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This article analyzes *A Two-Year-Old Goes to Hospital*, a documentary film made by James Robertson in 1952. The film records the 8-day hospitalization of 2.5-year-old Laura as she goes through the phases of protest, despair, and detachment (Robertson and Bowlby 1952, Bowlby 1960) from her mother, who is only allowed to visit her briefly once a day. *A Two-Year-Old Goes to Hospital* forms part of Robertson's decades-long campaign to promote changes in hospital regulations concerning parental presence in pediatric wards. During that time, it was commonly believed that such visits were unnecessary and disruptive, alleviating excessive maternal anxiety rather than serving the needs of the child. Robertson, who strongly opposed this belief, decided to use a visual medium rather than advance academic arguments, convinced that "visual communication pierces defenses as the spoken word cannot do." This article argues that *A Two-Year-Old Goes to Hospital*, even though it follows a conventional documentary format, employs a set of formal devices which are geared to appeal to the viewers' empathic abilities, arising from their common experience of early childhood.

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"Nurse! I Want My Mummy!". Empathy as Methodology in the Documentary Film "A Two-Year-Old Goes to Hospital" (1952)

Introduction

A Two-Year-Old Goes to Hospital is a documentary film, made in 1952 by British psychiatric social worker and psychoanalyst James Robertson. This black-and-white, 30-minute-long piece, with a voice-over but otherwise silent, illustrates the impact of loss and suffering as experienced by a young child separated from her parents during a stay in hospital. Even though, from today's perspective, it may seem obvious that the caregivers' presence is essential for a hospitalized child's well-being, the admittance of parents to pediatric wards should by no means be taken for granted. In fact, it was the result of a decades-long struggle and Robertson's production constitutes an important yet initially highly controversial contribution to the debate. When the film was released, it was commonly believed that hospitalized children should not be visited as such visits were viewed as disruptive and unnecessary. Most British hospitals heavily curtailed parental presence. From the current point of view, mid-20th century statistics appear nothing short of shocking. In 1949, three years before Robertson recorded *A Two-Year-Old Goes to Hospital*, a survey of London hospitals revealed that, for example, in Guy's Hospital visits were restricted to Sundays between 2–4 pm; in St Bartholomew's they were allowed on Wednesdays between 2–3:30 pm; in St Thomas's there were no visits during the first month (!) and parents could only see their children asleep between 7–8 pm; in London Hospital there was no visiting for under three-year-olds and parents could only see their children through partitions; and in West London Hospital there was no visiting whatsoever.²

Before admitting parents to pediatric wards became standard, some doctors believed that "if children are left alone for a day or two they forget their parents"³ and the British Paediatric Association, in its memorandum of 1958, did nothing except briefly speculate that "the admission of a young child to hospital, involving separation from home, may be a misfortune quite apart from the misfortune of illness itself."⁴ The tentative modality of the verb "may" speaks volumes about the ubiquitous blindness and ignorance of children's emotional deprivation that was happening in hospitals on a daily basis. Even today, it may be difficult to comprehend what, merely seventy years ago, constituted the official line in child hospitalization.

The restrictions on visiting hospitalized children were closely related to developments in child psychology and the more general cultural disregard for the significance of the primary bond in a child's early life. Especially in Great Britain, under the influence of Sigmund Freud and his formidable follower and respondent Melanie Klein, British psychoanalytical circles failed to attribute much significance to children's real-life experience. In her writings and clinical practice, Klein privileged the role of the child's unconscious fantasies about its mother over the real interactions between the two of them. Freud himself only superficially addressed the issues of the maternal. As a result, when Robertson presented his film to the Royal Society of Medicine in 1952, most of the viewers were not ready to accept that a child would mourn or experience grief on being separated from its mother.

Importantly, in the first half of the 20th century in Great Britain, there were at least two institutions that challenged these more commonly accepted views: the Hampstead Nurseries and the Tavistock Clinic, both located in London. These two institutions, which maintained close working relations, were key for exploring the mechanisms that guide the primary bond and for advancing changes in developmental psychology.

