

## AN ALTERNATIVE APPROACH TO CHILD PSYCHOTHERAPY



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The work of preparation of this paper has been made very much easier by two events. The first is the presidential address by our chairman and the second, two papers by Dr. Rickman which have recently appeared in the B.M.J. and the Journal of Mental Science.

In his address, Dr. Dicks put to us that we should take as our goal in psychotherapy, the concept of integration, and he called for the development of new techniques for the study of human nature, particularly in its social aspects. Dr. Rickman has given us an account of the origin and development of psycho-analysis which serves as a framework against the background of which other work can be pin-pointed. Both make my task of today very much easier.

Now in one section of his paper, Dr. Rickman writes as follows: 'The unconscious seems to be almost exclusively occupied with human relationships', and in his paper he describes the development of a technique of investigation and therapy whose instruments of work are free association and the development of a particular form of human relationship. In his paper in the Journal of Mental Science, he expands this into two elements, 'verbal interchange between patient and doctor in which the phenomena presented by the patient to the doctor during interview are interpreted by the doctor to the patient' and 'a procedure in which transference phenomena are manipulated by the doctor'.

The success which has attended the use of these tools both in the extension of our understanding of human nature and of the possibilities of therapy, when taken together with the contributions of analytical psychology make it seem probable that were these

modes of approach to human problems to be widely and deeply enough use, we should at the end arrive at a full understanding of ourselves.

Yet in spite of all the advance we have made, certain problems remain, particularly in regions of social behaviour, in schizophrenia and in psychopathic personality. The difficulties we are faced with, not only in the problems themselves but in the wider application of the techniques that we have worked out, make it worth while considering the practicability of an approach from a different angle.

Arising out of the work I am going to attempt to put before you tonight, has come the conclusion that there is another important aspect of the buried part of human nature which is not concerned with human relationships and which for that reason has not appeared in the investigations conducted by means of the techniques defined earlier, but which nevertheless exercises a potent power in the development of human society and in the causation of illness in human beings.

To present quickly and comprehensibly to you the facts upon which this belief is based, is a very difficult task because they are very odd and unexpected and I think perhaps we shall get there most quickly if we go back to the origins and consider for a moment how this work began and out of what problems it arose. I hope to take as short a time as possible on this part of the exposition and only take time in putting it before you because, as so often happens, the nature of the original problem, to some extent has determined the technique.

Shortly following the close of the European War of 1914-18, and while the Russo-Polish War still continued, I went with a Typhus Mission to Eastern Europe. Some, at the time, unadjusted discrepancies in the nationality laws of this country and Poland enabled me for a time to function in two ways: - As a medical member of certain missions of help to the East and also as a landowning citizen of the new state of Poland. This dual identity brought with it certain consequences. My work when in khaki was to assist in sanitary provisions for prisoners of War Camps, and in the welfare side of work for troops on a four hundred mile front. To this was later added a share in the attempt to feed and clothe many thousands of

demobilized Polish students. 1917 in Russia was only three years behind us and the consequences still flooded the country.

On the other side, once out of khaki and in a different part of the country, one was a powerless and indistinguishable unit of a disintegrated countryside. In this district typhoid, dysentery, cholera, tuberculosis and epidemic influenza raged, with no medical stores, the larger number of the population had the waxy transparency of famine, fuel was short and transport almost non-existent.

Taking the two together was like being at the same time a haunted man and the ghost that haunts him. To this later, was added a third identity by a period in what would now be termed, the underground, an 'under-ground' of social rather than political activity.

The reason why I trouble you with this experience is that it posed neatly two problems which are problems which face us today. The living of several distinct mutually hostile lives did for me, what the preliminary analysis does for the therapist to be, that is, opened doors on to an interior world, I would not otherwise have reached. Later when reflecting upon this experience, I realised that the living of roles totally different from and even hostile to each other, in a constant atmosphere of fear, and with a lack of any over all direction is of the essence of the experience of unhappy children and the black misery of prisoners of war is very like the depressions of infancy.

As I have said, this experience led later to a direct understanding of certain aspects of the inner life of children but simultaneously certain other aspects of it posed two definite problems. The first was the fact that contrary to all expectation, certain children and young adults, deprived of everything that psychiatry considers essential to health and development, nevertheless, grew into vigorous and creative people. The second, the query as to what exactly was taking place in individuals who carried out the type of actions which words like Auschwitz and Ravensbruck have since made to familiar to us.

