

A TWO-YEAR-OLD GOES TO HOSPITAL (1953)

JAMES ROBERTSON (reprinted from the 1953 film guide)

WHY THIS FILM WAS MADE

The topic of this film -- the separation of the young child from his mother -- is one about which there are strong controversies in regard both to its emotional significance and what is best done about it. Though the author holds certain views on these matters, in the film itself he has tried to make a strictly scientific document, believing that without the publication of valid data no satisfactory solutions are possible. The film is therefore designed for scientific and not for propaganda purposes.

In the study of human behaviour, it is difficult to get data which can be accepted as objective by all who are interested and this is particularly true when the subjects are children in stressful situations. The emotions of observers tend to become involved and to affect the objectivity of the data recorded. This film was made by procedures devised to minimize this possibility of distortion in the communication of data.

The aim is to provide an objective record which, being visual, gives the viewer a close approximation to direct observation; which permits the child's behaviour and the environment within which it occurs to be examined as often as desired; and which, being uninterpreted, permits the viewer to make his own judgments on the meaning of the material presented.

THE PROBLEM TO WHICH THE FILM RELATES

A problem shared by all institutions which give temporary care to children -- hospitals and short-stay nurseries in particular -- is how to handle children under five years of age. Although being away from home is sometimes a very distressing experience for older children, they can in some degree understand the experience of separation as an episode in their lives, can remember what went before and can anticipate reunion with their families; they are also to some extent independent of their parents and can make other relationships. But the young child has an intense and exclusive attachment to his parents, particularly to his mother, and he reacts severely to the loss of her care. He has no ability to understand illness or domestic emergency as reason for losing her care, and at first he usually frets sorely longing for his mother and angry because she has apparently abandoned him. Later he appears to "settle down". But many young children who appear to be "settled" while away are difficult in their behaviour for days, weeks, or months after returning home; they commonly cling to their mothers as if fearful to lose them again, and are also aggressive, complaining, scratching, soiling. This suggests that the apparent "settling down" may be deceptive, that behind a facade there is sometimes concealed fear and anger and shaken trust which breaks through on return home.

Research in various parts of the world has shown that a prerequisite of mental health and of the ability to get on with people is the experience in early childhood of a warm, intimate, and continuous relationship to the mother (or to a permanent mother-substitute); and that severe deprivation of maternal care can result in serious personality disorders-particularly in the direction of impaired capacity to make relationships. The evidence for this is presented and discussed by Dr. John Bowlby in his abridged WHO report *Child Care and the Growth of Love*.

In our culture many young children suffer breaks in the continuity of maternal care, ranging in severity from a few days in emergency nurseries to months or years in hospitals and sanatoria. It is generally recognized that a problem exists, though there is varied opinion as to its significance. But now that the harmful effects of gross deprivation of maternal care have been established beyond doubt, it becomes urgent to discover the limits within which the mental health of young children can be protected and to describe this in terms of the minimal conditions of institutional care. This is a complex task because of the many variables that enter in--such as age at separation from the mother, length of separation, reason for separation, quality of previous relationship with the mother, and the kind of care given in the separation setting. But the material for study is plentifully available in the children's wards of hospitals, and in residential and day nurseries, and this is a project of observation and study on which all professions concerned can co-operate.

WHAT THE FILM IS ABOUT

The theme is the behaviour of a child of two years five months during eight days out of her mother's care. The setting is a hospital ward in which conditions and nursing care are good by contemporary standards. The child is admitted to hospital for the repair of an umbilical hernia. The meaning to her of certain strange and frightening experiences (e.g. rectal anaesthetic, operation, removal of stitches) is not to be underestimated, nor is the effect of being in a cot for much of each day. In the study of individual children such factors must be taken into account.

None the less, fairly extensive observations and reports have led the author and his colleagues to the view that over and above the effects of the special circumstances associated with any particular separation (e.g. illness, pain, domestic emergency) there is a common pattern of response which is response to loss of maternal care as such; and *that the behaviour shown in the film is fairly typical of a young child's response to separation*, although in fact understated by reason of this child's unusual degree of control. These responses have been described by the author in *Some Responses of Young Children to Loss of Maternal Care*.