It was at Hampstead that Anna Freud formed her own empirically based child psychology theory that formed an alternative to Klein's ideas. Anna Freud believed that it was through a lived, durational tie between a child and an emotionally stable adult that the child was able to develop an undisturbed sense of selfhood. And it was at the Tavistock Clinic that John Bowlby, along with Mary Ainsworth, developed what came to be known as attachment theory, which views attachment as an inherent and crucial human trait. It was also at the Tavistock Clinic that Donald Woods Winnicott developed the concepts of "the good-enough mother" and "the holding environment," shifting the focus from paternally-oriented psychoanalysis to the realm of the maternal. Even though from today's perspective it is easy to attack Bowlby and Winnicott for essentializing motherhood, their adamant advocacy for attachment and mothering – the latter understood today more as a practice attributed not only to biological mothers – to be seen as critical for human development cannot be overestimated. In short, the psychologists and social workers gathered around the Hampstead Nurseries and the Tavistock Clinic formed a powerful voice in the debate concerning early childhood psychology. Robertson's *A Two-Year-Old Goes to Hospital*, which came out of this intellectual *milieu*, stands out as one of its most celebrated outcomes.

This article maintains that *A Two-Year-Old Goes to Hospital*, in contrast to other child-separation documentaries made around that time, employs a set of devices to elicit in the viewers an empathetic identification with the film's toddler protagonist. More specifically, the article argues that, even though the film follows a conventional documentary format, it seeks to affectively engage viewers in order to make them recognize the emotional impact of a lonely hospitalization from the perspective of the child.

I assert that the film employs what Suzanne Keen, in her analysis of empathy and novels, terms "narrative empathy"⁶ to enable viewers to identify and empathize with the main protagonist. I wish to argue that *A Two-Year-Old Goes to Hospital* uses this narrative empathy to appeal to viewers' shared sense of humanity and, more specifically, to their common experience of early childhood. The film asks the following questions: How can medical staff cope with the despair of their small patients instead of misinterpreting or ignoring it? How can one make them see the children's suffering as linked to their being abandoned by their primary caregivers? What changes should be made in a hospital's routine to alleviate the children's despair? In what follows, I discuss Robertson's employment of empathy as a methodology that, as we will see, has helped to pave the way for a more ready recognition of young children's need for secure attachment to an adult figure, and which stimulated changes in the protocol for young children's hospitalization. First, however, I shall briefly survey the medical discourse of the time to demonstrate the seminal character of Robertson's film more saliently.

Medical discourse on parent-child separation in hospitals in the 1940s and 1950s

Interest amongst British medical and academic circles in the effects of parent-child separation originated during the Second World War when many children were orphaned or evacuated from their parents. As Frank van der Horst and René van der Veer note, it was in the late 1930s that the "first publications about the potentially harmful effects of temporary mother-child separations appeared."⁷ The two authors have extensively researched the parent-child separation debate, which, following the war, was extended to address the regulations governing parental visits and parental presence in hospitals.

In the four decades following the war, the debate generated hundreds of publications, including professional articles in the *British Medical Journal* and *The Lancet*, and other scientific publications, films, editorials, and letters to the editor.⁸

This discourse oscillates between stern resistance to parents accompanying hospitalized children and a recognition of the beneficial effects of their presence.

The original publications, written during the Second World War, centered on children who were orphaned or evacuated without their parents. As early as in 1939, doctors S.L. Yates and John Rickman noted that when a child is abandoned, it develops anxiety and possible emotional problems in the future, which they linked to the absence of its primary caregivers. In a letter to *The Lancet*, Rickman argued that

at a time when [the child's] need for security, and the comforting assurance of familiar faces, is great, his removal from his parents will tax him severely [and may show itself] in unsatisfactory or unhappy social relationships later in life.⁹

In the same year, Robertson's future collaborator at the Tavistock Clinic, John Bowlby, together with Emanuel Miller and Donald Winnicott, similarly warned that "evacuation of small children without their mothers can lead to very serious and widespread psychological disorder."¹⁰ These statements coincided with Anna Freud's activities at residential nurseries in Hampstead. As I have already mentioned, Anna Freud stressed that adult caregivers, who acted as parental substitutes, should develop stable and emotionally nourishing attachments with the children. Freud warned that if those grown-ups remained remote and impersonal figures, or if they changed so often that no permanent attachment could be formed, there was great danger that the children would develop defects in their character and inadequate adaptation to society.¹¹

Robertson, a conscientious objector during Second World War, worked from 1941 as a social worker in Freud's Hampstead Nurseries and shared her views.

