A History of Hengrove
by John Hood-Williams

In a history of Hengrove, something needs to be said about the late Dr Margaret Lowenfeld, since she was connected with the school for a number of years.

She was a Child Psychiatrist whose home was a few miles away, at Cholesbury, and who practiced in London at the Institute of Child Psychology. From time to time she referred children to Hengrove, or arranged for them to be sent there by Local Education Authorities. These were children with intractable problems at home, whom Dr Lowenfeld considered to need to be away from home in order to be helped. At Hengrove she had a playroom in the grounds, quite separate from the rest of the school, where she saw children for regular psychotherapy.

She was one of the small but distinguished band of women who pioneered the psychotherapy of children; but whereas Melanie Klein and Anna Freud came to their work with children from backgrounds that were wholly psychoanalytic, Margaret Lowenfeld's background was in medicine and philosophy. She began her researches into the mental process of children in a spirit of scientific enquiry, and tried as far as it is possible to approach the study without preconceptions or pre-existent theoretical formulations.

The children she studied produced material that demanded explanation, and the questions they raised in her mind, in the attempt to provide explanations, are matters that are once again central for researchers into child development. The formulations she made many decades ago are still relevant today, in particular her views about the nature of the infant's thought processes and the inter-connections between thought and affect.

In order to understand her work, it is necessary to understand something of the sort of person she was and the sort of life-experiences that contributed to her being that person.

The Lowenfeld family was originally German, and around 1850 Margaret's grandfather bought an estate in what is now southern Poland, which at that time was part of the Austro-Hungarian Empire. Her father was one of four brothers. He moved to England where he did very well in business and married the society beauty who became Margaret's mother. Another brother moved back to Germany where he became a highly-placed lawyer.

It was a cultivated, cosmopolitan family.

Margaret was born in 1890, the younger of two girls. Her elder sister, who later became Dr Helena Wright the distinguished gynecologist and controversial birth-control pioneer, was the favoured child, while Margaret herself had a lonely and unhappy childhood, often ill, under the care of a constantly-changing succession of nannies and governesses. Her parent's marriage was unhappy and they separated soon after the turn of the century. With a house in Belgravia, retinues of servants, frequent foreign travel, it sounds like the golden Edwardian idyll, but though the life-style was extremely affluent, emotionally Margaret had a very deprived childhood. It seems this was one of the sources of her extraordinary empathy with unhappy children and of her ability to make contact with them.

It was a time when well-placed young ladies were expected only to be decorative and then to marry well. She had to overcome fierce opposition to gain the right to train as a doctor, and she used later to tell amusing stories of how she secretly studied for the entrance examination, persuading her partners at society balls to sit out and coach her in Latin irregular verbs! She qualified in medicine in 1918, and went immediately to Poland, first with the American YMCA and then as Secretary to European Student Relief in Warsaw, where she stayed until 1922.

Her experiences in Poland during those years are crucial for understanding the rest of her life work. Throughout her childhood there had been frequent visits to the family estate in southern Poland, and even fifty years later she was able, when she recounted experiences there as a child, to evoke the colour, the vivid intensity, and the emotional importance of everything connected with the people and the place. But in 1919 she returned to a very different Poland, newly-emerged as a State for the first time in 300 years, devastated by war, almost totally devoid of organisation, structure, or any of the resources that make living possible.

At various times I have heard her try to describe what it was like to have to exercise the functions of a doctor in a situation where virtually none of medicaments she had been trained to use was available; how it felt to be moving, as she did, between two worlds, between trying to help the destitute in one aspect of her life, and then in another having the duties of a citizen of the new Poland and the trappings of authority. Two things seem to have impressed her greatly. One was how in the face of such adversity, some people who appeared to be solidly-founded personalities crumbled and were unable to function at all without the supports of the familiar. The other was how some other people, apparently lacking in inner resources, and facing almost unbelievable hardships, not only survived but also banded together with others to help them survive. The question raised in her mind was: What is it that determines why some people one might expect to come through hardship well totally fail to do so, while others one might expect to succumb show unexpected resources and strengths? From then on she was unable to accept many of the ideas current at that time about the nature of the determinants of human behaviour, including some basic Freudian concepts - but this of course meant that she was being forced towards understandings of a new kind.

