Dr Margaret Lowenfeld Trust

Section Concerning the Interaction between Child Psychiatry and Psychotherapy and Paediatrics

Proposed Research Project

July 1958

Objectives

The work of the proposed research unit has three objectives:

1. **Constitutional study**

It is desired to make use of the clinical material coming into the I.C.P. and (partly) to my private practice, to gain information concerning:

    1. Somatotyping
    2. Relation with any other current investigations being carried on concerning individual physio-logical constitution

2. Study of the interaction of physically pathological states and processes with psychologically pathological states and processes.

3. Checking of the conditions of children on referral to I.C.P. and their condition during treatment and on discharge.

Basis

During 25 years' work, it has been found at I.C.P. that very considerable improvement, amounting in a certain proportion of cases to satisfactory cure, can be brought about through the methods used at I.C.P. in some cases with, in some without combination with physical medical treatment. Since the methods used have now become sufficiently understood and organised to be teachable this fact (if it can be shown to be a fact) has applicability in spheres much wider than I.C.P. It is therefore proposed:-

a) To put the application of these methods to children suffering from physical disorders under intensive scrutiny with a view to producing reliable critical estimates of their applicability and reliability

b) To study the inter-relation of constitutional factors and other factors coming within the field of paediatrics (always excluding mental deficiency) with psychological factors in the production and maintenance of ill-health in children.

Proposed Method

What is desired falls into three heads – (a) not being strictly related to paediatrics.

(a) That all children referred to the I.C.P. for whatever reason should have the possibility of being assessed on somatotyping scales (as there is now a good deal of somatotyping of the general child population this would give us 'disturbed' population for comparison with it..? therefore could a routine agreement be made with the Child Health somatotyping Department for all I.C.P. children

(b) That for all children referred to the I.C.P. for any physical complaint or state of ill-health, arrangements should be made, preferably with G.O.S., so that there should be a standardisation of opinion and mode of examination, by which these children could be referred directly on paper with standard heading to G.O.S. so that all such examinations could be made in regard to them as your branch of medicine would consider necessary for the establishment in a reliable form of whatever facts it is currently desired to have about the particular conditions from which the children suffer.

(c) It would be proposed that all these findings be very carefully recorded at the I.C.P. so that at the end of a reasonable time a collection could be made of these cases for detailed publication. My idea in suggesting the Moncrieff unit is that this is known all over the world as a standing body and therefore would carry weight equally with America and with European countries where another hospital, however good its work might be, would not do so.

Old Cases

We have had some good paediatricians working with the I.C.P. during its history and some of their records are excellent. These include Dr. Moncrieff himself. What I would like to do arrange is to get the assistance of a paediatrician with registrar's standing with research training to put in say quarter time at I.C.P. on careful examination of all old records of similar cases so that these could be classified under your eye and prepared for comparison both with published reports from other sources of similar cases and with the present cases.

Dr. Dermod MacCarthy

Dr. Dermod MacCarthy, M.D., M.R.C.P., D.C.H. (Barts

Paediatrician, I.C.P, London
Paediatrician Aylesbury High Wycombe Area.

Mem. Corr. De la Soc. De paediatrician. Paris
Mem. Brit. Paediatrician. Assn
Late Asst. to Prof. Child Health University, London
Out-pat. Med. Registr. Hosp. Sick Children, Gt. Ormond St.
House Phys. Childr. Dept. St. Bartholomew's Hosp

Author. 'Diseases of Cardio-vascular System' (Chapt. In book)
Tubercular Meningitis in Children
Hypertension in children.

Ada Jordan
Daughter of Dr. Jordan, famous entomologist, head of entomological section Natural History Museum

Diploma I.C.P. 1934.

Member of staff in charge of I.C.P. playrooms 1935-1939.

Senior member of staff of Society of Friends work for refugees during war years.

Clinical secretary and Social Worker I.C.P. 1949-1958.

Curriculum Vitae

Ville Andersen

Twelve years basic experience in the financial department of an iron and steel firm, ten years of which as senior accountant (Commercial school Diploma, Aarhus, Denmark).

