

Toys for Reading a Child's Mind

By Dr Margaret Lowenfeld



“It is generally agreed of seven children are not able to express their thoughts and feelings in consecutive language, although those aspects of mental functioning which register feeling and thought are present in very small children. In what way then do children think, register and group their experience?”

---- Dr Margaret Lowenfeld

For an hour Michael's conversation consisted solely of “hrrow” and “frumph” except for the one occasion when he asked for more wet sand to make the hill bigger. A slenderly sturdy 12-year-old with eyes and hair almost as ashen as those of an albino, he remained so intently absorbed in his game with the sand tray as to seem unaware even of the low-voiced

commentary of the student psychotherapist who never left his side.

At first he sat quietly arranging opposing toy armies on either side of the hummock of sand with which he had divided the lead-lined tray across its width. Half-heartedly he set an infantryman to tunnel through the base of the mound, only to be shot by the cavalryman who came charging over the top from the other side; a large chunk of wet sand crumbled from the hill during the engagement. Michael hesitated fractionally—then flattened the whole landscape with a sweeping blow of his fist. He discarded the toy soldiers, rebuilt the hill higher and firmer; then demolished it again with a clenched fist.

More wet sand, and another bigger, better bill. This one scattered dramatically at the impact of a fist backed up by the short run from the window to the table. Again and again the hill was built, then destroyed with increasing violence. Neither the thumps and shouts of an indoor football game in the room across the corridor, which is specially equipped for movement and noise, nor the intermittent comments of the psychotherapist caused his concentration to flicker for an instant.

The football game finished and John and Jim spilled into the playroom. A few minutes' excited conversation about the score, then each settled down with his own psychotherapist, John to build a sand picture of cowboys attacking an Indian encampment in a dense toy forest, In to assemble a primitive truck. The three boys ignored each other. They were working, in a world specially designed for children to work in their own way, from which all adults except green-overalled psychotherapists are excluded.

In the six rooms and enclosed garden which form the children's sanctum at the Institute of Child Psychology in Bayswater, London, almost anything goes. There are no rules or restrictions for the children, except the occasional restraint needed to prevent a particularly exuberant child damaging himself or another child or wrecking the furniture. For the adults observing the children at work one paramount rule is their guide: the standards of behaviour in the playrooms are the standards of children and not of adults. So every adult in the playroom is nearly always entirely at the disposal of the child, carrying out orders without question, criticism, or reproof, laying no blame and making no adverse comment

even when the child's use of toys or materials seems misdirected.

But the children are under no misapprehension but that they are there to work. From the beginning each child is told that Whatever he does in the playroom has a meaning: no matter What form of activity he chooses—and the choice is the child's—he is expressing some thought or emotion, and together the child and the therapist will try to work out the significance of his play. For these children are in trouble, and most of them know it. Though none of them is mentally subnormal, they are just as seriously crippled by emotional disturbances, behaviour difficulties—including delinquency—educational difficulties, personal anxieties, phobias, and withdrawals, and some of the physical complaints such as asthma or intestinal troubles that are often aggravated by emotional upsets.

School troubles

Michael, for instance, is known to his parents as a docile, submissive child; at school he is an intolerable bully; and he suffers from chronic constipation, born of a fear of going to the lavatory. John is a highly intelligent, charming, and strikingly handsome coloured boy who delights in creating havoc at school—another of an increasing number of immigrant children trying to cope with a double social standard. Jim, fine-boned and sensitive, is rejected by his mother because of his strong physical likeness to his dead father; a bright child, he lacks concentration at school, and attacks his mother and rips up the furniture at home. Each of these children is gripped by feelings and ideas he doesn't like but cannot understand, is helpless to rectify but cannot accept and is powerless to rationalize verbally as an adult would.

It was the theory that young children have a form of non-verbal thinking before they have a grasp of language for communication which prompted Dr Margaret Lowenfeld, in 1928, to found the Institute of Child Psychology. Aiming to treat disturbed children whose parents could not afford Specialist fees, she collected play materials from all over the world and let the children loose among them. It gradually became evident that given a “vocabulary” of materials through which they can “talk”, children in spontaneous play will express their ideas and feelings about the world, working out and trying to come to terms

with their' experiences. So by close observation of the play of disturbed children it is possible to track down conceptions and misconceptions which were formed at a time when experience was a diffuse mass of sensory feelings and emotional reaction with a small child trying to understand them.

