

“JOHN, aged 17 months, for 9 days in a Residential Nursery” (1969) Please note that this report was written in 1973 by James and Joyce Robertson.

Need for Special Care in Using this Film

The film **JOHN** rouses a great deal of feeling. It is an advantage if the lecturer has seen the film beforehand and read background information in ‘Separation and the Very Young’ 1989 Robertson and Robertson and on www.robertsonfilms.info

Many people find the steady deterioration of **JOHN** so painful that they become hurt and angry and seek to find someone to blame - the Robertsons for making the film and not 'rescuing' **JOHN**, the parents for putting the child in the nursery, the young nurses for not mothering him, etc.

It is essential that the lecturer remains apart from any anger and recrimination that may occur; uses the opportunity to teach students something about themselves and the way people may seek scapegoats in order to avoid looking objectively at a painful problem; and, in face of doubts that may be expressed about the typicality of **JOHN'S** responses, holds firmly to the fact that the behaviour shown by John is commonly to be seen in young children admitted to institutional care, including hospitals when young patients do not have the mother with them and are looked after by changing nurses.

If recriminatory discussion goes on too long it gets in the way of the primary task of discussing the nature and needs of young children, how these can best be met within the family and outside the family, and the inevitable processes of distress and deterioration which occur if these needs are not met.

A Statement Which May be Found Useful in Introducing JOHN

In their studies of child development the Robertsons have spelled out in some detail what it is that a mother does in addition to loving her child which promotes his good social and emotional development.

For the young child the mother is not merely the person he loves most. The mother performs many functions. She stands as a buffer between her child and the environment, managing its stresses and demands so that they come within his tolerance. She arranges life around him, helping him to master as much as he can but always ready to protect him when necessary. She is responsive to his cues for comfort and play, and understands his meagre language as no one else can.

The young child who has the experience during these first few years of being loved and understood, protected from experiences greater than he can tolerate, gradually develops a sense of self esteem and of basic trust in those around him.

This process of good development is threatened if the child loses the care of his mother. What he then needs most of all is to be put into the care of one person who, although she cannot replace the mother as the loved person, will as far as possible maintain the mothering functions.

In this film we shall see that when **JOHN** goes into a residential nursery for 9 days everyone is cheerful and friendly; but he is not given one person to take the place of his mother. So despite the kindness of the young nurses he becomes very distressed and gradually deteriorates.

Why the film was made.

In addition to the scientific purpose “**JOHN**” has also a social purpose and it is to this that viewers usually respond initially because of the strong feelings that are aroused. Whereas the other films in the series illustrate findings not previously reported in the literature, little in the **JOHN** film is new. The behaviour of young children in institutions has been widely studied and documented. It is therefore well known that when they are admitted to residential nurseries or go into hospitals unaccompanied by the mother, young children commonly react with acute distress and despair; and that on reunion after even a short separation they are often rejecting of their parents, anxious and difficult to manage.

But the words which commonly describe institutional behaviour - e.g. 'acute distress', 'protest', 'despair', , detachment' - although initially evocative of extreme upset can by sheer familiarity come

to lose their meaning. Furthermore, constant exposure to the problem of young children in care may cause even the best-motivated of professional people to become habituated to their distressed states and defended against the anxiety which these originally aroused.

But if anxiety is avoided by turning away from its cause, the motivation to discover what is best for children separated from their families will be lessened. Therefore, one main reason for making the **JOHN** film was to make vivid the painful reality behind what is known intellectually of the common patterns of distress and deterioration in institutionalised young children. This visual reminder may arouse unwelcome anxiety, but the objective way in which John's story is told should enable constructive discussion to develop on the emotional needs of small children.

The film also draws attention to the long-stay children in the background to **JOHN**. These are typical of children who, lengthily in institutional care, are superficially bright and diverting to the casual glance. But, as the film shows, such children present a serious problem of poor personality development within a well-intentioned child care service. Young patients in long-stay hospital wards may also show disarmingly bright behaviour which conceals poor emotional states.