The period of the Second World War also witnessed the emergence of hospitalization studies. Among other topics, hospitalization studies discussed the so-called "hospitalization effect," which is an unexpectedly high mortality rate in children.¹² For example, Harry Bakwin analyzed the staggering number of deaths of infants in the Bellevue Hospital in New York. The deaths were initially linked to cross-infection and battled via the introduction of "small, cubicled rooms in which masked, hooded and scrubbed nurses and physicians move about cautiously so as not to stir up bacteria," paired with severe restrictions on visiting. When these preventive measures failed, it was discovered that children regained their health when returned home. This led to parents being encouraged to visit and nurses picking up and cuddling infants to provide them with "warmth and security which [the infant] derives from contact with the mother or a substitute." As a result, mortality dropped from 30-35% to 10%.¹³

And yet, in the 1940s, most hospitals either forbade or heavily restricted parental visits. In January 1940, *The Lancet* published an editorial in which it was announced that Ayr County Hospital had decided to no longer admit visitors to its children's wards on account of possible infections. The editor was convinced that children would easily settle in the hospital and "cheerfully adopt the [...] staff in loco parentis." The editor also insisted that it was not the children who needed parental visits, but rather the "over-anxious mother" whose stress could "be alleviated by interviews with staff and an occasional peep when the child was asleep."¹⁴ The 1949 survey of London hospitals, which I quoted in the introduction, presents a somber image of the realities that children and patients commonly

experienced in pediatric wards at the time.

The situation started to change in the 1950s due to clinical observations (conducted, for example, in Anna Freud's nurseries and at the Tavistock Clinic), a growing number of publications in the field, and the consequent surge of awareness concerning the significance of the child's uninterrupted access to its primary caregiver. The decade saw three notable events that advanced transformations in pediatric wards. The first two were official publications that set out the standards for parental presence with hospitalized children. The first one, *Maternal Care and Mental Health*, was a report written for the World Health Organization (WHO) and published in 1951. It was authored by John Bowlby, who at that time was head of the Separation Research Unit (later the Child Development Research Unit) at the Tavistock Clinic and who closely collaborated with Robertson (in fact, in 1952 they jointly presented *A Two-Year-Old Goes to Hospital*). Bowlby had previously published his book *Forty-four Juvenile Thieves* where, based on his clinical observations at the Child Guidance Clinic for maladjusted children, he argued for a connection between juvenile delinquency and one's early experience of prolonged maternal absence. In the WHO report, he stated that:

It is essential for mental health that the infant and a young child should experience a warm, intimate, and continuous relationship to his mother (or mother-substitute) in which both find satisfaction and enjoyment. It is this complex, rich, and rewarding relationship with the mother in the early years, varied in countless ways by relations with the father and with siblings, that underlies the development of character and of mental health.

Bowlby concluded the report by stating that "the prolonged deprivation of the young child of maternal care may have grave and far-reaching effects on his character and so on the whole of his future life."¹⁶ He thus recommended:

living in for children under 3 years old, frequent visiting for children 3–6 years old ('daily if possible'), assigning one nurse to one child, creating a family structure, keeping wards small, relaxing discipline, [and] preparing children for the hospital stay.¹⁷

These measures were reinforced in the second crucial publication of the decade, the 1959 Platt Report. This publication was commissioned by the British Ministry of Health, which found itself under pressure due to the ongoing controversy surrounding the guidelines relating to children's hospitalization and parental visits. Penned by the President of the Royal College of Surgeons, Sir Harry Platt, the report confirmed the significance of parental presence and wholeheartedly recommended visiting for children over five and living-in for under-five-year-olds.¹⁸ It spelled out government recommendations for "unrestricted visiting for children and [...] providing accommodation for a parent to stay with a young child in hospital."¹⁹ The impact of the Platt Report was so powerful that in 1962, Robertson concluded that, after its publication, "no hospital which continues to restrict contact between the young patient and his mother can deny ... [the] charge of cruelty."²⁰ As a result, in 1964, 80% of British hospitals allowed daily visiting compared to 23% in 1952.²¹ These numbers may look modest from today's perspective, but in the mid-20th century they marked a milestone. Similarly, a 1974 publication containing recommendations for nurses, tellingly titled *Nurse! I want my Mummy*, emphasized the significance of "understanding the emotional need of young children" and called for the "extension of parental attendance in children's wards."²²

In the United States, a 1978 hospital survey indicated that 66%²³ of American hospitals no longer restricted parental visiting.

The third major event, which chronologically coincided with Bowlby's WHO Report and which encouraged the commissioning of the Platt Report, was the completion of James Robertson's *A Two-Year-Old Goes to Hospital*.

