

A Combined Approach to the Study and Treatment of Disturbed Children

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I want to present to you some of the conceptions concerning both the nature of neurosis in children and the therapy of the neuroses, which have arisen from the work of a group in London of which I am Director. But in order to make these conceptions intelligible, it is necessary first to convey some idea of the setting in which the work is done.

I should like you to imagine a house of much the same structure as your brownstone houses here; four storeys in height, with a flight of steps leading to the front door and rooms on each side of the entrance. At the back, the house extends at one side so as to enclose a small square garden.

Inside, the house is arranged so that each floor accommodates a different side of the work. On the floor to which the flight of steps leads are my Consulting Room and Play Room, the administrative offices and the room of the parents' psychiatrist. On the floor above are the general waiting room, the paediatrician's room, office of the social worker and accommodation for students and records. But the centre of the work is the children's floor which occupies the whole space on the garden level.

Parents are allowed to visit the children's floor on their first visit, or if a child has made something he particularly wants his parents to see; but outside these occasions no adult other than our selves is allowed on the children's floor. In this way, the children can feel safe with us and know that nothing they do with us will reach home or school.

On this floor, therefore, the core of the work is done. Here a series of rooms, specially equipped to make it possible for all sides of a child's nature to reach expression, open upon a central corridor running around the building. Let me take you around these rooms and show you how they are arranged to give the children full expression without damage to themselves or others or to Institute property. On the left-hand of the brightly coloured

stairs by which you came down, is the main playroom. This faces the street and its equipment has been thought out to make possible a number of forms of play which you in America have specially studied, as for example, the "house play" of Spears and the "doll play" of Levy and many other of the itemized types of play research and treatment. In one corner, therefore, is a "house," a solid structure about four and a half feet high with a door and two windows. This house is strong enough for children to climb on to, over and through, acting out burglary stories or body fantasies, or for the shy and shut-in child to shut himself away from the rest, while the adult can look over the top and see what is going on inside. Next to this is the Shop. This is not such a solid structure as the house, but is large enough to allow children to get behind the counter and to sell over it. This has a door which can be shut, with a knocker and a letter box, and a window through which goods can be sold.

On the other side of the room is the "Dolls' House" with a family of dolls. This allows opportunity for the "Microscopic" play of Erikson as contrasted with the macroscopic possibilities of the larger house.

The centre of the room is taken up with tables on which are WORLD trays with WORLD cabinets beside them. The remaining walls have shelves for wood blocks and boxes of material suitable for fantasy work or for domestic play. Sliding doors connect this room with the back play room which leads into the garden. In this second room are blackboards for drawing on, a garage with a lift, many sorts of construction toys, paints and paper, plasticine, and moulding substances, runabout toys, hammering toys, etc.

Turning at right angles to these rooms on the garden side, the first door leads to a "Quiet Room" for anyone on the staff who wishes to see a child for a quiet talk. Further down this corridor is the cloakroom for the children and opposite it, the room of the Department for Physical Re-education. Miss Margaret Kirschner, the specialist in charge, had originally a varied and extensive training in movement in Central Europe; she came to us, thirteen years ago, to study the relation between body posture and movement and the emotional and mental disturbances of childhood. In these years she has developed an approach to children's difficulties through the body, an approach which aims at making the child able to use his body freely and with enjoyment. Miss Kirschner now lectures for various physical education groups and has been very successful in the treatment of asthma, inhibition of movement, tics, awkwardness of gait, slowness and clumsiness of movement

and many other troubles, and we value her work greatly. In this room there is also a chest of dressing-up clothes, and the room is used also for acting and group work generally.