As the subject of research is the effect of maternal deprivation upon the capacity for relationships, the focus of the study is on the child's relationships -- how she is when alone, how she treats nurses, and how she behaves towards her parents when they visit.

HOW THE FILM WAS MADE

Since the study is of behaviour during separation from the mother it could have been made in any of a variety of settings; a hospital ward was chosen because it offered the best conditions for the experiment of making such a film record. By taking a child from the waiting list it was possible to control the occasion and duration of the separation, and also to make records of the child at home before the event. Dependence on the waiting list meant accepting a child who would undergo surgery. The condition of umbilical hernia was selected because it is one in which the child is healthy and in no physical discomfort before the operation, and in which the operation is so slight that the child is active and apparently free of physical discomfort within a few hours.

It was the purpose of the study to establish as high a degree of validity in the observations as possible, and to this end the following measures were taken:

1. The author had no part in selecting the child, beyond specifying that she should have umbilical hernia and be within the age range eighteen months to two and a half years. The child was selected at random from the hospital waiting list by a clerk; and when it had been confirmed that she had not previously been separated from her parents, and that they would co-operate, she was accepted for study.

2. Before the child was admitted to hospital, ward routine was studied and a schedule of filming drawn up in agreement with ward staff.

3. Two kinds of film record were made:

- (a) Main events such as admission procedure and parental visits were shot as they occurred and in documentary fashion.

- (b) A daily "time-sample" was filmed -- that is, sequences were made over the same period each day and at regular intervals. During part of each time-sample a nurse played with the child to permit some comparison to be made between her behaviour when alone and when given opportunity to enter into a relationship.

What is recorded is therefore determined by a previously agreed schedule and by a clock, which is frequently to be seen, and not by the predilections of the author with his camera.

4. No part of the record was rehearsed or enacted. No special situations were created, apart from the play session introduced into the daily time-sample. The child's cot was not isolated from the others, the ward was bright all day and required no artificial lighting. The only piece of apparatus was a hand camera. The result was that ward routine was little disturbed.

5. The spoken commentary does not interpret the film. It simply adds to the facts and draws attention to aspects that seem of interest. Interpretation is left to the audience.

It is of considerable interest that this intimate study of a child was made without apparently distorting her behaviour. The child was familiar with the author as a visitor to her home before separation, and during her stay in hospital appeared to regard him as a friendly person who made a link with home; when he used the small hand camera without concealment it did not disturb her. The technique of making natural records of young children with unconcealed cameras is described by Stone .

This scientific record was filmed by James Robertson, during the course of a research project with John Bowlby, M.D. at the Tavistock Clinic in London. The film was prepared for publication with guidance from J. D. Chambers. Dina Rosenbluth took part in the observational study during which the film was made.

Grants for film making were received from The Hospital Management Committee responsible for The Tavistock Clinic within the National Health Service; Cassell Hospital Vincent Trust; Trustees of Elmgrant Trust; and World Health Organization.

SUITABLE STATEMENTS FOR USE IN INTRODUCING THE FILM AND IN DISCUSSION AFTERWARDS

This film was made during the course of research at the Tavistock Clinic, London. The research is working on the hypothesis that a pre-requisite of mental health is the experience of a warm, intimate, and continuous relationship to the mother in the early years of life -- or in the absence of the mother to one other person. In other words, the infant human requires to have a stable affectionate relationship if he is to become an adult who is capable of making good relationships. It has been established that if a young child is grossly deprived of maternal care, for instance by being for a long time in a highly impersonal institution, it is very likely that in later life there will be serious impairment of his capacity to make the warm and enduring relationships, which are the mark of the mature adult. Among the tasks of this research is to discover how much loss of maternal care the young child can bear without harm. Since it has been established that gross deprivation is very likely to cause harm, it is important to discover to what extent lesser deprivations (for instance, through being in hospital for days, weeks or months) endanger the emotional development of the child. This is a subject which is of importance to all who have to deal with children.