Sand pictures

The institute is still an independent, non-profit-making limited company, but since the National Health Service Act the North West Metropolitan Regional Hospital Board has paid for children authorized by them to be treated. Children are accepted for treatment between the ages of two and 16, and more than 75 per cent. are referred by local authorities and childcare committees; the remainder are recommended by family doctors, courts, parents or friends, and hospitals.

Each child and his parents on referral has a preliminary consultation with either the psychiatrist-in-charge or with Dr Lowenfeld. At this interview two tools devised by Dr Lowenfeld assist the psychiatrist to assess the type and severity of the child's disturbance. The first is a box full of different-coloured flat plastic shapes; the child is asked to "do something" with them on a small tray he. with clean white paper; his use of colour, shape, space, and design in the resulting mosaic reveals a great deal about his personality. This is the Lowenfeld Mosaic Test.

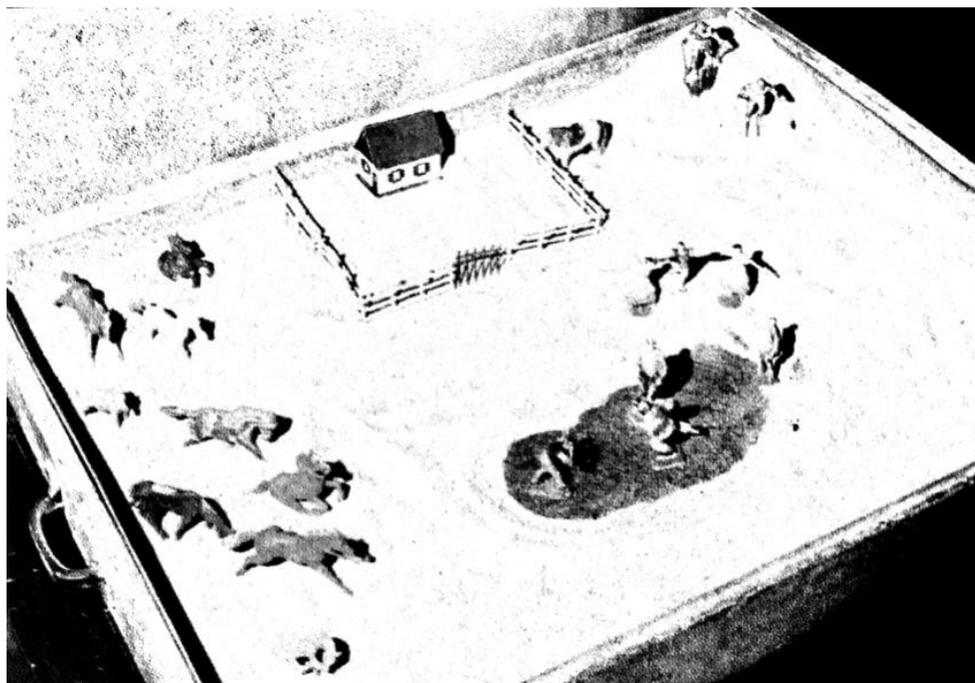
The second tool, known as the Lowenfeld World Technique, involves a lead-lined tray full of sand, which may be either wet or dry as the child prefers, and a cabinet whose drawers are full of every conceivable model, real and imaginary soldiers, Indians, cowboys, domestic characters, houses, farms, trees, cars, aircraft, and domestic, Wild, and prehistoric animals. The child is told he may use any of these he chooses to make a picture in the sand tray. The result is the child's view of aspects of his own world, sometimes in separated in a single picture, sometimes in separated fragments. Casual questioning by the psychotherapist about what the figures are and what they are doing as a drawing is made of the sand picture can reveal many of the child's feelings and ideas about life which he cannot express in any other way.