SOME INFORMATION on the RESEARCH

In recent years there has been growing awareness that separation from the mother may impair the social and emotional development of young children. But there has been much confusion of thought about the issues, partly because the literature on early separation derives almost entirely from studies done in hospitals and other institutional settings where the child has to cope with many stresses additional to loss of the mother.

These institutional studies are agreed that young children admitted to institutional care usually respond with acute distress and despair, followed by a slow and painful process of adaptation. But institutional studies have the limitation that the data they provide do not permit responses to separation from the mother to be reliably differentiated from the influence of associated adverse factors such as the confusion which follows transfer from home into a strange environment, unfamiliar foods and routines, multiple caretakers, illness, pain, confinement to cot.

Apart from a few anecdotes no descriptive accounts have been published on the behaviour of healthy young children separated into benign care free of the stresses which complicate institutional studies. Believing that detailed qualitative accounts are essential if adequate understanding is to be achieved, we decided that the only way of ensuring continuity of optimum care and observation was to take children into our own family and there look after them to the best of our ability. Their behaviour would then be compared with that of a matched child admitted to the already well documented inadequacies of institutional care.

We therefore conducted a small but intensive observational study of 5 separated young children (aged 17 months to 2 years 5 months) in which continuous naturalistic observations covered most of their waking hours and were complemented by *cine verite* filming. Although we had a social concern, as scientists our purpose was to gain insight into the influence of factors such as age, level of maturity, previous parent-child relationships, length of separation and quality of substitute care on the responses of healthy young children of previous good experience to brief separation from the mother.

The subjects were:

Four children (**JANE, LUCY, THOMAS, KATE**), fostered one at a time, who were in the sole care of a responsive substitute mother in a family setting which was free of the environmental stresses which characterise institutional care.

One child (**JOHN**) who was looked after by multiple caretakers in a residential nursery where routines were unfamiliar and the behaviour of his peer group noisy and aggressive.

The four fostered children were taken one at a time into the Robertson home while the mothers were in hospital (length of stay 10 days to 27 days). Each child was made familiar beforehand with the foster home and foster family, and was supported throughout by Joyce Robertson who was fully

available to meet the child's needs. *None of the four fostered children got into states of acute distress.*

In the film of **JANE**, for instance, it is shown that this child of 17 months, although under strain because of the continuing absence of the mother, made a warm attachment to the foster mother and with her support and understanding came through a 10-day separation without loss of function or being overcome by distress; and how when the mother reappeared **Jane** reunited with her warmly, the expectation of good mothering having been sustained by the positive ways in which the separation had been managed. The outcome with the other fostered children is shown to be similarly good.

But in the film of **JOHN**, also 17 months, it will be seen that during 9 days in a residential nursery in which the system of care failed to meet his need of stable and responsive substitute mothering he reacted with protest, despair, and withdrawal.

Since **JANE, LUCY, THOMAS** and **KATE** were held in a state of 'manageable anxiety' by care geared to meet their emotional needs, while **JOHN** was overwhelmed in a setting which failed to do so, there is clearly scope for experiment to prevent the acute distress commonly shown by young children admitted to foster care, children's homes, hospital wards, etc. Much that is widely believed to be a consequence of separation, and therefore inevitable, may be caused by inappropriate systems of care.

But it should not be assumed that because acute distress need not occur the risks associated with early separation can be eliminated. As we show in the 'foster films' and have written elsewhere, 'no matter how good the substitute care, separation from the mother remains a hazard for the young child'.

We are well aware that the 'foster films' do not illustrate fostering situations of the more difficult kind dealt with by child care agencies. The films are not intended to do so, since they derive from a research study of child behaviour which required that the children be of previous good experience and be cared for by one person taking the place of the mother. But they raise considerations which are relevant to all forms of child care.

Finally, we trust that viewers of **JANE, LUCY, THOMAS**, and **KATE** will not only find in them aids to understanding the nature and needs of young children; the normal behaviour of these children can also be enjoyed, behaviour which is at times moving and delightful in its subtlety and beauty. These films can therefore be used effectively in the teaching of normal child development, as well as in discussing the stresses of early separation.

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