This period was followed by a time occupied in strenuous four language interpretation which left me profoundly sceptical as to the possibilities of language as a tool of interpersonal understanding.

We can now define the two problems for the solution of which this work was designed. Perhaps we could phrase the first as:- What forces are operative in children who achieve vigorous normality when deprived of most of the factors considered essential for normal Development; and the second problem as:- What exactly is happening in people, considered by their fellows to be normal, and yet who habitually carry out actions which are profoundly shocking.

The obvious course of action was to seek for the answer in psychiatry; but although personally gaining much from two analyses, they brought no answer to these questions, and even more surprisingly, I found that it was impossible to convey in analysis the essence of the experiences out of which the queries grew. Either, therefore, the enquiry had to be abandoned, or some other mode of attack on the problem had to be found. Choosing the latter course, it was while getting training in clinical research methods that the clue to this different approach appeared.

I began to notice in the faces and bodies of the children I was studying, expressions, postures and gestures that resembled those with which I had become familiar in prison camps and famine areas. Language I had already discarded as too uncertain a tool, the manipulation of relationships seemed irrelevant to problems whose essence was the absence of relationships. It then occurred to me to wonder if anything could be done with objects instead of persons, and whether it would not be possible to devise a scientific experiment where one could represent to children by means of small objects what one guessed they might be undergoing. If, I argued, the work already being done with children covered the whole field then such an attempt would be sterile or if not totally unsuccessful, would produce only a pale imitation of work already being expertly done. Either way a negative answer would be achieved.

Taking courage therefore, I set out to try acting before children with objects, what I conceived that they might be experiencing and with immediate result. The children understood at once and responded with a naturalness that has persisted throughout the investigation. With this experiment a door came open and I found the children and myself in contact with one another.

Now in his paper, Dr. Rickman writes:- 'Every advance in medical science can be related to the development of skills--in clinical observation, in the design and use of apparatus or research, in the interpretation of data obtained by the use of apparatus and above all in conceptualising the problem that is being faced' a few lines further on, he adds, 'Both kinds of research are concerned with answers to the fundamental question what goes with what?'. I would like to add something to this; that scientific work to be acceptable, must also fulfil certain additional criteria. It must be repeatable with comparable results; both the method used and the results obtained must be defined and definable and open to evaluation by neutral observers. The results must be shown to be consistent with the nature of the enquiry and of the material examined and be capable of integration with the whole body of relevant knowledge. As far as the work upon which I am reporting is concerned, some of these criteria have been fulfilled. The mode of work and the theoretical formulations which I have deduced from it, have now been taught for a considerable time to a body of workers who have carried out similar independent work, achieving comparable results, each worker having been analysed according to one of the accepted schools of thought. Some two thousand children have now been studied and treated in this way; many of these have now grown into adults and as we have kept in close touch with a number, it is now possible to report on the quality of people they have become. Whether the deductions which I have made from this material can be assimilated to the general body of psychopathological knowledge, it is for yourselves to determine.

The question that next arises is that of the method itself. Here time is a very limiting factor and I can touch upon it only in the briefest manner.

The aim is to provide for children in an atmosphere of generalised trust and confidence, tools with which they can objectively demonstrate to themselves and to us what is going on inside them, and then to make a detailed record of their responses, of the use they make of the objective material which can be abstracted from the clinical situation and analysed at leisure.

#### SLIDE A.

Such, an attempt needs special equipment and this slide represents a ground plan of the department as it at presents exists at 6, Pembridge .Villas, W.11. In planning the equipment of these rooms, we have made the best use we can of the possibilities available in the building. They leave much technically to be desired and especially that of room for noise and hammering, but as they are, they provide possibilities for most of the things children feel themselves driven to do and a full description of them and the uses to which they are put, has been given in the report of a Conference held at the Institute of Child Psychology, London in August 1948, and entitled, 'On the Psychotherapy of Children' An account of the detailed equipment has been given in my book "Play in Childhood".

To this floor come children of all ages, all types of education and social background and suffering from chronic physical complaints as well as the usual psychiatric and educational and social disorders and difficulties.

These children, with the therapists who are working with them, move about freely among these rooms, sometimes working individually, sometimes forming and breaking up small groups or working in pairs. The obtaining for analysis of accurate records of the work and behaviour of the children therefore needs to be carefully planned and all records need for their evaluation detailed additional knowledge of the child himself.