1939-50 Following the taking of Kindergarten Teaching Diploma organised and developed private Kindergarten (recognised by the authorities) for 50-60 children with staff of 10. During last five years out-of-school-hours Play Centre was added.

1947-50 Attended Aarhus University for three years in the Faculty of philosophy, psychology and sociology.

1950 Realising that there was no practical aspect to this work entered –

I.C.P, London, for the three-year course in Child Psychotherapy.

1953 I.C.P. Diploma

1955-58 Child Psychotherapist (non-medical) on the staff of the I.C.P.
Assistant to Dr. Margaret Lowenfeld in the research department of the I.C.P.

Additional Interests: studied art in Aarhus for three winters.

Attended the following international congresses

1951 Intern Congress Psychotherapy,	Leyden
1954 Intern Congress Psychotherapy,	Zurich
1957 World Feder. Mental Health,	Copenhagen

Research Project

Margaret Lowenfeld
July 1958

During the last 20 years fundamental changes have taken place both in our knowledge of and in our attitude to the problems of Child Psychiatry – mental, physiological and sociological. The rise of ethology, new developments in electro-physiology, psychology, neurology and physical medicine; progress in the knowledge of physical, intellectual and cross-cultural child development – all these are bringing about possibility of communication between different disciplines in a way that has not been achievable before.

Some 31 years ago, before any of these developments had begun, while I was engaged in paediatric and biochemical research under the M.R.C. and at my old hospital in London, there began to grow up in my mind the possibility of an interaction between psychological, physical and intellectual factors n the production of disorders in children. As soon therefore, as the piece of research work upon which I was engaged, was completed, I set to work to design an approach to the study of children which would make it possible to test the tentative hypothesis I was forming.

My aim was to devise a technique by means of which **a direct approach could be made to children from several directions at once, and through which they could make known the nature of their interior experience to suitably trained adults.**

I was then in private practice as a Consultant Paediatrician; and as there was no hospital or other centre at that time at which research of this kind could be carried

out, I began first to work with my own patients. At the beginning progress was naturally slow, but from the outset the work showed so much promise that in 1928 I made the venture of opening a small clinic for elementary-school children which was almost immediately recognised by the Local Authorities.

The basis of this work was the creation and development of certain play-techniques carried out under specific conditions, combined with the study of as many aspects of the total self of the child – physical, intellectual and social – as our extremely limited means made possible. A preliminary account of some of the findings was published in my book Play in Childhood (Gollanca, 1935). This book is now recognised as a standard work in Training Colleges, and an Italian edition is in course of preparation.

By 1930, the Children's Clinic had developed into the I.C.P., organised on the basis of a voluntary hospital. When it was moved from its first quarters in a Mothers' Welfare Centre into a home of its own, it became possible to think out and arrange specially equipped rooms for its work and to add specially trained staff to those customary in Child Guidance Clinics. At the same time, the aid of a specialist in organisation was sought to design a record of the treatment of the children which would serve as a basis for research. Unfortunately, a number of original elements of the work, such as photographic records of the children, biochemical investigations, cross-analysis of specific techniques and the provision of gynaecological help for the mothers of the children had, after the Depression of 1931, to be abandoned owing to financial stringency.

By 1934 the Institute had begun to train non-medical personnel for carrying on the form of child psychotherapy which was now being developed.

In 1937, the Yapp Trust presented the Institute with its present quarters at 6 Pembridge Villas, W.11. After the war, during which the Clinic was evacuated – work was resumed in this buildings

In 1944 contact was made with a Mr. and Mrs. Gobell who wished to start a home school for maladjusted children (after the 1943 Education Act made this possible) and working with them, Hengrove School, St. Leonards, Tring, Herts. grew into a unique and successful experiment in the combination of home and school, to which I am psychiatrist. This provided residential possibilities for certain of my children under treatment.

The following is the outline of the research proposed in relation to my work in response to a letter from Dr. Margaret Mead concerning the possibility of the Josiah Macy Jnr., Foundation being interested.

General Plan of Research

Retrospective

First year **Clinical**

Initial examination of selections from records of 1,000 cases to provide basis for 'prospective' checking.