Outside this door the corridor turns round the garden and leads to two rooms which are the speciality of the Institute. These are the "Water" and "Mess" Rooms. Both rooms have wide windows onto the garden and the floor in each room is of concrete and made to slope gently towards the window where there is a shallow drain leading to the outside. The walls of each room are tiled and the walls and floor can be hosed down. In the water room there are two sinks at different heights and between them metal shelves which hold a variety of water toys. The lighting of both rooms is by lights such as are fitted on the outside of small yachts, so that water can be squirted over them without damage to the lights. Outside in the corridor are a row of pegs with rubber boots and waterproofs so that children can be protected from getting wet and yet enjoy an unrestricted use of water. It is possible to hose out of the windows onto the garden and across the garden, but the hoses do not reach further than our property extends. Children in this room can, therefore, explore the nature of water and play out a great deal of aggressiveness and power-seeking; they can experiment with force and play out dramas with water toys.

The "Mess Room" next door, resembles the water room, except that a slate slab takes the place of sinks. This room is designed to make possible all kinds of messy play with paint, plasticine and clay; painting done on the walls can be left or be washed off with hoses. There is one aspect of the use of this room which has a particular therapeutic value and which I have been asked particularly to mention at any time when talking to psychiatrists. It is that many children and adolescents are terrified of the thoughts and pictures that arise in their minds. They have the feeling that if these are mentioned at all, or looked at, and particularly if they are painted on paper, this makes them more real and threatening than if unexpressed. This is true particularly of schizophrenic patients. Such patients tend to feel that if they paint the ideas that are troubling their minds, their fear will be given reality. As long as it is probable that the therapist will keep their paintings and they will exist somewhere, the patient will feel uneasy. With a patient of this kind one would sit in the Mess Room with hose in hand and show him that anything he puts on the wall can be washed off immediately. It is thus possible to coax him gradually to venture, first with one small indication of his obsessive ideas, then with another, each representation being hosed

off the moment it appears. Slowly the patient gains confidence and gradually allows himself to expand into full expression. As the content emerges, it becomes possible to make comments that reduce anxiety and steadily the patient works towards the day when, quite spontaneously, he will say, "I want to draw (or paint) today, can I have some paper?" Then one knows that the time has come when he can bear the idea that what he paints is kept or seen and that it is safe to begin to work on it with him more intensely.

To this floor come children of all ages and both sexes, and they move freely through the rooms. Sometimes they come one at a time and sometimes in comparatively large numbers. When recently I had the opportunity of talking over work with children with Mr. Slavson, I found myself in most heartfelt agreement with him that it is in the arrangement of timetables, in the deciding who comes with whom, and the like, that the greatest skill has been exercised. We find that it is often a help for children of different ages to be working on the floor at the same time. An older child or adolescent can then use the disguise of "playing with" a younger child in order to allow himself to play out stages in development he has missed. Similarly, the "shut-in" child can be observed slowly venturing out of his shell absorbedly watching the aggressive or boisterous play of other children. Since the children come for treatment, and the Institute is a training centre, each child is the special responsibility of an adult, a member of the therapeutic staff or a student in training, all the time he is in the building. All women working in the department wear a green overall so as to minimize differences, while men wear some kind of "boiler suit." Each adult is required to make a detailed record of the actions and speech of the children for whom they are responsible, as soon as possible after the completion of the session.

As the Institute is an out-patient institution, the children come only for an hour at a time and usually twice weekly. To facilitate checking and to help me and the Senior Staff in summarizing reports, during the time before the War when we were fully staffed, a neutral observer maintained an analysis book on which every child's name was entered with columns ruled for time. Each quarter of an hour, this observer recorded the location of each child, the names of other children present and the initials of the responsible adult. All notes were available to all workers and, twice weekly, a seminar was held for discussion of these reports. To this date, recording instruments capable of recording the type of speech which occurs in running play are rarely met with in Britain and it is, therefore, as yet not possible

for us to get complete records of any of these sessions. We do what we can to check and cross-check, but we have to rely upon our memories and very often fail to record some of the richness of the children's comments on their play or the subtlety and variety of the play itself.

In the meantime, on the other floors, all the ordinary work is going on which is carried out in any other good child guidance clinic, but with some differences in the execution. Here perhaps is the moment to explain that my own career started in the field of paediatrics and that it was the observations made during those years of work with sick children that led me not only to the study of the psychological aspects of illness and to child psychiatry, but to a belief in the fundamental importance of the physical aspect of children's troubles. In fact, it is my profound belief that a child at all stages, whatever his complaint, is a whole, and that it is wiser that the diagnosis of his condition is made by the physician rather than by his mother.