Until we are able to install recording apparatuses for work of this kind, reliance has to be placed on memory, but as far as possible this is assisted by cross checking. Each child is the

special responsibility of some worker whose duty it is to record, as soon as possible after the child leaves, what has gone on in the session. An overall record book is also kept by a neutral observer where a note is made each quarter of an hour as to where each child is, with whom and what he is doing. All reports are read by everyone and discussed and cross checked in bi-weekly meetings. A strenuous endeavour is always made to secure reproductions of everything static made by the children, and those together with their drawings are filed for later examination in the case sheets.

As, to begin with we had no idea for what we were looking, much work was put in, in recording symptoms, behaviour characteristics and activities in the playrooms, in parallel lines on charts, much in the way that pulse, respiration and temperature are charted. After a time, we began to see what went with what and every tentative conclusion was experimentally incorporated in handling and kept or discarded according as it proved fruitful. Gradually a therapy and a theoretical background were built up and again checked and examined terminally by analysis (using the word in the dictionary sense) of all the facts acquired to date concerning any given child.

What then is the type of material produced by such a process? The first question concerning this material that clearly needs an answer is, 'is it possible, with such an objective, non-relationship approach to children to reach any but the mere superficial layers of the psyche?'

To answer this quickly from children's material, would take more time than we have at our disposal, because it is too diffuse, I propose, therefore, to take for this point, material from Two young adults which are presentations of the body scheme

#### SLIDE 1.

This is a spontaneous drawing made, during treatment, by a young woman suffering from multiple phobias of herself as she felt herself to be. Here, the place of eyes in the face is taken by one breast and one buttock, a penis replaces the nose and the mouth is a worm.

Further down, squinting eyes appear where the breasts should be, a small mouth replaces the umbilicus while a relatively normal face, lacking an upper lip and with massive teeth appears Lowering in the lower abdomen. A kettle replaces one foot and a pail the other. For arms appear sticks producing noise, said by the patient to be 'perpetually in action.

## SLIDE 2

Actually drawn earlier, this drawing shows the impact of noise on the patient. The part of the body are in normal position, but grossly distorted. In the abdomen is a window with curtains, and entering the ears are every possible kind of noise. The black spot on the cheek is putrefaction. This patient is now a successful and cheerful young woman responsible for the work of her household and leading a vivid social life.

## SLIDE 3

To compare with these, here is a drawing of a World made by a young man suffering from a devastating sense of inability to make use of his excellent abilities.

You will see that this World is at one and the same time, a queer shaped island in an inland sea with gun boats about and also a human body. The eyes are on antennae and from the collection of houses on the base of the neck, steps go down to a tunnel, which leads through the head and out at the left ear. The right ear is absent. The left axilla is also a harbour and collections of houses with paths between them appear at different places on the body. The maker said The face was semi-sentient and was the religious centre of the island people. In this World, the patient expressed his feeling of hardly being a person at all, but instead, something other people overran.

During the war, this patient rose from a humble position to charge of the administration of an important section of our war organisation.

The question that next arises is of the possibilities this material offers for the representation of emotion.



#### SLIDE 4

I want now to turn to children and to show two slides which express the suffering of neurotic children.

Here is a painting by a young woman representing her child self. You will note the impersonality of the weapons turned against the child which wound it as soon as it moves. The spotlight blinds his eyes, and makes it impossible for him to find his way out.

#### SLIDE 5

This is a painting of a world done by a boy with asthma. You will note the appalling position of the figure on the ground, as the focus of fierce animals and that three of the other animals have a human figure to maul and devour.

These two slides may give you some idea of the capacity of the material to depict emotion.

We can now pass on to consider general characteristics of material produced by children in this way. Here I regret very much that it is impossible to give any reproduction of play in movement and that even the presentation of Worlds, which are only one tool among many, is surrounded with formidable difficulties.

Now the work produced by children in this way is of every conceivable type, but one main characteristic persists throughout which is that it is multidimensional.

A large percentage of the material obtained is of this type and for a long time, it appeared 'mad', using the word in the popular sense, but steady analysis (using that word in the dictionary sense), and careful charting showed after a time that there were definite laws underlying these constructions. In fact that, what we were getting here were constructions representing pre-verbal thought. To assist us in thinking about these, I suggested that

the word 'cluster' be used to describe them. Time, alas will not permit of any consideration tonight of the processes through which clusters come into being, but a paper of mine on the construction of clusters is included in the Report previously mentioned.