A. Paediatric

Study of i) asthma (in progress)
ii) disturbances of function, e.g. sleep, excretion, speech etc. See attached schema by Dr. D. MacCarthy.

B. Personality Disturbances

Study of i) convulsive states – rages – violence etc. (in progress)
ii) withdrawn schizoid personalities (in progress)

C. Educational Failure

Study of educational failure in children with I.Q. over 100

D. 'Delinquency' (if time allows)

Study of i) violence
ii) theft

In respect of all individual case studied a determined attempt would be made to secure estimates of the present day condition of the child.

NB. In relation to the study of asthmas (Ai) cases are included treated by psychotherapists trained at I.C.P. but working in other countries.

In all categories certain cases which are illustrative of particular points will be included from my private practice.

Technical

A. Completion of study of Worlds (in progress).
B. Completion of comparative study of Mosaics of normal and disturbed children (in progress).
C. Study of the value as a clinical tool and in intellectual assessment of children, of the Kaleidoblocs.

The Lowenfeld Research Unit

Paediatric Section

Objectives

Study of the interaction of physically pathological states and process (Organic disease?) and psychologically pathological states.

Amplify slightly?

Prospective study (should not be started till the retrospective is under way, as it is bound to be modified by it).

1) Somatotyping of all children referred.
2) Application of current methods of assessment of physiological functions (E.G. respiratory function studies in asthmatics, E.E.G. studies in children with fits and behaviour disorders) to appropriate cases undergoing treatment.
3) Standardisation of clinical data.
4) Periodic reassessment of clinical and physical conditions of children under treatment, and on discharge,
5) Full investigation of cases in which organic disease may be present, whether or not contributing to the symptoms

These studies to be undertaken by or directed by the Institute of Child Health, London.

Director Professor – Alan Moncrieff.

6) To put under intensive scrutiny (by independent observers) the application of the methods of treatment evolved by Dr. Margaret Lowenfeld to children suffering from physical symptoms or organic disease,

Retrospective Study

(i) Intensive scrutiny of the case material accumulated in the past 25 years and of the methods evolved as illustrated by these cases.
(ii) An intensive scrutiny and analysis of the clinical data recorded on these children in the past 25 years
(iii) Correlation of (i) and (ii)

Some conditions as examples:-

Asthma
Periodic Syndrome

Fits with behaviour problems
Sleep disorders
Encopresis
Enuresis
Ulcerative colitis
Anorexia Nervosa
Obesity
Late results of cerebral birth anoxia
Convulsive tics
Borderland of mental defect
Sequalae of encephalitis

Second Year. **Prospective**

A. **Paediatric** **Clinical**

A 'checking' study of

i) Current children, with cooperation of University of London Child Health Dept., as proposed in Dr. MacCarthy's schema

ii) Continued scrutiny of records

B. **Personality disorders**

a) Continued study of case records

b) Planning of study of current cases with cooperation with independent observers for example, Maudsley Hospital

C. **Educational Failure**

a) Continued study of case records.

b) Planning of study of current cases with independent observers, for example, Professors P and M.D. Vernon.

D. **Delinquency** – proposals would depend upon what has come out of the first year's work. It would be hoped that by the end of the second year the crude analysis of the 1,000 cases plus follow-up estimates would be completed.

Technical

A. Study of the L.M.T. as a clinical instrument.
B. Continued study of Kaleidoblocs.
C. Study of Poleidoblocs in relation to reductional failure in respect of mathematics.

Third year
Clinical

Continuance of clinical programme designed for Second Year.

Presentation.

Formulation of the material gained in First and Second Years into definitive statements and their comparison with available comparative data from other centres assisted by independent observers.

Notes on General Planning

It is proposed that if the general outline be accepted, the following be approached to ask if they would consent to act in an advisory capacity in the different aspects of the work.