This may seem a commonplace; but if one stops to consider how children reach the institutions designed for their help, it becomes clear, I think, that this is actually what occurs. Take, for instance, the case of a family with four children. The elder child was always ailing and constantly attended the out-patient clinic of the local children's hospital. It was difficult for the doctors to do anything fundamental for her because no definite symptoms of any one disease appeared; instead, she went from minor illness to minor illness. The second child, a boy, had educational difficulties and was attending the school after hours for extra coaching in his lessons. The third, a girl, had nightmares and occasionally wet her bed. She was going to the family's physician for treatment for this condition and had also been seen at the local child guidance clinic. Here she had been put on a waiting list for treatment at a later time. The fourth child had been before the Courts for pilfering and was under the supervision of a probation officer.

Now it happened that when an opportunity arose for careful study of all four children it was found that the eldest girl's ill health was directly linked to a very acute anxiety state and many fantastic fears about her body; the boy with the educational failure was found to be suffering from early tuberculosis of the hip, which made him miserable and whiny, unable to put out intellectual effort and yet, at the same time, scared of failure. The child with nightmares had been a victim of a sexual assault which she could never bring herself to

mention, and lived in dread of meeting her assailant again, while the pilferer was a child who had poor teachers at his first school and now was finding he could not cope with school work that should have been within his capacity. Being a dominant child he had taken to a daring form of pilfering in order to obtain the notoriety he craved and in order to redress his feeling of failure. It is clear, I think, that the services available would have been far better used had the original sorting of these children been done by an experienced physician rather than left to the decision of the parents.

For this reason the Institute is open to all types of parents for any type of child for whom any kind of advice is needed. Children come to us from all over the country, (in one instance even from your own country), from all types of social background, from every type of education, and from an age range running from infancy to late adolescence.

Looked at from the point of view of illness, the children fall into four classes:

(1) Those who would otherwise attend the out-patient departments of a children's hospital (we have no beds);

(2) children with every type of educational difficulty (excepting mental deficiency);

(3) children with personality disturbances; and

(4) children of antisocial type who show behaviour difficulties.

For all these types of children the same forms of examinations are provided. These are,

(a) a careful physical examination by a children's physician who has had large experience in paediatrics;

(b) the usual examination of inherent intellectual equipment and educational attainment; to these are added

(c) an interview with me or with a member of the senior psychotherapeutic staff, when the child is presented with the special tests and techniques invented by myself and developed by the Institute. Of some of these—such as, for example, the Mosaic test—you will have heard, and of some of the others I am going to speak later.

When it comes to the examination of the parental situation and the general environment, our procedure differs somewhat from that usually accepted. We feel, as I will explain later on, that much of the children's trouble lies in regions outside their relation to the family or school, and that it is of the greatest importance that the work we are doing

with the children should eventually come to be fully understood by the parents. Our social worker who interviews every parent and also assists me in taking the children's history has, therefore, been trained in the Institute as a child therapist and holds the therapeutic Diploma of the Institute of Child Psychology. She sees each parent and works toward a better understanding by the parents of the work of and the Institute.

For parents who need help in their own lives, or in their relation to each other or to the children, the Institute provides a Parents Department, which is staffed by psychiatrists who have had experience in psychotherapy with adults. I have been most interested to hear what Dr. Muncie had to say about the general relation of the adult under treatment to the family, to the other marital partner, and to his or her physician.

What he describes has been our experience also. What takes place between the parents and the parents' physician is considered private by that physician. Case conferences and Staff conferences take place in which the parent's physician reports on the work done with the parents and on whatever point about them he or she finds it wise and suitable to enlarge, but the notes of the parents' interviews are not available to other departments. This is fully realized by the parents; we have, so far, never found it a handicap for two parents to be treated by the same physician. In the little work with married adults I have done myself, I have, on the contrary, found this to be an advantage, and I think our parents' physicians, were they to be asked, would say the same. Occasionally, parents are advised to seek help from institutions outside the building, such as for instance the Tavistock Clinic, or the Psychiatric Department of their local hospital, and quite often children are sent to us for treatment by psychiatrists who are treating one or the other of the child's parents. In that case a general liaison is kept between our workers and the referring psychiatrist.