This world made by a thoughtful, creative boy of 15, whose work had become unsatisfactory and who was withdrawing into himself, illustrates perfectly a modern adolescent view of life. Living confined in a suburban house with hardworking professional parents, he arranged two overwhelmingly powerful forces at each end of the tray— an incomprehensible and uncontrollable group of prehistoric animals and fierce monsters facing the irresistible force of modern war machines, a tank, a cannon and a large aircraft. The car, the only object the boy could in reality aspire to control, turns away from the scene and is blocked in by sand. Between these two forces is a heterogeneous collection of symbols— the country cottage, trees, and garden v the boy never had, the drum he was never allowed to beat, the dog he never kept, uncontrolled physical freedom in the person of the skier. A headless man on stilts represents an obstinate adult. Little Dick Whittington is impudently enthroned in the group, protected from the tank by a child's toy engine. In one corner two little figures face each other with arms outstretched—"Two people who are involved with each other," the boy explained. And on a plinth of sand overlooking the whole world stands the powerful, dignified figure of an Indian chieftain—the child's ego.



A boy of 12, very depressed, referred for temper tantrums, demanding attention, and inability to concentrate at school, made this "world". An eldest, unwanted child, he built the isolated island and said the man, menaced by monsters, was sinking into it; like his depression, the island had no bottom. The frog, which in traditional fairy tales should come to his rescue, just stands and laughs.



The nine-year-old girl who made this world was moody, undependable, apparent/y irrational in her reactions, and obviously unhappy. She could not reconcile the two sides of her personality which it illustrates- each side of the tray contains symbols which contradict those on the other side. A group of horses gallop madly, and the skiers move freely, but one horse waits by the fence for its rider to come out of the house. On the lake strong men are playing ice hockey, while other skaters wait for them to finish so that they can dance. In the centre is a closely fenced house; at first the little girl said she did not know who lived there, but six months later she decided that "both me's"—the good child and the wild one—lived in the house.

Dr Lowenfeld explains: "A small child's experience is not linear, like speech or writing, and has no awareness of space or time. Its world is multidimensional, and the dimensions are linked by the child's sensory experience, so that things which make it feel the same way become identified in the child's mind. To understand what is going on in that and we have to provide multidimensional tools for the expression of these feelings."

When the child has been accepted for treatment, standard intelligence tests including Stanford Binet, Wexler, WISC, and Rorschach, along with the Lowenfeld Mosaic, round out a complete picture of his intelligence and personality. Meanwhile the parent, usually mother, is interviewed by a psychiatric social worker who compiles a complete history of the child's life, medical history including any periods spent in hospital, educational details, social adjustment, relationships within the family, and details of the problem for which he has been referred.

Making a mess

After these initial interviews the child's case is reported and discussed at a full meeting of the staff, which includes a paediatrician, clinical psychologists, psychotherapists, and psychiatric social workers, to decide on the best form of treatment. For, according to Mrs Frances Rowles, one of the psychotherapists: "Each child is considered as a unique individual presenting his own personal problem." From the first of the twice—weekly, hour-long sessions the child separates from its parent in the waiting room: parents stay on the

ground floor, to be interviewed by the psychiatric social worker; children go downstairs to the world of the garden and playrooms. First the child is shown the rooms; these are two inter—connecting general purpose playrooms containing sand trays and equipment for making “worlds”, a shop and house big enough for child and therapist to sit inside, and every conceivable type of constructive and destructible toy; a “quiet” room, containing table, chairs, and a magnificent dolls’ house where child and therapist can talk privately; a large, sparsely furnished room with the basic gymnastic equipment for physical activity and a cupboard full of dressing up clothes; the water room, where, clad in wellingtons and mackintoshes, the children can splash in sinks with cans and hoses; and the mess room, with a brilliant selection of poster paints for daubing the tiled walls.

At the first session the child and the therapist chat. Says Mrs Rowles: “We explain that this is not a hospital, and that nobody will hurt them, and that it is not a school. This is a special children’s place, where we help them with their worries. We are a bridge between them and grown-ups, and though nothing they say or do in the playrooms will be told upstairs without their permission, we may tell them some of the things their parent say to try to help them understand each other.

