the Board of Education, open the Exhibition of Work. In his speech he said: "I am not sure it (the work of the I.C.P.) is not an experiment that is most needed at this moment". This was a proud afternoon for all of us and set the seal on many years of patience and hope.

### **Visit of Queen Mary:**

On November 10<sup>th</sup> Queen Mary accompanied by Lady Cynthia Colville, visited the I.C.P. She stayed long and enquired most carefully into all details of the work, watching the children in the garden – we felt, rather wistfully. We were grateful for her encouragement.

Hardly had the work got into full swing when the war came. As is well known, children were evacuated almost immediately and only those institutions catering for children permitted to stay open which were at the moment of the outbreak of war in full work. As the I.C.P. was a Training Centre as well as a Clinical Institution it happened that at that moment it was closed for holidays.

### **War Time:**

The building was immediately taken over by the Kensington Fire Service to be used in connection with the large garage opposite, and the work for the I.C.P. closed down.

After a little while evacuation quarters were found in a house in Berkhamsted, Herts, which had been damaged by a civilian fire and whose insurance the owner permitted to be used for equipment and alteration into a Clinic.

Here under the name of **The Children's Clinic**, it operated during the whole of the year, administered by a local committee. Training and Research were continued, and one student qualified during the war, one just after it ended. During that time also, the Child Guidance Clinic at Luton was opened by the local council through the help of Miss Gurney, whom I left in charge with Dr. Ida Saxby, of the Clinic during the time I was working in London.

### **End of the War**

By the time the war had come to an end the premises in Pembridge Villas had suffered considerably. Throughout the whole period of the war a skeleton Management Committee had, with the great help of Dr. Ethel Duke, been kept in existence so the Institute still existed. As a £10 limit had been imposed upon domestic redecoration and the I.C.P. possessed 11 rooms, it took some years to get it working shape once more and to recollect staff. This was, however, eventually accomplished.

## **1948 Health Act:**

With the passing of the Health Act much of the essence of the I.C.P. came into jeopardy.

The first essential action was the changeover of the organisational form of the Institute from that of a Friendly Society to that of a non-profit limited company – the only legal form now existing for voluntary societies. This was a gruelling business, as much of the necessary documents had perished in the war but was eventually completed. During the routine contacts of the Regional Hospital Board Authorities (as soon as they came into being) with existing medical institutions, a discussion took place in which it was made clear to the R.H.B. that since the premises were freehold (and the trustees such eminent people as Mr. Tuke, Chairman of Barclays Bank Ltd. H.Q. preferring to remain an independent body in control of its own affairs.

On this basis life once more began, the Medical Director (myself) moving her living quarters to within the building to make resumption of work possible. It was a delight to work in this new building with the bright colours and cheerful air which even the years of war and the inch thick layers of dirt had not been able to quench. Slowly the work build up again.

## **Training:**

Here it was that the war had brought greatest changes. Before the war few Local Authorities had been aware of disturbance among children. Evacuation of children from cities to safe areas had brought this home to most. Something had to be done for them and in answer to the need a relatively large number of men and women had gathered to help look after them. In very many instances these workers had been earning a well-deserved salary from the Local Authorities for the work they were doing.

Once the children returned home all ceased, and a problem remained to be considered. Not only “how were these children in future to be helped?” but also “what was the future and the present position of these workers?” At the same time another event had taken place from just before the outbreak of war and during the early days. Owing to the geographical location of Freud, Jung and Adler, there had on the continent developed several types of workers skilled in the psychotherapeutic treatment of children. These we thankfully welcomed in Britain, but with the rearrangements of society consequent on the end of the war, here too an adjustment needed to be made.

So, in London under the able Chairmanship of Dr. Kenneth Soddy a group men and women formed a Council to consider with the greatest care the adjustment of this problem. Taking infinite trouble, the group worked for several years to make sure every individual situation had been thoroughly gone into and carefully studied – a piece of work it did so well that when its work finished, it was disbanded, no single unsatisfied applicant remained.

Out of the work of this committee there grew the Association of Child Psychotherapists (Non-medical) with three Training Centres: that at the Tavistock Clinic, at the Institute of Child Psychology and at the Hampstead Child Therapy

Centre, qualified students of each Centre automatically becoming members of the Association.

The Institute of Child Psychology has had a long life and it hopes in the future to have a still longer one. One advantage of a long life is that children grow up with you and so the best of all rewards for pioneer strivings, continual contact with these growing children becomes possible. It has been our experience to watch child after child grow up into a satisfactory healthy effective man or woman, and to welcome them at 6 Pembridge Villas as they bring their babies or their grown children to see us.

Within the records of the Institute lie stories of drama and of ordinary living that confirm to us completely the ability of the methods we have been developing to restore to fruitfulness the potentialities of children, even of some whose lives have been as shocking as those of my original Polish boys.

Funds are lacking and have always been lacking for proper examination of these records, much less for the design and carrying out of controls of the techniques with 'normal' children, also for the writing up and publishing of the basic facts about types of mental functioning we have found to operate in childhood and to complement powerfully those discovered by the known schools of work, Freudian, Jungian or Adlerian.