The film has a simple purpose. It is an experiment in collecting and presenting data on child behaviour. It is notorious that verbal descriptions of the behaviour of children in stressful situations are readily distorted by the emotions of the observer. In this film Mr. Robertson aims to present a record that is objective. The sequences were filmed by devices designed to ensure that any prejudices he might have did not affect the choice of material to be recorded.

The theme is the behaviour of a child of two years and five months during eight days out of her mother's care.

The setting is a hospital ward in which conditions are good by contemporary standards. The focus of the study is on the child's relationships-how she is when alone, how she treats nurses, and how she behaves towards her parents when they visit.

You will find that the commentary to the film does not interpret what you see -- it simply expands in a factual way. Therefore, it is left to us in discussion to interpret the film in the light of our own experience and beliefs.

Now, before the film is shown there is just one more thing to be said. Although the film was made in a hospital ward it is not intended to present a picture of that ward at work. It is a study of the behaviour of a young child taken out of her mother's care, and the setting is largely irrelevant. It does not seek to make propaganda or to prove any hypothesis. It simply invites discussion of an objective and uninterpreted record of a child's behaviour.

2. EARLY IN THE DISCUSSION

Before we discuss the film further it may be useful to know something of the later history of Laura, and link it to the behaviour shown in the film. You will agree that she is an unusually controlled child and generally mature beyond her years.

Most young children are much more openly distressed when admitted to hospital than she was. When they return home after even a brief stay they are usually manifestly disturbed in their behaviour for several weeks - clinging to mother, upset if mother goes out of sight, even into the next room. They often have outbursts of punching and scratching the mother, as if blaming her for having abandoned them; and it is common for children who had been dry and clean to regress to wetting and soiling themselves.

Laura was difficult after returning home, but as was to be expected of this particular child she brought her feelings more quickly under control than most children of her age. She would not let mother out of her sight, wet and soiled herself, slept badly; and spoke in a high-pitched voice. Then after a few days she seemed to be quite all right, except that she did not speak of hospital -- and if anyone mentioned it to her she would not answer; or she would say "I had a nice holiday, thank you."

Four months after Laura's return home, her mother went to hospital to have the second baby, and was there for five weeks because of complications. Laura stayed with her maternal grandmother, and during these five weeks she saw neither mother nor father. She was reported to have been difficult for a week, and then to have settled down with grandmother. When mother returned from hospital she 'phoned Laura and asked her to come home. Laura was very excited and pleased. She was driven home and from inside the house mother heard her knock loudly on the door and call out "Mummy, Mummy". But when the door was opened she looked blankly in her mother's face and said "But I want my Mummy."

For the next two days she treated her mother as if she had been a stranger politely, but with detachment, as if she did not recognize her mother and had no emotional relationship to her. Now, a few minutes after Laura's return her father came home to start a week's holiday. Laura knew him immediately, was friendly towards him, and during the week's holiday they had a good time together. But for the first two days she treated her mother as a stranger. Her parents were distressed by this and had the idea that she suffered from a partial loss of memory. They showed her familiar objects. She recognized them all, knew every nook and cranny in the home--the only object she appeared to have forgotten was her mother, and this lasted for two days.

This incident is interesting in several ways:

(1) It links back to those incidents in the film, when each time her mother visited it was ten to fifteen minutes before Laura thawed out into a warm relationship. It was then as if the child had crushed out of her mind the mother whom she wanted but who did not come, and it took these ten to fifteen minutes to bring the image of her mother back into mind--and as if when mother was gone for the longer period of five whole weeks the "time-lag" before Laura could recover her image and recognize and feel for her had to be two whole days;

(2) the second interest is that it was mother with whom Laura dealt so drastically. This links with the seventh day of separation when both parents visited and mother was received coolly but father was received gladly. Here again we see that Laura is most angry with the person whom she needs most--the person she needs most is the one who offends most by being absent.