Visits to the schools the children attend are made by students in training and sometimes by the psychotherapist in charge of the child, but the great size of London and the distances children have to travel to come to the Institute make this very difficult to accomplish; thus this happens less frequently than we would like it to be the case. All cases are fully reported in the case sheets, including drawings of worlds, mosaics, and detailed reports of play.

Now I should like to discuss some of the characteristics of the work done with the children. The basis of the work is an to find ways for the children of making known to us and

to themselves directly what goes on inside their minds, and, then, to study the material produced with the child, and without the use of a priori accepted interpretations. Small children cannot talk, and even older children can express only very little of what goes on inside them; their experiences are often peculiar. When work done by children is being studied in this country, I find that attention is directed for the most part to the question of relations between the child and his parents and between him and the rest of his family.

I must add here another factor. After about twenty years of experience with children, who were investigated by specialized tools, I have now come to the conclusion that there is a very important region of mind and experience in children, which has so far escaped our study, but from which a great deal of both positive effectiveness and negative illness derives.

This factor is concerned with the intimate sensorial experiences a child has had; the meaning he has given to these experiences, and the arrangement of these experiences he makes inside of himself. As Ernest Schactel has pointed out in his paper on "Childhood Amnesia" (Vol. X, No. 1, of *Psychiatry*, 1947), the language we teach a child limits his ability to put his experience into words; it limits him to the expression of those parts of his experience for which the culture, into which he is born, has already found terms. But this is only a small part of his total experience and may not be the part which is pressing for expression. It is this silent part of experience to which we have devoted our study and for the expression of which I have devised a number of special instruments.

To understand this aspect, let us first consider the determining power that the basic physiological equipment of a child exercises upon his sensorial experiences. Some children are particularly sensitised through one sense, some through another, and their experiences vary essentially in consequence. Take, for instance, the case of a pair of twins. One twin was tactually sensitive and not particularly attentive to aural impressions. The other twin had the equipment of a musician but was not tactually sensitive. Now the mother of the twins had very good hands, was a skillful and tender mother and gave the twins the kind of mothering an infant needs. The first twin thrived. Their mother had a particularly harsh voice, however, a voice which even I, as a grown-up, avoided whenever I could. This voice fell upon the ears of the second twin with an assault that was practically unendurable. It brought about a situation where the mother, a source of security and comfort, was, at the

same time, also the source of unendurable pain. The conflict became more and more acute and, as it did, the child withdrew more and more into himself and, ultimately, fell into a schizoid state, in which he was first seen.

This is one point I should like to make: in my experience, the original sensorial endowment of a child is a powerful factor in determining his later adjustment, or failure to adjust; it needs most careful study.

The second point I wish to discuss concerning the nature of the process by which early sensorial experience is combined within the child's mind. To understand it better, I suggest that we consider an illustration and analyze it. I find it difficult to put this clearly to you, because the streets of an average American town do not supply the elements I wish to describe.

Perhaps you will bear with me if I continue to use an English example. In London, when we want to mail letters, we put them into a large round cylinder standing at the edge of the sidewalk and painted a brilliant red; this is called a "pillar box" and any of you who have been in London will be familiar with them. Another common fact of English streets and houses is the existence of small gardens in front of the houses, many of which are filled with red geraniums. Let us now imagine a person standing on one side of a residential road, opposite a pillar box, and noticing a woman who wears a red hat and is walking down the street. As she passes between the pillar box and the geraniums in the front garden, with her head projecting above the pillar box, the thought may easily pass through one's mind, "Amusing, they are all the same colour." Supposing we had been going through an emotional experience at that moment, which we did not wish to recognize, this thought later may easily stand for the emotional content. We would "associate," as we say, "hat," "pillar box" and "flowers," by their common quality of redness but at no point would we, in so doing, alter the hat or the pillar box or the flowers. We would lift off these three objects the quality common to all, but leave the original object intact.