Recently I have been keenly interested to find that Armstrong, in his book on Shakespeare's imagination, has used the same term and that G. Lewes in his study of Coleridge's 'Ancient Mariner' in 'The Road to Xanadu' brings forward a lot of evidence to support this view. The similarity between productions of this kind and the painting of Chagall suggests a close relationship between the construction of his paintings and of the clusters our children represent.

#### SLIDE 6

The next slide shows an example of a 'cluster' World made by a boy of eight referred for inability to stand up to life. In the centre, is a rounded mound with a round nob on top and four holes around it. This is surrounded by a moat and a wall. On the road are a horse and cart. The boy said the mound was an ancient Roman castle and a prison and that the holes went down to caves beneath. The horse and cart are taking seaweed to get iodine which tips the iodine all over the castle, moat, etc. and goes plunging down into the dungeon. Later they find a rich clot of seaweed in the castle and destroy the castle to get it, as it is in the rock. Asked what the iodine was for, he said it was used for cuts that might go septic. A fat man used to live in the castle, he is now angry as there is also a rich clot of gold in it and that has been taken out with the seaweed so that he can only live in the open air with his gold furniture. The walls, however, are still there, as they only took out the inside, so the gold furniture is put in the walls, and a roof built over it, so it will be as it was.

#### SLIDE 7

The next slide is of similar cluster of a World made by a very intelligent public school boy suffering from a single phobia, and depicts his feeling about a city. Here houses are arranged in a circle, some the right, some the reverse way up, human beings stalk about

over them and traffic accidents appear below. This Was a boy who, apart from his phobia had excellent perceptions of external reality and while his World seemed to him real, he was unable to relate it to external reality.

Now clusters are usually so many faceted and so heavily charged with feeling, that they cannot be perceived intellectually by the patient and for the most part come up piecemeal, though the reverse process can also occur. When it does, the whole of a cluster can appear first and then be broken by the patient later; into sections. I have tried to select, for reproduction, material illustrating both processes.

#### SLIDE 8

The next three slides depict the emergence of a cluster. Here are a series of small drawings made spontaneously and apparently unconnected. Note particularly, the wolf's head on the right-hand side. This is the wolf that huffed and puffed in the story of the three little pigs. The rest of the drawings present movement up and down, in and out and coupled with ideas of masculinity and femininity.

#### SLIDE 10

Here is a later series of drawings by the same patient showing coalescence of the same ideas which now appear in a humanised, dramatic form. The wolf's head has, changed its form slightly and become the head of a Dragon. This is the type of dragon St. George killed and is what is within the opening in the mountains in the top left-hand corner. The bottom of the hill on the right is said to be 'a heaving mass of corruption'; and the shadow of the Cross becomes the swastika. The new element is the telegraph poles.

#### SLIDE 11

In this slide, the many facets of the ideas expressed in the drawings of the previous two slides, come together in a single drawing in which the whole cluster is presented. The description given by the patient is as follows:

'I started to draw (at the top left-hand corner) with no idea what would come. I made a scribble and it grew into a tall building looked at from above (Magdalen Tower). This led to completion of the horse's head (a winged horse) and I put in 'wings' which became sailing boats and the mane, a river. I then drew a line going upwards, this is fixed to a star out of the picture, (think of 'hitch your wagon to a star'). I drew a curving line for the rest of the horse. This, together with the previous line suggested a wolf's head with cruel teeth, panting tongue and slavering mouth and the slaver suggested a horse urinating. I drew the horse's tail, which became a parasite (tapeworm?) hanging onto the horse (and also vague suggestion of a ghost). I then drew a hinged hole in the horse's belly -- are there things dropping out? ( think of Trojan Horse). I then drew a tight-rope, the horse is balanced on it. The curved lines below are meant to represent a circus ring and audience, showing enormous height of tight-rope, (i.e. great distance to fall). This turns into a rushing whirlpool. I then drew drops of blood hanging on to the tight-rope like drops of rain on telegraph wires.'

## SLIDE 12

By some patients, the facets of a cluster can be expressed all at one time and in World material. (They can, as a matter of fact also use a number of different pieces of material to express different facets which together make up a cluster). Here is an example of this use of World material. It was made by an intelligent public school girl coming from a farming and hunting family. referred for a severe obsessional state. It gives a many faceted picture of the child's ideas & feelings about sex.