A Two-Year-Old Goes to Hospital

A Two-Year-Old Goes to Hospital is the most famous of Robertson's films that document parent-child separation.²⁴ Now regarded as a classic, it has been shown to numerous professional and lay audiences around the world. The film, made on a shoe-string budget of £150 (a loan to cover the purchase of just 80 minutes of film stock),²⁵ has gained the status of "national and historic importance" and a copy is stored in the British National Archives. It was recorded in the Central Middlesex Hospital in London and made under the auspices of the Tavistock Clinic of Human Relations. The film was first presented in 1952 by James Robertson and John Bowlby before the Section of Paediatrics of the Royal Society of Medicine, consisting of a large audience of doctors and nurses.²⁶ The production became famous instantly and produced intense responses. On the one hand, the two leading British medical journals, *The British Medical Journal* and *The Lancet*, favorably reviewed the screening in their 1952 issues. *The British Medical Journal* perceived the film as "authentic," did not question Laura's despair, and wondered whether mother-child separation could cause "permanent damage" to the child.²⁷ *The Lancet* maintained that "doctors and nurses can do much to help in reducing the number of mother-child separations."²⁸ At the same time, as Robertson himself explained, after the premiere he and John Bowlby met with a vehement resistance on the part of pediatric professionals.

This resistance made them realize that "the subject was so explosive" that the film

should be withheld from general release until the professions had had time to come to terms with it, lest the premature mobilizing of public discontent with the treatment of young patients should provoke attacks on hospitals and cause hardening of resistances.²⁹

Robertson in particular came in for criticism on the basis that the film had "slandered paediatrics" and therefore "should be withdrawn."³⁰

Several reasons can be found for the film's "explosive" character. In the 1950s, the most common accusation came from medical personnel who generally failed to recognize the children's suffering. Most doctors believed that children placed in pediatric wards "settled in" to the new conditions and that Robertson had filmed an "atypical child of atypical parents in an atypical ward."³¹ Such refusal to recognize children's despair unnerved Robertson, even more so once the film came out and only the views of just a few professionals were instantly transformed. In a 1970s retrospective publication, Robertson provides a most astonishing example of pediatrician Dr. Dermot MacCarthy at Amersham General Hospital, who stated that the film had initially made him angry but, having seen it, he "really heard children crying for the first time."³² The fact that it took a film to make a children's doctor start to hear their cries for the first time underlines the magnitude of the collective repression that was going on in pediatric wards in the 1950s.³³

Significantly, the impulse for making *A Two-Year-Old Goes to Hospital* came from Robertson's own empathetic identification with hospitalized children. For many years, during his work at the Tavistock in London, the Central Middlesex Hospital and other hospitals, Robertson had experienced a sense of failure in his attempts to communicate to medical professionals about what

he called, "the inhumanity of the paediatric situation."³⁴ What is more, he also felt that he was not able to fully depict the gravity of the problem to his colleagues at the Tavistock Clinic. In a written account, he explained:

With colleagues at the Tavistock Clinic to whom I reported on my work I had a sense of the inadequacy of words to convey what I saw and how I understood it. ... How was I to find the correct words with which to describe objectively the shifts of behavior in a young patient in distress on the first day, the third day? How to choose adjectives that would convey the subtleties without distortion?³⁵

It was this sense of failed communication that led Robertson to make *A Two-Year-Old Goes to Hospital*. After his prolonged attempts to communicate his concerns to his colleagues, let alone the medical personnel, he had come to understand that language alone was inadequate to represent the abyss of the children's despair. He decided that he needed a visual medium, one that adhered to the standards of science, yet at the same time, one that would be able to "pierce resistance in the field of child-care." His decision to make a film was based on his conviction that "visual communication pierces defences as the spoken word cannot do."³⁶ Such is the origin of the making of *A Two-Year-Old Goes to Hospital*. Robertson believed that by recording it, everyone would be able "to see the same scenes, while sequences could be viewed and reviewed in order to heighten perception and understanding by repetition." He believed that in this way, "[p]aediatricians could be shown the visual record over and over again, until the gaps in understanding between us had been narrowed... "³⁷

The circumstances of the film's production seemed to work against Robertson's objectives. Even though the protagonist, Laura, was picked randomly from the hospital's waiting list, Robertson worried about this choice.³⁸ He felt that the girl, who was extraordinarily mature and self-controlled for her age, was

less extreme in her reactions than the majority of her peers.³⁹ He predicted that the film might turn out too subtle to be perceived as representative of the horror a two-year old endures when left alone in a hospital ward. However, as I am going to argue, even with the girl's self-restraint, *A Two-Year-Old Goes to Hospital* contains a powerful affective excess to stimulate the viewers' empathic concern.

