

VU Amsterdam objects and their stories

1975-1980: In the Paedological Institute's playroom (1931-2006)

VU Amsterdam has had a professor of education and psychology since 1926. Originally within the Faculty of Arts, later in the Faculty of Social Sciences and then in its own faculty before being incorporated in the Faculty of Behavioural and Human Movement Sciences, where it remains today. The Paedological Institute (PI) played an instrumental role not only academically at VU Amsterdam, but also in youth care services generally. In the 1970s, it led efforts to professionalise the field. The photographs of its playroom bear witness to this.



The Paedological Institute, Vossiusstraat 56, Photo collection Protestant Heritage | HDC, Vrije Universiteit Amsterdam

By: Marjoke Rietveld-van Wingerden

VU Amsterdam appointed its first professor of education and psychology in 1926. This was [Jan Waterink](#). Though similar posts already existed at other universities, Waterink was the only one of this first generation of education scientists and psychologists to concentrate on [special education](#). In 1927, he established the psycho-technical laboratory (documented [on film in 1935](#)), and shortly thereafter the [Paedological Institute](#), which opened its doors in January 1931. Paedology means the study of the child. Created to forge strong links between scientific research and care services, the Institute did precisely that. Its laboratory fulfilled an important role in administering tests to children. Later on, education and psychology students also trained there.

The PI in many respects played a pioneering role in youth care services in the 1970s, when professionalisation and quality of care were primary concerns. Individual treatment plans became the norm and much work was done on method development. Central in all of this was the 'playroom'. The PI had had a playroom since about 1950. Its emphasis was on treatment through play, for instance to help children work through inner obstacles. The main candidates for such treatment were children diagnosed as neurotic. Key features included a doll's house, blocks, dress-up collection, sandbox and water basin.



Drawing is an activity that lets children express things they are unable to articulate in words. For therapists, it is a means to get to know a child better (and so help them).

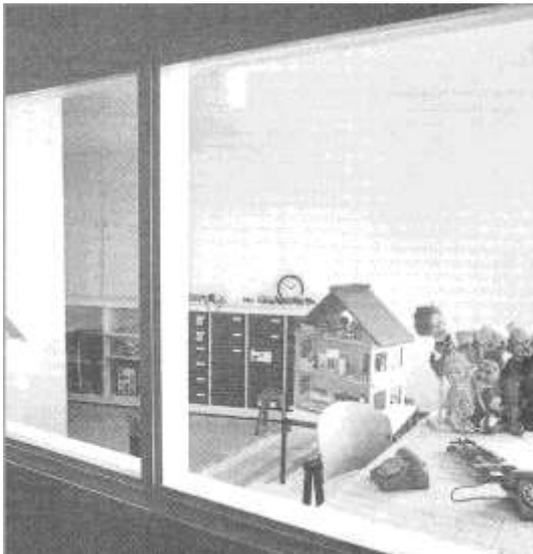


Playing with a child in a casual setting can help them to open up and talk about what's on their mind.

After 1975, the playroom's

function changed in two ways. First, it became a fixed part of treatment. Instead of serving mainly to help children deal with inner obstacles, the playroom was now deemed useful for every child. Additionally, to better facilitate treatments at the Institute, the focus shifted to fostering a good relationship between the child and care provider. Psychologists took over this task from play therapists. As one child who visited the playroom at scheduled intervals in the 1970s recalled: '(...) I regularly went to the psychologist's

playroom to play. I loved going, and she bought special building sets because I liked them so much.'



One-way screen to enable observation of a child without their knowing.

A parallel development that came to define the whole period after 1975 was that the playroom became central to diagnostics. Installation of a one-way screen enabled observation of a child at play without their knowing it. Older children did realise this. In an interview, one former pupil said of this: *'During school-time, I was regularly (that is, one hour twice a week) called away for play therapy under the supervision of Titia Hoeksema. It was fantastic! Sometimes I could play freely. I liked the doll's house best, but other times I was instructed to choose a different toy. Titia looked through a one-way screen from time to time, but she also often played with me. Say, if I wanted to play dress-up, Titia let me put a wig on her.'* (Zijl & Rietveld-van Wingerden in *Een buitengewone plek voor bijzondere kinderen* ['A unique place for special children'] 2006, pp. 150-151.)

These days, a playroom and one-way screen are integral to youth care services, whether residential or ambulatory.

One thing that has changed is that it's rare for children to

be placed in care homes nowadays, and even then only for the shortest possible period. Starting from the 1980s, many homes for children closed their doors. The PI was able to continue its work due to the specialised nature of care it provided and its certification as a youth psychiatric clinic in 1989. In 2004, it merged with several other youth psychiatric care organisations to form De Bascule. More recently, De Bascule and Spirit joined in [Level](#).

Dr Marjoke Rietveld-van Wingerden was assistant professor at VU Amsterdam and continues to hold guest privileges. She is specialised in the history of childrearing and education, and particularly in youth literature and ideological education (Jewish, Protestant-Christian, interfaith and Islamic). During the past twenty years, her main focused has been on remedial education, special education and youth care services, and VU Amsterdam's contribution to these domains.

Further reading: Marjoke Rietveld-van Wingerden (ed.), [Een buitengewone plek voor bijzondere kinderen](#) *Driekwart eeuw kinderstudies in het Pedagogisch Instituut te Amsterdam (1931-2006)* (Zoetermeer: Meinema, 2006)

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