Now if we think about this experience a little, we will see that the reason we are able to do this is because we have already had extensive experience with each of the three objects and are perfectly familiar with their shape and usage; we have often posted letters, we know about front gardens and may have even gardened in them ourselves, we know that they may or may not contain red geraniums and we have seen women many times with and

without hats and with hats of all colours. As we so completely understand the whole nature of these three objects, there is no likelihood of our confusing them. We can, therefore, lift one quality off them and amuse our selves thinking, "they are all the same colour."

But a child is not in this position. He has *ex hypothesi* never posted letters; if he is a small child, he will probably not have seen geraniums in front of gardens, and is still at the stage when "hats" and "heads" are not clearly separated from each other. He will, therefore, do something quite different with this experience; and if we want to know what this will be, we need to consider carefully a situation which will put us in the same position as that in which the child finds himself. Let us, for example, think of visiting a gallery where there is an exhibition of a kind of art which interests us vaguely but with the minutiae of which we are entirely unfamiliar. Or, let us remember an occasion when we inspected furnished apartments, looking for one to rent. When we come home and try to describe to someone else what we have seen, experimental psychologists have often drawn our attention to the fact that we are unable to remember experiences of this kind correctly, or to compare them accurately with one another. What we tend to do instead in remembering them is to take parts of one object and to attach them to another, so that we tend to combine and confuse the objects and places we have seen, condensing them into new shapes, omitting and contracting them, and only when we are completely familiar with the shape and the usage of the objects we have seen, can we abstract from them with certainty qualities they have in common, or remember them accurately in detail.

Our position then resembles that of children. To illustrate this further, let me tell you a story of a small friend of mine and his mother. This was a little boy of three whose mother had to play a social role which involved going to a lot of evening parties. As she was a good mother and determined that nothing should come between her and her child, they had developed a little goodnight ritual. The mother used to change into evening dress while her little boy was given his bath by someone else. She then would go up into the nursery and would sit down in a low nursing chair to wait for the child. These chairs have sloping seats which bring an adult's knees to the height of a small boy of three. The little boy, when his bath was over, would come in from the bathroom with his towel over his arm and his most treasured possession, a green, smooth, shining duck that said "quack," under his arm, would stand still for a minute, look across at his mother, and say "pretty Mummy" (she was). Then

he would run across the room, smooth his cheek against her knees as he was used to doing with his duck before he went to sleep, and would climb up on her knees. She would then read to him his goodnight story, pick him up and carry him across the room to tuck him into his bed.

At that time she was wearing a bright, green silk evening dress. But one night she decided to put on a red dress. Coming in from his bath, the little boy stopped dead at the door and looked at her hard for a moment, to make sure it was she, then he came across the room rather slowly, but did not say “pretty Mummy,” but he got up on her knee and the ritual proceeded.

On the third night, however, this did not happen. Mummy still was wearing her red dress. The boy stopped dead at the door and his face crumpled up as he burst into tears and sobbed out “Oh Mummy, why don't you put on your quacking dress ?”

Now, this illustration shows what all our material confirms, namely, that when children classify experiences of a sensorial nature, they do not lift qualities shared by the objects off to a higher abstraction leaving the objects themselves untouched, but that, instead, the shared quality or qualities serves to fuse experiences of which they are a part so that they become agglutinated and form a total mass. This action remains unperceived to the child, to whom the identified mass is obviously a whole. He cannot give an account of this process because he is unaware of any other way of behaving and takes it for granted that what is happening to him, happens also to others.