Another later happening is worth mentioning before discussion begins. It is evident from the film that at times in hospital when Laura appeared calm she was really concealing a lot of upset which broke through the facade when someone was kind to her. Now, six months after her return home her parents were confident that she was completely all right. She still did not speak of hospital, but in every way seemed in a good state. Late one evening in the sixth month Mr. Robertson was showing part of the unedited film material to her parents when Laura awoke and was suddenly in the room looking at herself on the screen. When the lights went up she was quiet for a time. Then she turned to her mother with a crimson face and said angrily "Where was you all the time, Mummy? Where was you?" Then she burst into loud sobbing and with tears streaming down her cheeks she turned from her mother to her father and buried her face in his shoulder.

This incident has also several points of interest.

(1) Laura's parents were astonished that so much deep and angry feeling should have been concealed in a child who had seemed to have got over the experience. It was as if a scar had formed over a hurt, a scar that could be torn open by a suitable reminder and revive the pain afresh. We might say that just as the film showed that in hospital there was a lot of feeling concealed behind a facade, so it was shown six months later that strong feeling had been concealed behind a calm exterior.

(2) Again it was clear that Laura blamed her mother and was angry with her. Ordinarily a child of two who was unhappy would run to her mother for comfort. But Laura turned away from her mother.

Later, when she was nine months home, she was left in a creche while her parents visited an exhibition. When an official photographer appeared she became hysterical and could not be consoled for a long time. Evidently the combination of creche and photographer reminded her of the separation experience of a year previously and she feared her parents had again abandoned her. It would be too simple to blame the camera for this. She knew Mr. Robertson before she went to hospital, and while she was there he and his camera made a link with home -- just as did her Teddy Bear and "blanket baby". But when she saw a camera-man nine months later it seemed he made a link back to an experience that had been very painful. Her hysterical reaction was quite out of keeping with her normal controlled behaviour, and her parents were understandably alarmed that it could occur after nine months. We must wonder whether there remains in Laura a tendency to react with deep-seated anxiety to apparently trivial experiences because they happen to have a particular association for her.

Before the discussion begins it may be useful to repeat one point. Although this film was made in a hospital ward it is not intended to show how that ward works. It is a study of a child's behaviour when she was taken from her mother's care. It is not profitable to spend much time commenting on how the child was handled during the daily play sessions, for instance. These were experimental situations and are not typical of the spontaneous behaviour of the nurses during the rest of the day.

EARLY SHOWINGS BY JAMES ROBERTSON OF THE FILM PROVOKED HOSTILE REACTIONS. (J&J R. 1989)

“At the premiere screening in November 1952, before a large audience of doctors and nurses at the Royal Society of Medicine, the film encountered much resistance (Lancet, 1952). Some accepted its truths, but the majority reacted negatively. Various speakers said hotly that I had filmed an atypical child of atypical parents in an atypical ward; that young patients in their wards were happy; that they had never heard parents complain; that I had slandered paediatrics; and that the film should be withdrawn..... A professor of child health wrote to the chairman of the Tavistock Clinic complaining of my lack of objectivity. He gave as example that in the film I had ‘unfairly’ panned down from Laura’s impassive face to her twitching fingers.... As I saw it, instead of realizing that the shot of twitching fingers had touched on his repressed anxiety, he now sought to blame me for unfairly ‘causing’ the upset he felt.”

AVAILABILITY OF THE FILM WAS INITIALLY RESTRICTED TO PROFESSIONAL AUDIENCES:

“Users are invited to collaborate with the Tavistock team in using this film with the utmost discretion. It will be available only to specialized groups – e.g. nurses, doctors, social workers, psychologists, administrators, and students in training for professions which deal with children. It must be presented by a professional person, and it will be loaned on the understanding that it will not be shown to the general public. It is hoped to form a panel of qualified people who would be willing to present the film and join in discussion of it in their areas. As the film is an uninterpreted objective record which stimulates discussion but does not answer any of the questions it raises, this will usually be the most satisfactory way to use it. At least ninety minutes, and preferably two hours, should be allowed for viewing and discussion.”

www.robertsonfilms.info

www.concordmedia.org.uk