Another effect of the Polish experience only surfaced after her return to England. She found then, just as she did for ever afterwards, that try as she might, there was no way that she could convey to anybody else the precise nature of what she had experienced in Poland. Though she spoke four languages, Words were found time and again to be inadequate to express something that had affected her profoundly. In this she found a model for the dilemma of the child, who tries to convey what he means by using words, but because of his inadequate command of language he often fails to achieve communication. It also made her very aware of the need for symbol-systems that provide alternatives to language, for the expression of meaning, and it is one of the mainsprings of her motivation to produce devices through which children are able better to express their inner worlds - devices like the "World" and the "Mosaic".

From 1923 to 1927 she did medical research work, first in Glasgow working on problems of acute rheumatism linked to social conditions, and then at the Royal Free Hospital in London, working on problems of lactation. In 1928, as a consulting Paediatrician in private practice, she became interested in the psychological aspects of children's diseases and started a pilot study that led on to the work in child psychiatry and child psychotherapy in which she later specialised.

The part-time Clinic that she opened at that time in North Kensington accepted children from the surrounding area – by and large one of the toughest in London – with a wide variety of what were then called "nervous problems". Children came for two hours twice a week and played in the presence of a sympathetic adult. Play material was provided, the adults were helpful, noted how the children used the material and what they said and did, but made no interpretations in the psychoanalytic sense, i.e., about the unconscious significance of the play. One of the more remarkable results of the pilot study is that despite the lack of "interpretation", children got better. This ran so directly counted to the received wisdom of the times that it had to be accounted for, and Dr Lowenfeld had to develop theories to do so.

Another outcome of the pilot study is that it was there that the "World Technique" came about. She had a box full of miniature toys – people, animals, cars, buildings and so on – that was made available to the children when they came to the Clinic. In part, she was influenced by H.G. Well's delightful book "Floor Games", in which he describes playing with his two sons with similar material.

The experience gained in the pilot study led to the creation in 1932 of the Institute of Child Psychology with its own premises, to the development of a mode of treating emotionally disturbed children that was unique, and in 1933 to the inauguration of the first training course in the psychotherapy of children ever to be offered anywhere in the world.

When I first met Margaret Lowenfeld, in 1951, the Institute of Child Psychology was struggling to get back on its feet after the difficulties of evacuation during the war years, and the problems of adapting to the changed circumstances obtaining in post-war Britain. I knew of her work from one publication only, her monograph "The World Pictures of Children" which was published in the British Journal of Medical Psychology in 1939. I had been immensely impressed by it when I read it as an undergraduate, studying psychology, and already interested in psychotherapy. This was on the other side of the world, in South Africa, When I came to Britain in 1951 it was with the intention of becoming trained as a psychotherapist, and when I met Dr Lowenfeld I knew that she was the person with whom I wanted to study.

She was a very vital person, who came out to meet one with a warmth and directness that put one very much at ease with her within the first moments. I understood how it was that children responded to her so immediately and so trustingly, because that was my own response to her too.

It was an arduous training, lasting three years. It was very different from the child analysis trainings that were available at that time, in which candidates needed first to be thoroughly versed in psychoanalytic theory and only after that undertook the carefully-supervised

analysis of three children, one of whom would be under 5 years old, one aged between 6 and 11, and one adolescent. As students at the Institute of Child Psychology we were set immediately to working with children, but directly under the eye of one of the trained therapists, a procedure that was possible because of the physical arrangement of treatment-rooms at the Institute.

