

By Margaret Lowenfeld

In the development of any science there is a peculiarly intimate relationship between the structure of new instruments of investigation and the type of knowledge which is gained thereby.

Each instrument brings to light that aspect of the total field of study which is especially related to the possibilities of the individual instrument, and for a time, when through the work of an outstanding genius a new instrument is forged, it appears that within its use will lie ultimately the solution of all the major problems of the particular field of research.

Thus when through the genius of Freud the phenomena of Transference first were discovered and described, it seemed that extensive use of this tool would ultimately lead to a solution of the major problems of human personality, whether normal or disturbed. This hope, however, has only partially been realised, for, as *Dr. Edward Glover* stated in a recent paper* "No accurate records or after histories of psycho-analytical treatment exist: such rough figures as can be obtained do not suggest that psycho-analysis is notably more successful than other forms of therapy and in any case none of the figures is corrected for spontaneous remission or resolution of symptoms". In his paper *Dr. Glover* goes on to state that this fact does not invalidate the reliability of the theoretical formulations derived from psychoanalytical treatment but does not give the grounds upon which his statement is based. In the absence of examinable evidence this affirmation becomes a statement of belief rather than of facts.

In this disappointment of the earlier hopes psychopathological research follows the normal course of all scientific advance. Each major discovery, thought at first to provide an ultimate solution, proves on further use to have defined limits of validity. Further growth in knowledge is then usually gained through more detailed examination, such as this Congress is undertaking, both of the basic tool itself and of the field in which it operates.

Now in setting out to study the phenomena of Transference we meet immediately a peculiar obstacle. All aspects of Transference take place within a relationship of two people, the analysand and the analyst, and are immune to direct observation. Only the analyst's own experience as analysand and analyst, and the written or spoken words of his colleagues, furnish material which is accessible to direct study. To gain additional insight into the phenomenon itself and a more exact understanding of its functioning, therefore, a reconsideration is necessary of what exactly is taking place in the patient which gives rise to the phenomena of Transference. In undertaking such an examination there are two facts of which we can be certain: on the one hand, that processes are at

* A Maudsley Bequest Lecture given under the auspices of the Royal Medico-Psychological Association on 3rd November, 1953, in London. Published in Journal of Mental Science, Spring 1954. work in the patient, and older experiences are exercising power upon the thought, feeling and actions of the patient, of which he is unaware: and on the other, that behind these, forces are operative which attempt to drive both factors into consciousness, notwithstanding the obstacle to such awareness presented by other aspects of the personality.

It is these processes and experiences and the forces which animate them which the therapeutic process aims to bring into view and to understand. That is to say, put in the widest possibe sense, it is a problem of communication with which we are faced. That which is at work in the patient needs to be made manifest to the therapist and, through his understanding of it, to the patient himself.

In seeking to solve this problem we are confronted therefore, as in all situations involving problems of communication, with the basic and dominating fact of the relation between medium and content. In every medium only those experiences or processes can be communicated which the intrinsic nature of the medium makes possible. It is impossible, for instance, to communicate musical experience except through the medium of sound, or the peculiar sensuous-plastic experience that he's behind the work of great sculpture, in words or in paint, or even in the phenomena of Transference. If, therefore, we rush to ascertain whether the interpersonal relationship of physician and patient, regarded from which ever standpoint we choose, does in actual fact really mediate the essential forces determining human personality, then a means must be found which will allow of expression within it of other aspects of human experience also and with an equivalent emphasis, in order that the structure of these as part of what the analysand would, if he could, bring before his therapist, can be studied and its importance assessed.

Now there are two characteristics of inner experience of which we are all aware but which can only with great difficulty appear in the Transference. These are in the first place the simultaneous presence in any individual of many aspects and levels of experience, and in the second the existence at certain levels and in certain persons of that fragmentation so convincingly presented in the work of *Dr. Winnicott* and *Mrs. Klein.*

The interchange between patient and analyst partakes, as much as any other aspect of interpersonal communication, in the limitations of time and space. No matter, for instance, how vividly the patient may be aware of a number of processes simultaneously present in himself, the communication of the larger part of them has to take place within the structure of a time sequence, and if the simultaneity of these experiences is to be realised they must be re-assembled as such in the mind of the therapist. Only in dreams and to some extent in the drawings and modellings used by the school of Jung can this simultaneity be directly experienced. The same is true of the phenomenon of fragmentation. It is not by accident that realisation of the importance of fragmentation in early stages of development, indeed of its existence, has waited for the work of the child analysts who use the medium of objects rather than words and gestures. To some extent fragmentation can be expressed by children through the medium of objects on a flat table, but apart from Direct Objective Therapy this help ceases with the end of childhood.