The film records Laura, who is 2 years and 5 months old, going to hospital for eight days to have an umbilical hernia operation. We are informed that the girl, so far an only child, has never been in a place like this, thus its topography, the routine of the day and people, are unfamiliar, and the medical procedures unintelligible and frightening. We also find out that she has never been out of her mother's care. She is too small to understand that her parents – especially her mother – will not stay with her. Throughout the film, we see how Laura, unusually mature for her age, breaks down and struggles to regain control over the expression of her feelings. The film opens with Laura cheerfully playing with her parents in their garden, with the voice-over stating that "it takes a lot to make Laura cry." Later, she is very joyous on the bus taking her and her mother to hospital, oblivious to the fact that they are going to be separated for the duration of her stay.

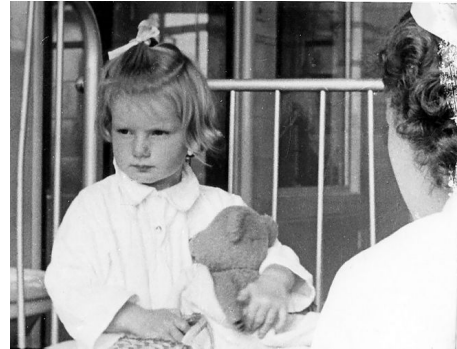


Figure 1. Laura looking away as a nurse tries to make contact. Still from *A Two-Year-Old Goes to Hospital*. Courtesy Katherine McGilly, Roberston Films.

The film continues to document the eight days of Laura's hospitalization, during which she passes through a variety of mental states. For most of the time, as a mature child, she controls her emotions, yet at numerous points her self-restraint weakens or collapses. She does not cry much; instead, as the voice-over informs us, she repeatedly calls quietly for her mother when someone gives her attention: "I want my mummy. Mummy. I want my mummy!"⁴⁰ She also has extended periods of being "settled in," during which she becomes superficially composed, while in fact she is passive and detached. During her mother's brief daily visits, Laura's subdued state only gradually melts. Each time, she greets her mother with an initial rejection, as if punishing her for the abandonment. The same pattern repeats when other people, mostly nurses, try to initiate friendly contact with her (Fig. 1). For the first quarter of an hour the girl remains largely unresponsive and guarded. The camera carefully documents her facial expressions, which the voice-over describes as "distress," "unresponsiveness," being "subdued," and "withdrawn." We can see how the "settling-in" periods are disturbed every time a nurturing person comes by and how this allows Laura to cry for her mother. We also see the little girl clinging to a set of objects from home, most notably a teddy bear and a piece of blanket which she has had since infancy and which she calls her "baby" (Fig. 2). The film ends with Laura and her mother leaving the hospital gates with the girl refusing to hold her mother's hand. Their big and small silhouettes disappear into the light of the day, physically and emotionally distanced from each other.



Figure 2. Laura in her hospital cot, clutching her "teddy" and "baby" blanket. Still from *A Two-Year-Old Goes to Hospital*. Courtesy Katherine McGilly, *Roberston Films*.

From the final scene alone we can speculate on the destructive effects of Laura's separation from her mother. We can see that, during her eight-day hospital stay, Laura has gone through the phases of protest, despair and detachment, which have been described as typical reactions for young children separated from their primary caretakers.⁴¹ In *Young Children in Hospital*, Robertson reports that six months after the hospitalization, Laura still reacted with "violent tears" and "anger" at a reminder of her hospital stay, asking her mother "Where was you all the time?"⁴² The effects of Laura's lonely hospitalization lingered on long after she returned to the familiar environment of her home.

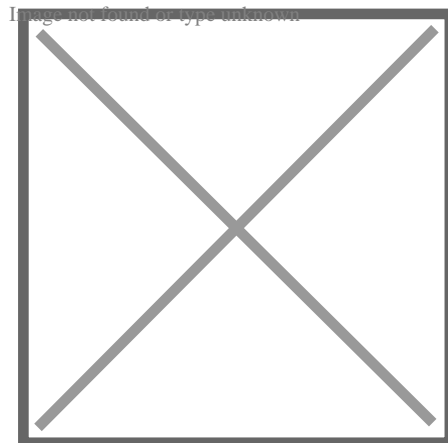
Working through empathy

Empathy, the ability to understand and share the feelings of others, is a tricky concept. Since it concerns the phenomenology of feelings, it is methodologically problematic to verify its authenticity. Very often what we call "empathy" only serves our own interest of feeling good about ourselves; that is, it enables us to perceive ourselves as sensitive and noble human beings. What is more, empathy, when encountered in cultural productions – visual art, performance art and cinematic pieces – often fails to transgress the boundaries of the conventional settings of their creation and reception. We go to the cinema, theater or art gallery, and experience *catharsis* through a momentary identification with the protagonist, but very often it does not yield long-term effects that would impact our daily life, our perception of reality and our actions.