Children were seen for therapy in the suite of rooms that made up the garden floor of the Institute. There were two very large interconnecting rooms containing sand trays for the World Technique and cabinets of miniature toys that are part of that technique, and much other play material as well. Other rooms were available for vigorous physical activity, and there were two tiled rooms fully equipped for water play, for large-scale painting and for messy play. Children had the free run of all the rooms, each child accompanied by his own therapist (or student). It was a far cry from the intimate privacy of the analytic setting, but it had the unique advantage that it enabled the rawest of students safely to be set to work with children, as there were always experienced therapists in the same room, able to supervise directly what a student was doing.

One of the intentions of the training was to give each student as wide and varied an experience as possible of as many different sorts of children and types of problems as possible, in addition to intensive experience of a few children. Dr Lowenfeld believed that the analytic model of training, with its intense focus on only three children, was based on the medical model of teaching anatomy and physiology; there, if the student has made a detailed dissection and study of, say, a heart, he will know all there is to know about hearts, since the differences between one human heart and another are far less important than are the resemblances. The model transfers to child-analysis training, inasmuch as the assumption would appear to be that if the student has made a thorough analysis of children at each of the three major stages of development, then he will know what there is to know about the psyche. Dr Lowenfeld believed this to be a false premise, contending instead that human beings were so infinitely variable, that the many differences due to age, sex, social class, cultural background and the like, were as important to understand as were the undoubted regularities and resemblances between people.

Clinical practice was very much at the centre of the training, but it was not the only side of the course. The theoretical side was equally extensive. We were expected to encompass the theories of the major schools of therapy, it being Dr Lowenfeld's view that all had valuable insights even though none should be treated as holy writ. She herself was intensely interested in the psychological component of children's illnesses, and we were expected to have a basic knowledge of anatomy, of how the body works, and of the physical ills to which children are prone. We were encouraged to work with the Institute's remedial physiotherapist so that we could learn from those experiences with our own bodies something about how children experience their bodies, We were never allowed to forget that for children the primary experience is in and through the body; the importance of the bodily processes was constantly held before us, and the concept that our earliest thought-processes are modelled on metaphors of bodily processes was something that Dr Lowenfeld propounded several decades before it found expression also in the work of other writers.

Her emphasis on the importance of providing symbol-systems for a child to use as alternatives to language meant that we spent much time in the close study of "Worlds", the

technique that had developed out of the experiences of her original pilot study. I shall never forget my first live encounter with the World Technique. The very first child I was asked to work with had been in treatment for some time when I first met him and he was a highly-imaginative boy who had become totally familiar with the "World" material. He led me straight to his favourite sand tray and showed me where to sit, on a low chair opposite him. Then, carefully selecting toy after toy from the immense range available in the many-drawered cabinet behind him, he filled the tray with a bewildering collection of people, animals, transport, bridges – all with deep absorption. I was totally baffled – until later Dr Lowenfeld explained that the "World" was like a language, a tool for communication, and began teaching me how to "translate" from the imagery demonstrated in the sandtray by the child to the meanings he was conveying. The idea that the images the child creates in the sand tray relate to the images he has in his mind is, like all great ideas, a very simple one, but in over thirty years of working with that idea, I am forever being astonished, delighted and amazed by the use children make of the “World” material.

Reinforcing the study of "Worlds" was the parallel study of symbolic material from a variety of cultures the study of myths, legends, paintings, sculptures, dream images and all forms of symbolic communications from all over the world. Cognate with this was the study of the work of the philosopher Suzanne Langer, whose book "Philosophy in a New Key" had recently been published. Her central thesis is that while language is a remarkable instrument, there are nevertheless aspects of experience that language is incapable of expressing, so that the mind, which is a symbol-creating and symbol-using system, has need of other symbol systems in addition, in order to realise itself and fully to understand itself. This dovetailed perfectly with Dr Lowenfeld's own views.