Professor Moncrieff	Child Health and Development, London University
Professor P. Vernon	Experimental Psychology (tests etc.) and Education
Professor M.D. Vernon	Problems of Perception
Dr. K. Cameron	Child Psychiatry (Maudsley Hospital)
Dr. Mary Capes	Relation to work in other countries
Dr. Grey Walter	Electrophysiology. Physiology
Dr. M Kerr	Sociology (Liverpool University
Professor Inhelder	Piaget – Geneva
Dr. Margaret Mead	Comparative Child Development
Professor J.Z. Young	Neurology and physiology University College, London Statistics

It is proposed that at the end of the first year the results should be discussed with the relevant member of above list and work for second and third years planned with their help and submitted to them from time to time for criticism and advice.

Budget

Notes on the proposed budget

There are two parts to the work proposed.

I. **Pure research** concerned with the examination and analysis of work already done and the carrying out of fresh clinical research designed to test the conclusions arrived at from this study.

II. **The equipment of I.C.P. to make possible**

a) Proper record of children's behaviour during psychotherapy by tape recorder and photography
b) Similar records of children during testing with I.C.P. techniques
c) The provision of one-way screen facilities for demonstration of techniques and checking.

Although II is essential for the carrying out of the work proposed under Second and Third years, it is not for the First year. If it were to be decided therefore that a figure be allotted in both First and Second year to A and B non-recurring expenditure, it would be possible to allot this in the First year. These two are therefore set out separately as it may be preferred that B should be carried out in the Second year.

Similarly, with personnel and salaries. Those under block A are essential for the analysis of existing records: those under block B for the carrying out of the clinical checking procedures of Second and Third years.

Budgets for the three years have therefore been made out separately.

Owing to the constant variation in prices the figures given for either A and B can be very speculative until actual assessment of present costs can be made.

The same applies to rent of office and running costs which have been assessed by comparison with other similar London offices.

Use of personnel

It is proposed that Dr. Lowenfeld be in charge of the research with consultation with Dr. MacCarthy on A.

That Dr. MacSorley be in charge of C.

That **Miss Andersen** be in charge of methods of presentation of results (with Consultation with Dr. MacSorley) and liaison between records (I.C.P and Dr. Lowenfeld's private cases) and Mrs. Datta and the office.

That **Miss Ada Jordan** be in charge of work on cases before 1950 and liaison with work done by ex I.C.P. students in other centres.

Proposed Budget

Summary of Costs

	1st year	2nd year	3rd year
1. Salaries (annual)	£6,550	£7,550	£7,350
2. Running costs including travel and contingency	£2,600	£2,600	£2,600
Total Annual	£9,150	£10,150	£9,950

Capital Cost of Assembling the Organisation

A. Proposed First Year £1,600
B. Possible in Second Year £600
Total: £2,200

*In the event of Capital Cost B **not** being included in the first year expenditure, total for first year annual cost will be £600 less than stated.

Detail of Proposed Budget

A.

Salaries (annual)	**1st year**	**2nd year**	**3rd year**
Dr. M. Lowenfeld (1/2 times BMA scale)	£2,400	Repeat	Repeat
V. Andersen (full-time Ass. Ch. Ps. Scale)	£1,200	"	"
R. Datta (full-time commercial scale)	£950	"	"
Typist (full-time commercial scale)	£600	"	"
Dr. M. MacSorley (one-third I.C.P. scale)	£500	"	"
Social worker (1/2 time)	£400	"	"
Honoraries to Consultants	£300	"	"
Total	**£6,350**	**£6,350**	**£6,350**

B. Additional for separate years

First and Second Year			
Miss A. Jordan (one-fifth time)	200	200	
Second and Third Year			
Assistant Psychologist (scholarship)		500	500
Assistant paediatric registrar (scholarship)		500	500
	£6,550	**£7,550**	**£7,350**

Non-Recurring Capital Expenditure

A. Office equipment £900
Reference books and papers £300
Stock of stationary £100
Contingency £300
£1,600

B. Wiring the I.C.P. building for tape recording and photography, including cost of recorder and camera equipment

£600

Running Costs

A. Rent of Office £450
Heat, light, cleaning £250
Postage, stationary, telephone, index cards etc. £500
Travel £600
Contingency £300
£2,100

B. Film, developing etc., record spools. Payment to I.C.P. for electricity etc. **£500**