The scholarship on empathy is abundant and still growing, with authors hailing from such diverse disciplines as neuropsychology, philosophy and art theory.⁴³ In this article, I use the concept as understood within the theoretical frameworks that *A Two-Year-Old Goes to Hospital* both embraces and enhances: the theories of attachment and object relations.

These theories conceptualize humans as inherently relational beings who develop through "the nurture of empathic relationships"⁴⁴ and view empathy as an innate disposition which develops through relational care.⁴⁵ It is through an early relational mirroring that the human capacity for empathic concern develops, or, as Winnicott famously put it, there is "no such thing as an infant" for wherever there is a baby, there is a caretaker.⁴⁶ Within this relational model, it follows that if a person fails to develop empathic abilities, this is mostly due to an early failure in empathic care. What is more, Winnicott perceives this early relational experience – which takes place in the transitional space co-created by the child and the caregiver – as a basis for one's future artistic creativity.⁴⁷ These important theoretical underpinnings render *A Two-Year-Old Goes to Hospital* both a scientific document and a socially-engaged piece of art that circumvents the viewers' purely intellectual grasp and reaches into the depths of their embodied responses, echoing Donald Nathanson's observation that "affects mutualize [where] cognitive constructs do not."⁴⁸ The clip presented below signposts the ways in which empathy is at work in *A Two-Year-Old Goes to Hospital*.

In the following paragraphs, I analyze multiple aspects of Roberston's film as featured in the clip, including both the narrative and the visual, to argue that, while staying within the confines of the conventional documentary genre, the film contains an affective excess that speaks to the viewer's shared condition of embodiment and relationality. The film, through its discerning recognition of the significance of the primary bond for every human life, allows the viewer not only to empathically identify with the young



protagonist, but, and foremost, to relate this empathy to their own life.

First of all, the film lends itself to being read through Roland Barthes' concept of the photographic image, put forward in his renowned study *Camera Lucida*. In it, Barthes understands the photographic image as one linked to the viewer by an "umbilical cord" of embodied mutuality. Even though *A Two-Year-Old Goes to Hospital* is not a photograph, it is remarkably congenial to Barthes' ideas. First, both documentary films and photographs index their referent, or, as Barthes puts it, they are its "certificate of presence."⁴⁹ In fact, Barthes himself blurs the distinction between the still and the moving image when he writes that despite his efforts, he "nonetheless failed to separate [them]."⁵⁰ What is more, *A Two-Year-Old Goes to Hospital* is often accessed not as a recording, but in the form of single images that accompany encyclopedic entries, scholarly analyses and reviews of it, or these images are to be found in Robertson's book publications.⁵¹ For this reason, apart from the film version, *A Two-Year-Old Goes to Hospital* is also well-known as a set of stills that offer insights into the little girl's lonely experience quite independently of the recording. Finally, the fact that *A Two-Year-Old Goes to Hospital* is a documentary rather than feature film anchors its referent (Laura) in a historically empirical present. In *Camera Lucida*, Barthes focuses on the affective power of such a referent, which in his view extends beyond the confines of the image:

The photograph is literally an emanation of the referent. From a real body, which was there, proceed radiations which ultimately touch me, who am here; the duration of the transmission is insignificant; [it] touches me like the delayed rays of a star. A sort of umbilical cord links the body of the photographed thing to my gaze: light, though impalpable, is here a carnal medium, a skin I share with anyone who has been photographed.

The connectedness between the referent and the viewer, expressed through the imagery of the umbilical cord, links them both in the maternal. The umbilical cord, which is originally an organic passage of nutritious exchange during pregnancy, in the Barthesian understanding becomes a symbol of human co-dependence and vulnerability. In *Family Frames*, Marianne Hirsch references Barthes, stating that: "With the image of the umbilical cord, Barthes connects photography not just to life but to life-giving, to maternity."⁵³ The universally human experience of having been a child, which involves the precarious state of absolute dependency, together with Barthes-Hirsch's connection between photography, human embodiment and the maternal, invites us to think about Laura along the lines of empathy. Deprived of her mother, Laura remains, as Eduardo Cadava and Paola Cortéz-Rocca put it in their analysis of Barthes, "entirely unprovided for in a world in which [she] must survive the impossibility of experience."⁵⁴ The universality of the experience of having been a two-year old, common to all Robertson's viewers, allows them to either recognize her emotions or at least let it touch upon their deeply harbored repressions. This is what started to happen as *A Two-Year-Old Goes to Hospital* was introduced to audiences: some doctors started to "hear the cry for the first time," while others found confirmation of what they had already privately known.