But during 1964-6 through contacts made directly with me, an application was drawn up at the I.C.P., mainly by myself and my research colleague, Miss Andersen, for presentation to the National Institute of Mental Health, Bethesda U.S.A. (with the assistance of members of the staff of the N.I.M.H.) for a grant for 'A Study of Potentials and of Adaptation in Children' to be carried out at the I.C.P. In this reference was also to be made to the research work being undertaken by myself and Miss Andersen (see under) at 92 Harley Street on methods of prevention and of assessment. Dr Margaret Mead and Mr. Lawrence K. Frank in the U.S.A. and Professor P.E. Vernon, Dr. Dermot MacCarthy and Mrs. E.M. Williams, then President of the Mathematical Association in Britain, agreeing to act as Consultants.

After considerable thought, a letter was received from Dr. Julian L. Lasky, Executive Secretary of the Division of Research Grants, saying that the application had been reassigned to the Study Section "for scientific review and a comprehensive site visit by members of the Study Section "for scientific review and a comprehensive site visit by members of the Study Section plus a member of the staff of the N.I.M.H.".

**On January 11<sup>th</sup>, 1967**, this visit took place. Four diversely qualified experts spent the morning at the I.C.P. where the staff had been. Assembled to meet them, together with as many of the Council of Management as could be free. Examples of the children's' cases sheets and work had been assembled for them to see. Having all lunched together at the I.C.P., the Americans proceeded with me (Miss Andersen, unfortunately, being away in Denmark) to 92 Harley Street, to see the work being done there.

An official report received in the February of the next year stated that the team were "consistently impressed with the work and particularly with the amount that had been done".

During the spring the negotiations went on and in late March the National Advisory Mental Council and the National Advisory Child Health and Human Development Council and the National Advisory Child Health and Human Development Council had met and concurred in the recommendation that a grant should be made – later saying that “the National Advisory Councils which reviewed your proposed work have found it meritorious, which should be a reassuring vote of confidence to you”.

Two awards were made. But shortly after a letter from the Chief of the Clinical Research Branch was received saying that owing to the limitation of grants in support of research projects outside the United States although with deepest regret, these made it impossible to implement these awards.

### **A short note on Prevention**

Seeing children week by week passing through acute “mental and emotional” suffering makes one wish about prevention.

From what I had learned therefore of the processes and mechanisms at work in children’s’ minds which were productive of this suffering, many of these causes as yet very scantily known, it struck me that proper assessment of children’s’ potentialities would help. This coupled with opportunities for a type of spontaneous imaginative plus cognitive expression might assist in preventing the development of many of the disturbances from which children suffer.

Building therefore on the knowledge gained and supported in this work by the Leverhulme Foundation acting through the British Association for the Advancement of Science, I devised two tools known as Poleidoblocs G, and Poleidoblocs A. for use in primary schools, and an instrument for the assessment of children and adults called Kaleidoblocs. Some 20,000 Poleidoblocs are now out in British schools and I hope every day to obtain facilities for writing a book descriptive of Kaleidoblocs.

What has been described is the gradual growth of a system of investigation and treatment of disturbed children coming, in the main, from underprivileged sections of the community. The use of the tools of investigation and treatment that have emerged out of this prolonged study, ‘the Lowenfeld World Technique’, the L.M.T. (Lowenfeld Mosaic Test) and the forms of treatment described in ‘Play in Childhood’, can be used anywhere disturbed children are found and trained workers are available.

The inferences drawn from the children’s’ use of these and many other forms of spontaneous expression have arisen from careful charting of phenomena reported by those working with the children. A checking process of the accuracy of these reports was in operation at 6 Pembridge Villas before the war, but the reorganisation of medicine under the Health Act has made collection of funds for research of any kind on the abundant materials available, impossible.

Four points have been made in this history :-

1. That buildings intended for work with disturbed children should be purpose designed as are for instance, X-ray departments, so that playrooms which are safe from contact with adults and properly equipped for all types of play, should be available for the work.
2. That adults carrying out psychotherapy with these children should have both an extensive knowledge of the theories of all the major schools of thought, but also considerable **experience** with normal children, both infants and of school ages.
3. That the clinics in which they work should have intimate contact with paediatrics, and with modern educational methods.
4. That the basis of relationship between adult and child in the work of psychotherapy should be that of comradeship combined with intimate understanding of the child's mode of spontaneous experiment, thought and feeling.

Thirty years of treatment of children of all ages on these lines has shown that it is capable of helping them to become satisfactory adults. Although use of these methods in Britain is not extensive, in other countries the situation is different and the last textbook, for example, on World Technique to reach these shores is written in Japanese.

#### **A personal note:**

1. What occurs in the playroom of any Clinic organised on the general lines of the I.C.P. arises from what the children spontaneously choose to do on their own initiative. Since among the means of expression used by the children will be the World Techniques, L.M.T. and other tools specifically designed for this purpose, all of which can be recorded in detail, there should seem no barrier to the setting up of an exactly similar situation for 'normal' children, which could be used as a control group.

It has been found since the early thirties that phenomena illustrative of all forms of psychopathological theory appears in the expressions made by the children with these Techniques.

Essential problems in structuring such a process of comparison would of course arise and would need to be very carefully considered from many points of view, were such a control study ever to become possible.

2. For some years now in my personal work I have been testing out the suitability of the same methods for work with adults' selecting carefully such adults as, although well provided for in early life, have lost their ability to work, or the savour of living, or suffer from sever phobias or other crippling conditions, and have found the method to resolve these issues.