For direct study of the structure of Transference to become possible a means must be found of objective* expressionby the analysand of all aspects of experience in a manner which will permit of detailed study and comparison in his absence. It is with such a technique that I am here concerned. In order to compress what I have to say into the limits prescribed, you will find in your seats a description of the instrument itself and of its use, and at the further end of the Foyer a brief demonstration of some of the aspects of human experience which the use of the World technique brings to light.**

* In discussion, after the reading of this paper, with American members of the Congress it appeared that the word "objective" has come in the U.S.A. to have a very restricted meaning which is quite inapplicable here. "Objective" in this sentence and throughout this paper must be understood in the sense given it in the dictionaries of any European language in which the word appears as meaning facts or objects which have their own separate existence distinct in every way from the subject who regards them.

* * The materials for this technique are a metal tray of approximately 75 X 52 X 7cm. filled with sand, and a cabinet of approximately 14 drawers in which are a large number of models of the people, objects, animals, etc., to be found in the real world together with a certain number of phantasy objects. The inside of the tray should be painted blue, and water and a number of odd amorphous objects, bricks, slats etc., be also available for use with it. A demonstration of the results obtained with this apparatus, both with children and adults, was arranged in the Foyer of the Kongress-Haus, and a duplicated document giving the composition of the cabinet, the mode of use of the apparatus and the bases of interpretation was available to all members of the audience: copies of this can be obtained by members of the Congress from the author at the Institute of Child Psychology, 6, Pembridge Villas, London, W. 11, if desired. It is essential for comprehension of the paper that this is understood.

The characteristics of this technique are that it appeals to all ages and is equally suitable for use in the therapeutic handling of adults and children, and that it makes possible the simultaneous presentation of differing aspects of the personality at one and the same time and place, even if certain of these aspects be in, direct opposition to one another.

Although the significance of what he constructs is unknown to the patient at the time of presentation yet, owing to the objectivity of the tool, the exact interaction of aspect with aspect, experience with experience, can in a series of productions be most effectively presented. Since the material is recorded directly it is produced and this part of the case records is available to the patient. for study with the therapist, much of the time of "working through" is obviated, and experience has shown that all the aspects of Transference as described in the three papers of yesterday afternoon's Plenar Session appear at one time or another in the World material.

From the point of view therefore of increase in scientific knowledge and detailed understanding of the inner processes of disturbed human beings, each therapist using this tool accumulates a wealth of directly recorded material which

affords a parallel to that collection of morbid material in the Pathological Museum upon which medical and surgical understanding of physical medicine is based.

The question now arises as to whether. the dynamisms which form the major significance of Transference express themselves in this medium also. The answer is that they do. Twenty years of work with this tool has demonstrated beyond any possibility of doubt that the making of Worlds can he, and frequently is, to the patient a psychic experience as powerful as any known in the course of analysis 1n' any of the standard schools. In all therapeutic procedures dreary periods occur in which little of significance appears; similarly in the course of ordinary therapy numbers of Worlds are made which have a repetitive or purely external significance to the patient, but when a dynamic example appears its dynamism can change the whole life picture of the patient. It does this because it is the creation of the patient: its power lies in the gradual revelation to the patient through his own work, accompanied by the understanding of it which is

There is a definite technique for the use of these tools if the results described in the paper are to be obtained. It is *in order to make this point clear* that it is called the Lowenfeld World Technique.

mediated to him by the therapist, of his inner experience. Because the World or series of Worlds have been produced by himself and the work upon them based upon previous work objectively recorded, resistance or denial is not possible. However long the working out of the intrinsic significance of any World may take, its validity remains unchallengeable.

To forestall misunderstanding I should state carefully that in the ordinary process of Direct Objective Therapy, Worlds form only one aspect of treatment. It is, however, not possible in the time at our disposal to do more than mention the nonexclusive aspect as, in themselves, Worlds are capable of expressing so wide a range of experience that it would seem, when taken alone, that the whole sphere of human experience can appear in them. This is, however, true only of the total range and obviously does not and cannot apply to any one patient.

Owing to this width of range it has been possible only to present a very small extract from this material in the demonstration which I hope will elucidate many of the points I have tried to make in this paper.

The demonstration itself has only become possible by our success at last in finding an artist who has succeeded in conveying through the medium of black and white the real structure of dynamic worlds. As to the matter of language I am glad to say that Miss Kotschnig, our artist, and Miss Andersen form Denmark, who is herself a therapist trained in this mode of therapy, can between them explain what I have been here trying to set out in English, French, German and the Scandinavian languages.

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