In fact, the film makes the affective-empathic connection between Robertson, Laura and the viewers almost palpable. The film opens with a black screen bearing the information that "Laura, aged 2 years 5 months, is going to hospital for eight days for the repair of an umbilical hernia." We thus learn that her ailment and reason for hospitalization lies in the umbilical area. This area has to be opened, repaired and sewn back together, acting as a point of entry into the little girl's body.

This information from the outset gears us to relate cognitively and affectively to Laura's experience. We are all marked with an umbilicus – a vestige and scar of our early maternal dependency – and thus Laura's condition is extended beyond the world of representation. When relating Laura's experience to our own early childhood (what if our child or we ourselves were to undergo a lonely hospitalization at the age of two and a half?), it becomes clear that our empathic concern for Laura serves our own best interest. Only repression can bar this recognition. The umbilicus-driven empathy, by which I mean the recognition of the fact that, in situations of uncertainty and potential despair, young children need the presence of an adult to whom they are securely attached, forms a locus where various human modalities, including those highlighted by feminist and postcolonial studies, find a meeting point.

This narrative empathy in *A Two-Year-Old Goes to Hospital* can be broken down into several elements. One of them is the technical simplicity of the shots, which Robertson took with a 16mm cine-camera. The technical imperfection of the grainy image, with a simple clock visible in the background, makes watching *A Two-Year-Old Goes to Hospital* an almost intimate experience. The crude, black-and-white images of a small child, lost in a hospital environment, whose cries are muted by the recording's technical limitations, provide ample room for the viewer's affective engagement. This engagement is further exercised in several – some explicit, some more convoluted – ways, such as via the direct interpellations with which the voice-over addresses the audience.

Unlike another famous documentary made in 1952 (René A. Spitz's *Emotional Deprivation in Infancy*), *A Two-Year-Old Goes to Hospital* directly interpellates its viewers through its narrative voice:

[Laura] does not cry nor demand attention. But *see what happens* when the nurse comes at playtime. ... *Remember her lively interest* in the book when her mother was there? ...

Laura does not understand the limited time she has with her mother. *Watch her* when mother says she's going home.

While Spitz's film is silent and instead provides a written commentary made up of declarative sentences, the excerpts quoted above illustrate Robertson's gesture to exert an empathic response his viewers. The direct appeal of the demands to "see," "remember," and "watch" encircles the speaking voice, Laura, and the viewers in an inclusive environment of a collectively shared experience. Reducing the distance between what is represented and what is lived, this affective interpellation showcases Barthes' ruminations on the "umbilical cord" which "links the body of the photographed thing to my gaze." *You* can see, watch and remember because *you*, in your affective learning history, have stored the experience of having been a two-year-old whose very existence depended on a secure adult presence.

The viewers' empathic engagement is further intensified by a combination of the narrative and the visuals, which at certain points may produce an initial effect of cognitive dissonance. Early in the film, the voice-over seems detached and scientific: it is an informative male voice that narrates the events and spells out the inaudible words uttered by Laura, her mother and the medical personnel. This voice initially clashes with the unsettling shots of the child's vulnerability, especially during the numerous close-ups of the little girl's embattled face. It may take a while, or even a second viewing, for the viewer to realize that the voice-over is far from detached. In fact, upon closer scrutiny, it turns out that the voice is laced with narrative empathy towards the

child, expressed both in the intonation and the terminological choices.

One of the voice's most powerful empathetic gestures is the almost imperceptible shifting of perspectives between that of an "objective" documenter and that of the child. For example, early in the film, we see Laura being prepared for her hospital stay, which the voice-over describes in the following way:

When taken by the nurse, Laura bursts into tears. 10 am is not the usual bath time and the bathroom is strange. ... Teddy and blanket are the only things in this strange environment that make a link with home. ... Now another person [a doctor] comes to do strange things to her. ... What do these strange happenings mean to her?

The repeated depiction of the surroundings and events as "strange" clearly adopts Laura's perspective. The places and procedures may be "strange" only to someone unfamiliar with the hospital's routine, especially someone who can neither understand nor rationalize them.