You will note in this illustration that several sorts of experience have gone into the making of the “quacking dress,” and this is a simple example of what we find to be normal. What is called “synaesthesia” and, when found in adults, is looked upon as a symptom of degeneration, we find in children as the normal way in which much interior individual experience is grouped. All sensory perceptions can fuse together to form a “clump” of this kind, and because of its peculiar structure, I suggest that the resulting group of responses be termed a “cluster.” Recently, I have been very gratified to find this term coming into literature. A. Armstrong, in a recent study on Shakespeare's Imagination, finds the same process taking place constantly in Shakespeare's imagery. Now a cluster can be of any size, and of any complexity and can occupy a marginal or a central position in the psyche. The essence of it is that, to the child who has formed it, it represents truth; despite extreme

incongruity or even terrifying qualities of some of the clusters, the child is not able to question their validity.

In normal, happy children, clusters, for the most part, have the outlines which have become familiar to the culture in which the children live, in fairy story, custom, belief or myth, and the child is able to obtain some relief from the emotions aroused by his clusters through the stories told to him, by his surroundings or through the customs and rituals of his group. If, for example, he happens to be a Balinese, the interior thoughts and formulations that he may make about his body and about witches and dragons for example, can be worked off periodically through the recurring rituals and dances of his people which depict witches and dragons. Indeed, it was because of the material we have been obtaining from Western children and the light it might throw upon the customs and beliefs of other cultures, that Dr. Margaret Mead asked me to come to the U.S.A. and to become temporarily Consultant to the Columbia University Research on Contemporary Cultures!

Essential for our endeavors is the question of ways by which contact can be made with this curious type of mental structure and of means by which it can be studied. The provision of such means of contact is the goal of the techniques and of the apparatus that I have designed and which we use in the London Institute of Child Psychology.

Before we can understand the applicability of these techniques, there is an important point to be considered. Children, in our culture, spend the first part of their lives, in the air, so to speak. They are carried or supported freely in "mid-space," not as in some cultures, firmly attached either to their mother or to a board, and it is only when they are able to get about freely, by themselves, that space terms come to have meaning for them. Their earliest impressions are perforce without any relation to time or space. There is nothing to help them to know whether a particular sensation is within or without themselves; pain, for example, inside the abdomen or the pricking of a napkin pin from outside are perceived by an infant simply as existing. There is no means by which "within" can be distinguished from "without." In the same way, there is no top or bottom to the body, but a great confusion of areas of sensation. Sensations of all kinds intermingle and are not located. If a piece of apparatus, therefore, is to enable a child to represent to himself experiences he has gone through at a given time, this piece of apparatus must contain means of representing such

qualities. It must be independent of time and space and be capable of representing all types of spatial relations at one and the same time.

To make such representations possible, some twenty-five years ago, I invented a tool known as the "World" tray and a cabinet of small objects to be used with it. This tray is metal-lined, so as to be capable of holding water, is about three-and-a-half inches deep, painted blue inside and filled with sand. When in use, the tray is placed upon tables of heights differing according to the age and size of the child or adult using it. Beside the tray there is a cabinet of many drawers filled with a large number of small objects representative of those found in the real world, a number of part-objects, blocks and miscellaneous pieces. Since I came to America, I have heard that something has been produced here which is called a "World Test" and which is supposed to bear some relation to my technique. I wish to make it very clear here that this is not the case. The essential of my World Tray and Cabinet is that it is a technique for exploring the multi-dimensional conceptions of children or adults and that it cannot be used as a test. Indeed, in this connection, I am reminded of an amusing story about secretarial filing cabinets. When steel filing cabinets were first used in England to replace the older clumsy ones made of wood, it was thought by the firm that brought them out, that customers would be too much influenced by the older theories and would not be able to transfer their interest in filing cabinets to anything as new as metal. An old man in the firm was, therefore, kept employed until his death, whose sole job was that of painting over the steel cabinets to make them appear as though they were made of wood. It seems to me that something similar is taking place here. Tests of all kinds have become so familiar, particularly tests which supply information concerning functions of the human psyche already known to us, that when a new instrument is introduced for the exploration of areas of the psyche so far unfamiliar to us, the suggestion tends to become unpalatable.