“In most cases where the child is able to understand we get him to see that he is not just playing but making pictures in ways other than with words—otherwise he might think he is here just to have jolly good time. We start him’ off with the idea that this is a good place to be, then let the Child choose what he wants to do; most of the time we don’t direct, we just follow. As he plays, the child is not only communicating to the therapist but also to himself. And the therapists are not so much individuals or adults to the child—they are just vague people in green overalls.”

Each child is attended by his own psychotherapist at each session, and afterwards his activities are recorded, and his mosaics and “worlds” drawn for the records. But no explanation or interpretation is offered to the child until he is ready for it and can see how his feelings a related to his play.

Mrs Rowles explains: “We try not to let the children get over-excited. It is bad for a child who lacks control over his own actions to feel that there is nobody there to control him. For example, we once had a student who was with a little girl who tried one thing after another until the child became completely exasperated and said: ‘Gawn, miss, you’d let me put me bloomin’ ‘ead in the oven’, showing the student had made a mistake in handling the child. We want to get the child’s feelings out and take a look at them with the therapist in control. We can straighten out misconceptions developed when the child was an infant but had no way of communicating before because he didn’t have the right material to play with or a parent who understood what the child was trying to express. Then we can gradually lessen the outside control until the child has enough inner control to cope by himself.”

Insight brings relief

Often the child’s first efforts are confused and obscure, so that the therapist can merely keep up a running commentary on his actions, draw his attention to repetitions and similarities to what he has done before, and point out the relationship of some shapes or objects and the force and direction of their movement. Gradually, as the meaning of the child’s play becomes more clear both to the therapist and the child, the therapist can tentatively suggest an interpretation; if that interpretation is correct, it will show in the way the child modifies his play; if it is not correct, it is quite likely that the child will calmly say so, and will either continue with the same sequence of play or try to express the same feelings and ideas through different material.

As with psychoanalysis, it is insight which brings relief, and the natural energy which the child has concentrated on dealing with his problem, or been wasting in aimless violence and destruction, can be released to deal with the real situations of everyday life. In the case of children of proven high intelligence who have learning difficulties the institute finds its methods particularly successful.

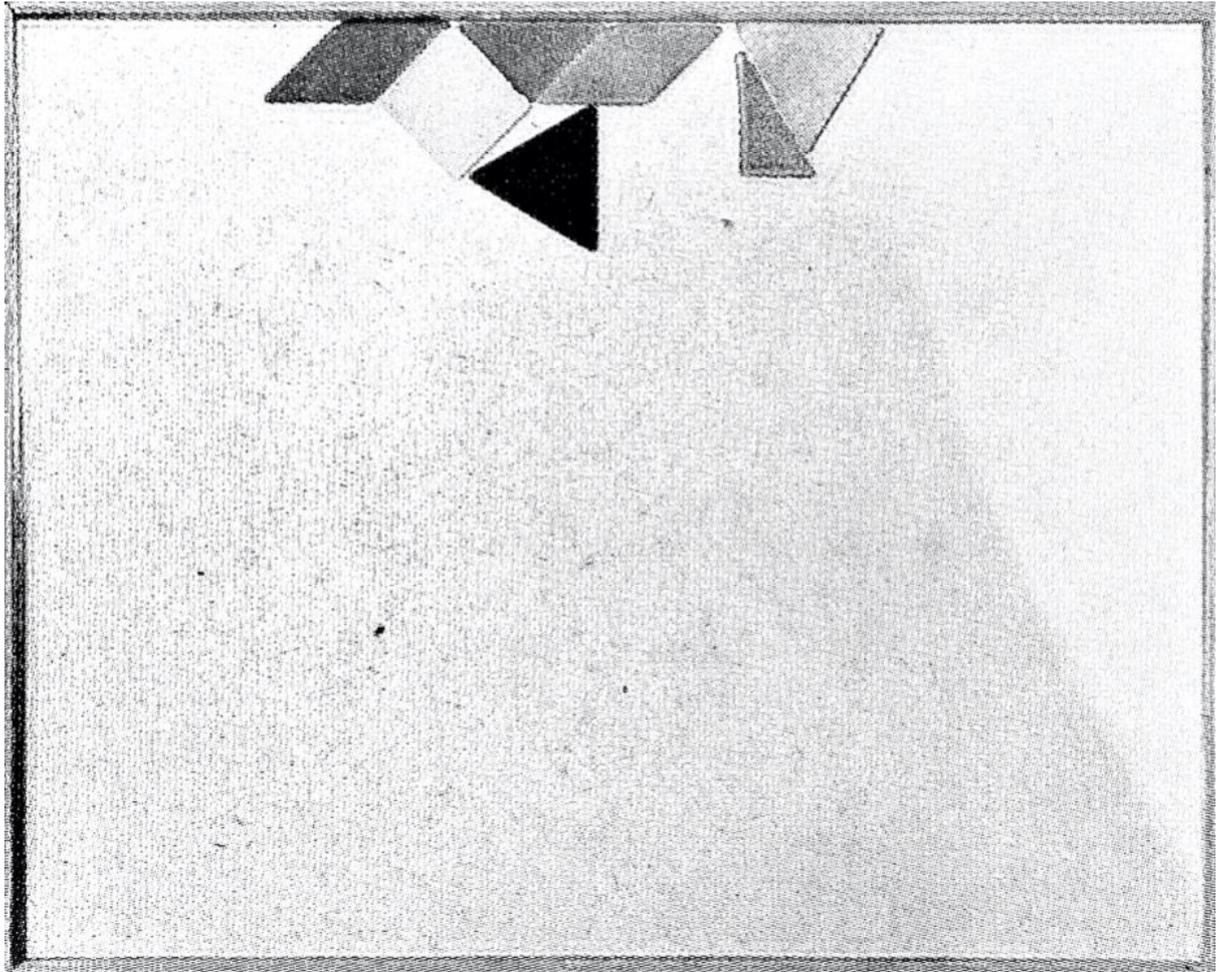
Although the primary business of the institute is still that for which it was founded, to treat disturbed children, the theories and methods are still new enough for it to have two secondary purposes—research and training.