Along the narrow width of the tray, at the side nearest the maker, are a row of animals, wild and tame Together. With them the maker said, everything about sex is easy and natural and they are looking over a railway line in puzzled wonder at human beings.

On the railway line is a train which has crashed into a bridge and on the further side is an immense Python.

A fence separates this part from the other. Here are eight unconnected incidents grouped around a central tent which is being entered at a run by a soldier with a fixed bayonet.

To start with the top left hand corner of the tray, here are bombed houses with a witch sitting in them. Below, a baby in a cradle has been run over and a man is hooking a baby out with a hook. Next to this, on the right, is a prison which has broken open and wild people of all sorts are rioting round it. Now on the left-hand side, one comes first to a motor crash and then to a tent which a woman is about to enter only, behind her is a man with a gun just about to shoot her. Along the bottom, a man is whipping a horse and there is a lying cow whose inside has been excavated. In the right-hand bottom corner, is a cement machine and human beings are being put into it and ground out and a number of people are looking on, In the centre of the right side is a tent and outside it, vultures feed on dead bodies. A cat stands with arched back alone between the tents.

### SLIDE 13

Finally, I would like to include a slide which gives some idea of the dramatic possibilities of this Material which exemplifies the savageries which can lurk Below a timid exterior. It is a drawing of the first stage of a World of an eight year old boy referred for timidity. He asked for a big wooden house and put it in the tray and said it was on fire. Then he put the big railway bridge in front of it and said this was a new way of Killing. Taking a woman in historical dress, he said she had been left on the bridge to burn. Ladders were put up against the house and one was left hanging on the chimney. The ladder is pulled down and the firemen put it against the bridge. The woman climbed down but the firemen were disgusted and threw her up again. The ladder caught her neck and she fell down into the house.

They think she will die but she finds a way out of the crack and upsets the bridge on to the soldier firemen below. Then she buried herself in the corner except for her head, so that she can see what is going on. One soldier got up on to the chimney and a fireman climbed and rescued him. The ladder was pulled away from the house and the woman got up on to the bridge and dropped stones on the firemen below.

Now Dr. Rickman in his paper, writing of the Fourth Stage in the development of psycho-analytic theory says:- 'Behaviour may be regarded as a container of collected objects which may work in a unified way or which may show oscillating, unstable divergent tendencies, according as the grouping of forces within the ego is cohesive and unified or disruptive and diversified.'

Here, though I would describe it differently, the material gained through the use of this approach, substantially supports Dr. Rickman's description, and brings us to the heart of our subject.

What are these structures and what part do they play in the psycho-soma?

Before we can go on to consider this, it is necessary to reflect that there is an assumption in psycho-analysis, never directly stated, for the support of which no evidence has ever been adduced. This is that there exist in the psyche of man, laws of development applicable to all individuals and comparable to those which obtain in anatomy and physiology.

In consequence of this assumption, it is taken for granted that careful work done on one patient applies to all men. This is not borne out by our material and instead, we find almost every conceivable variety in the interior development of different children, a fact which closely parallels the findings of social anthropologists in their studies of primitive cultures. I want to try very hard here to make clear what I mean. Just as we do not, as is so often suggested, present to a child only one type of play.

So, in the matter of theory, I do not want for a moment, to give the impression that there is the conception in my mind, or in those of any of my fellow workers, that that aspect of the psyche which I am attempting to describe tonight is the only element in the psyche-soma. It would appear instead that we have in the psyche two processes, not one, and these interweave, one with the other. Which process comes to light, it appears to me, depends upon the focus of the investigation and the tools that are used.

Just as in the use of a microscope upon a tissue which is invaded by bacteria, focus upon the structure of the tissue selected, will bring this to light and make possible its study but bring little information concerning the bacteria, so a suitable lens and suitable focus to bring the bacteria within the area of study, will make of the tissue, a blur.

So here, Dr, Rickman and we are agreed as to the general 'look' of the aspect of the psyche, we are considering. What he describes and what I am trying to put before you, I believe, co-exist in any psyche, and evidence of both appear in our material together with much else. Indeed, taking all the children together, there has appeared at one time or another in the material they have produced all the phenomena described by all schools of thought, only not in a particular order and not in all children, nor with the same apparent force. It is for this reason essential that the therapist using this method of approach, though he handles the material differently, yet should himself be familiar with the observations of all schools of thought.