As with the filing cabinets, a wish then appears to arise to turn the new instrument into another contraption for testing the familiar. I have not seen the test in question, but I understand that it is used flat on a table, a single time with each subject, and with a standardized limited set of objects. In this way the purpose and meaning of the apparatus are defeated. While now and then, in the hands of experienced workers, single Worlds may have diagnostic value, this would be due to the worker's knowledge of a wide variety of

series of Worlds made by other individuals and through understanding of the relation between the Worlds and other forms of expression. The World apparatus as such is not suitable for the use as a test for any of the phenomena of the psyche about which we already know.

To return, therefore, to the World technique: it is difficult to give any straight list of objects which are valuable for the use with the tray for this apparatus as, to some extent, they are determined by what is available through the toy manufacturers' catalogues; they also vary with the demands of the children. The set which I personally use included chairs and tables of many sorts and sizes, people also varying in sizes, including soldiers, North American Indians and savages, ordinary people in both city and country dress, circus people, fairies, gnomes, etc., animals, wild and tame, traffic of all sorts, both motor-propelled and horse-drawn, break-down trucks, fire-engines, and ambulances, trains, railroad signals, and road signs, ships and boats, lighthouses, aeroplanes, guns, trees, fair stalls and gardens, houses of many sorts and sizes. To these are added plasticine, small blocks, colored sticks, and a box of indiscriminate objects that a child can use to represent anything he does not find in the cabinet.

Each production of the child, accomplished with the aid of the apparatus is discussed with the child and carefully drawn with the child's help. This drawing and the child's comments on it are filed in his case-sheet. The drawings, though detailed and as accurate as we can make them, are of necessity more or less in code, but their presence makes it possible for the therapist to review a whole series of Worlds made by a given child, and to discuss them with him; they also make it possible, later, if desired, to set the World up again, either for a drawing by an artist or for reproduction by photograph.

In addition to the World technique, we use, for exploration of this part of the psyche, a number of other tools. Of these the Mosaic Test is perhaps the best known. It is not from lack of desire to do so that I have not as yet achieved technical description for publication of these other tools, but because of the, at present, insurmountable technical obstacles to such description. These methods, being objective, need for their comprehension adequate illustration, and the prohibitive costs of illustrations in Europe has so far made publication impossible. I hope that, with the far superior equipment that is available here in the U.S.A. and with the larger number of trained workers, perhaps some work will be started here

toward an independent study of these phenomena. The aspect of the psyche which the use of these multi-dimensional tools has brought to light is, I believe, of paramount importance to an understanding, not only of the disturbances, but of the normal development of children. It is particularly of value to have the use of this type of apparatus and the skill for interpreting it available for the study of schizoid and schizophrenic children, and it has given me profound satisfaction to find, since I came to this country, that although the problems involved were not studied from this special angle, a great deal of the work done in this country supports the conclusions at which we have arrived.

All children who come to the Institute are given the opportunity of using this material, but in the complete treatment of each case many elements are combined. We believe in the simultaneous use of psychotherapy and physical medicine where the type of case calls for it, and the usual methods of modification of the environment and educational readjustment are used when the case demands it. But for the solution of the child's interior difficulties the techniques I have outlined are invaluable.

The aim of this therapy is not only to help the children to find their place within their environment and to develop good relations with it, but also to bring out from within the child those potentialities which are latent in him and to give him an understanding of his own nature. The fact that he himself has produced, in objective fashion, the material which reveals, both to him, and to us, his inner ideas, inhibitions, emotions and anxieties, makes it possible to circumvent much of the difficulty and expenditure of time caused by resistances to interpretation from the therapist. Many unexpected aptitudes and abilities are brought to light by the use of a method of study and of therapy which follows the material produced by the child with sympathetic understanding, and does not attempt to fit it into a prior accepted formula. It has been very interesting, through these twenty years, to see the number of conditions, many normally very resistant to treatment, which yield to this form of combined approach and to the release of interior energy which is brought about through enabling the child to gain access to the clusters comprising so much of the hidden parts of his interior life and their integration with his conscious processes.