The institute is now one of three centres in London offering postgraduate training in child psychotherapy. Two students—either male or female—each year are enrolled for a three-year course, and from the beginning they work under supervision directly with the children, as well as studying theory and methods of psychotherapy, dynamic psychology, and the social background and structure of the family, as well as undergoing personal analysis.

Of the research aspect Dr Lowenfeld says: “We are fortunate that the very design of the building is ideal for the purpose; the children can be isolated in the playrooms and studied under near-perfect conditions, a situation which is rare except in a few purpose-built places in America.

“By keeping detailed records of every session with every child we are not only treating the individual and watching its progress but building up a mine of research material from which we are constantly learning.”

For Dr Lowenfeld is convinced that once adults have a deeper understanding of the non-verbal workings of the minds of children, the majority of the children’s educational, developmental, and personal difficulties need not arise.



A boy, aged 72, IQ over 770, the youngest of three sons, referred to the Institute of Child Psychology for school refusal, enuresis, and nightmares. His father was a weak character who left his upbringing to the mother. Mother was depressive after mental treatment for two manic episodes; she clung to her "baby", refusing to acknowledge his developing independence. Mosaics recorded over 73 months of treatment show:

1. A small haphazard collection of colours and shapes clinging to the top edge of the tray, indicating interior confusion and a need for external organization.
2. The rigid top section is neatly divided by a narrow strip from the confused lower part; the child is beginning to recognize a second aspect of his personality. In the upper part he is relaxed enough to feel free to "splurge". The lower part of separate fundamental patterns is typical of children under six.

3. His sense of self is developing; he is able to experiment with the five individual shapes. He succeeds in making something new with the green pieces but has not developed further with the other pieces than the standard fundamental patterns.
4. A successful centralized pattern; the boy is now aware of the shape and area of the whole tray and shows it in the four stars in the corners which do not touch the edge. He then builds on what he has already achieved, starting from the centre with four fundamental patterns which he then develops. He had just started at a new school, and when he had finished said that the mosaic reminded him of his school badge.
5. A creative design of flowers rooted in the ground; when it was pointed out that the right one did not fit; he was too lazy to move them.