It would appear also from our results that we have accepted too easily, the concept that all phantasy arises in the same way and is of the same nature, also the view that all dynamisms in the psyche are of the same pattern. I would suggest instead, that there are two elements in what we term phantasy, not one, and two types of dynamic force.

What seems to me to be the situation, is that primitive mind acting upon primitive experience, in what I suggest we term the Primary Process, creates a network of clusters, relating wholly to subjective experience, each idiosyncratic and peculiar to the individual, though in their construction following common laws and containing common elements, Once formed, a cluster is accepted by the individual as absolute and as existent in everyone.

Through these clusters, it appears to me, there pours a force, which I am going to suggest - we call Vitality, using a capital 'V' and which seems to be that force which vitalises somatic processes. Clusters become, therefore, operative in that curious region which is neither psyche nor soma, of which Dr, Winnicott recently gave us a description.

If the clusters once formed, are such as will harmonise with the total external and internal situation of the psyche, they become part of the 'idea' life of the individual, ready to be lit up later, if the individual be a poet or painter, by Vitality, into poetry and pictures that bring consciousness of similar experience to the rest of us. If inharmonious, Vitality can become absorbed in them like a sponge, so that the rest of the psyche is depleted and devitalised or intense anxiety aroused, or they can be mirrored in the soma as a physical symptom, in the mind as a phobia or illusion or in changes of personality structure or peculiarities of behaviour.

What, however, use of this approach in the treatment of over two thousand children by a number of workers has made quite certain, is, that expression of unsuitably formed clusters in material and their careful analysis by therapist and child brings about in the children, release of Vitality, with disappearance of symptoms. What appears to take place is that the increase of vitality (with a small 'v'), which release from the domination of pathogenic clusters brings about in a child, so increases his confidence and his knowledge of himself and of the processes going on within him, that he becomes able to work through the tangles of relationships at far greater speed, these becoming expressed through relations between himself and the material he uses and in the material itself. As a result, there comes about an integration of personality. Close contact that has now been kept with a number of these children through into adult life and in some instances, to marriage and parenthood, has enabled us to check this up. A careful analysis also of cases seen and treated at the Chesterfield Children's Centre has been published by Miss P.M. Traill in the Report of the 1948 Conference of the I.C.P.

How does this conception, we must then ask, relate to our original questions? Does it throw light either upon the process of survival in impossible circumstances or the appearance of horrific qualities in the apparently normal? I think it does. As one studies the behaviour of children and adults while undergoing this process what seems to take place is a powerful release of vigour, of vitality, with a small 'v', the expression of which in creative activities in real life, seems to bring the individual so much satisfaction that previous and existing deprivations fall into the background and cease to exert a limiting effect on the personality.



Conversely, when there takes place an alteration in external social prohibitions and permissions to the pathological side, pathological clusters in individuals appear to derive stimulus from this fact and when similar actions take place in reality, they force their way out into action. Such clusters, when expressed in reality, remain, distinct from the rest of the personality, as they did when buried in the Primary Processes of the individual.

The study of atrocious actions of all kinds carried out, either by individuals or in mass, is one of the dreary parts of this research, but essential to it since what we find is that it is these actions which our children in our playrooms, carry out in plasticine and sand, which in certain circumstances, men and women considered by their fellows to be normal, carry out on the living bodies of men and women. Understanding of the one and of the measures which can be taken to arrest them, may well help to prevent the appearance in reality of the other.

Conversely in the poignancy and immediacy of these early clusters and in their richness and originality lies hidden in sensitive and gifted people, the germ of creative work, and absence of the possibility for expression of experienced beauty can be as productive as emotional conflict, of depression and strain.

To sum up, therefore, no-one is more conscious than I, of the poverty and the limitations of this presentation and the inadequacy of this attempt to put this work before you.

What I have attempted to do is first, to present to you an additional road of approach to the study of human problems, not through words, free association, a technique of relationship, but through the use of objects and of moving play in an atmosphere of trust and confidence. Second, to indicate that all regions of the psyche can be reached by this means and lastly, to bring before you the fact now widely tested out, that analysis of these phenomena with the patient can bring about beneficial irreversible change in the patients, with permanent physical, intellectual and characterological results.