All of this prepared us to understand what she regarded as her real contribution to knowledge, which was her concept of what she called "protosystem thinking". It was her view that the function of mind being to think, it must follow that some form of thinking must be present in human minds from the time that the structure of the brain is complete - "it is impossible to conceive of a structure without a function" was a favourite dictum. As language only becomes available as a tool for thinking at a point somewhere in the second year of life and then only imperfectly, it was necessary to hypothesize another vehicle for thought before that age – or to insist that "thinking" begins to happen only at some arbitrary point fairly late in a child's development – and imagery fills that need. She believed passionately that the need to understand and to make sense of experience – "the epistemological urge" she called it - is as strong an urge as hunger or sex and also that it operates from the beginning of life. The infant has a powerful need to make sense of his experience, and in as far as he is able, he reflects upon what he experiences and makes groupings of the memories, sense-impressions and images in his mind, groupings that are the fore-runners of concepts, and which like concepts are the product of thinking according to rules, but the rules which govern "protosystem" thought are different to those which govern later, verbal, thought. She emphasized repeatedly that in all this she was discussing thought, not fantasy or wish-fulfilment.

When I look back on the years I spent at the Institute of Child Psychology, first as a student, then later as a staff psychotherapist, I become aware how profound was Dr Lowenfeld’s Influence on me. Possibly the most important single thing was the way she herself provided a model for how a therapist should interact with a child. Those of us who were fortunate at

enough to have been able to work literally alongside here were privileged to be able to observe the way she comported herself when she was with a child. A subtle change came over her face. The normal vivid play of expression faded, and her face became still, as did her whole body. With her whole being as well as her facial expression she indicated her calm, welcoming, non-judgmental interest in what the child was doing or saying. Equally, though, she could enter with liveliness into a piece of dramatic play, or control an aggressive or over-exuberant child with calm assurance. Children responded to her in a quite magical way – but she herself seemed little aware of the fact that it was she who evoked these responses from them, preferring to believe that they sprang rather from the ambience of the whole Institute and from the approaches special to it.

She is often thought of as the person responsible for the idea that play is central to the therapy of children, but though it is true that this lay at the heart of her mode of therapy, credit for the idea belongs elsewhere. But what is unique to her is a view of play as something creative and of therapy not as a process of intervention and interpretation so much as one which facilitates children's using their own mental functioning as the means through which they can arrive at more adaptive solutions.

This is something that requires further elaboration, as it is so different to other views of therapy. Central to most other approaches to child psychotherapy is an emphasis on the transference, that very special relationship that develops between the patient and the therapist, which many writers have seen as the most important element in therapy, possibly even the only truly mutative agent. In such a view, development of the transference and the interpretation of the transference by the therapist are what affect therapeutic changes. As a corollary of such a view is the attitude, usually not made explicit, that the therapist carries the burden of the therapy on himself – it is what he does, or fails to do, that determines the successful outcome or otherwise of the therapy.

In contradistinction to such a view, Dr Lowenfeld laid the emphasis on providing for the child channels for communication, such as the "World", through which he could convey not only to the therapist the thoughts, feelings and ideas he has, but almost more importantly, he could objectify them and thus make them external to himself and thereby more comprehensible to himself also. Therapy, in her view, consisted of the therapist facilitating the process by the provision of channels, and helping the child's own understanding by making available to him the greater understanding of an adult mind.

To illustrate this: at Hengrove she had an arrangement with Alfred Gobell that if certain of her child-patients needed it, he was to allow them access to her normally-locked playroom, where they could be left alone to make a drawing, or construct a "World" in the sandtray, relating to whatever at that time was causing them distress. This would be there to be discussed with a child the next time Dr Lowenfeld came to Hengrove. Given a certain approach to therapy on the part of the child himself and also of the adults taking care of him, it was not always necessary for Dr Lowenfeld herself to be present for useful work to be done – but it was always necessary to share her adult understanding with the child.

Finally, of all the things she taught me, I think I value most that she taught me a profound respect for the innate creativity and the basic drive towards health which is every child's birthright and which it is the therapist's responsibility to set free.