The voice-over's adoption of the child's perspective is also pronounced in its other terminological choices. Most notably, the voice-over repeatedly uses the word "teddy" to describe Laura's plush toy and, even more emphatically, the word "baby" to designate Laura's piece of blanket:

Seeing this little girl sitting by herself, quietly clutching her teddy and baby, it is easy to believe that she has settled. Even though it is the middle of the afternoon, she asks to be tucked down with her teddy and baby.

These two passages lucidly show that the narrative is sympathetic to the child's experience and looks at the events through her eyes. At the same time, the voice-over's insistence on seeing teddy, baby and the mother's bus passing beyond the window as "the only links with home" is also a clear sign of its

empathic awareness of Laura's point of view.

What is more, in *A Two-Year-Old Goes to Hospital*, teddy and baby, narrated from the perspective of the child, function as "transitional objects" in the Winnicottian sense. This term, coined by Donald Winnicott in 1951 (one year before *A Two-Year-Old Goes to Hospital* was released), captures the fact that very young children become attached to objects that, through their infallible continuity and connection with home, integrate the children's experience of reality and thus defend them against depressive anxiety. Such objects are the child's first "not-me possessions" and occupy a liminal space between the child and its primary caregiver. They function as protective devices against the unfamiliar and as links with the well-known, secure and loved. Interestingly, in Robertson's documentary, we can see teddy and baby playing the double function of protecting Laura and coming under her care. On the one hand, she clings to her teddy and baby at moments of heightened distress and every time when she goes to bed. On the other hand, she never fails to dress up and "feed" her teddy when she is given food. She thus not only relies on her teddy for safety, but also becomes its nurturer, replicating her own interactions with her mother by acting in *lieu* of her. This can be viewed as a sign of Laura exercising her early empathetic skills.

A Two-Year-Old Goes to Hospital presents numerous occasions that allow us see Laura as an empathetic human being, which further supports the film's agenda. For example, she extends her empathic identification upon her peers in the children's ward. During the eight-day period of her hospital stay, we witness multiple instances when Laura becomes preoccupied with another child's distress. "Why is this boy crying?", she asks at some point and immediately answers: "He wants his mummy." On another occasion, she similarly wonders: "What's he crying for?" and demands: "Go fetch his mummy."

In another situation, she changes the vectors of the relations, announcing: "My mummy is crying for me. Go fetch her."

In a written account of Laura's hospitalization, Robertson explains that "though she cries very little throughout her stay in hospital, she takes great interest in other children who cry – as if they cry for her who is too controlled to cry."⁵⁶ It is as if, in Laura's experience, human beings are empathetically bonded, with empathy contextually travelling between them, depending on their needs and capacities.

Employing all the above emphatic devices and narrative tropes, *A Two-Year-Old Goes to Hospital* encourages us to recognize the connection between Robertson (via his narrative voice), Laura and us, the viewers, as joined together by our shared humanity. We are all linked by the common experience of childhood, a period of dependency and attachment to an adult (or adults) whose infallible presence and durational commitment form the basis of the child's well-being and its gradual making sense of the world. *A Two-Year-Old Goes to Hospital* invites us to recognize, just as Barthes did by looking at an early childhood photo of his deceased mother, that the umbilical cord stretches in every direction. On the pages of *Camera Lucida*, Barthes recalls how his mother, towards the end of her life, had transformed into his "little girl," or his "feminine child," whom Barthes nursed until her death. This weak and dying mother, in the grown-up Barthes's experience, united with "that essential child she was in her first photograph." This mother-turned-child, whose original care for her son Barthes had internalized as his "inner law," became the source of his future empathic skills.

Such was his lesson in what he calls the "*impossible science of a unique being*," that is to say the science of caring and being cared for.⁵⁷ This care, which Laura both craves and exercises, can teach us an important lesson about empathy vested in the skin we share.

Conclusions

Robertson recorded *A Two-Year-Old Goes to Hospital* when many British hospitals banned or heavily limited parental presence in pediatric wards. Apart from the risk of cross-contamination, the main reason for the restrictions was that such visits were regarded as unnecessary and disruptive. In most institutions, professionals maintained a task-oriented focus and grew a "second skin" as a means of protecting themselves from any emotional invasion by their patients. The rationality of the hospital environment and the exclusion of emotional focus formed, as Robertson put it, "barriers against the empathic pain." What is more, the task-oriented systems of care usually fragmented relations between young patients and their busy nurses, who were very often short-handed or changed wards, thus making it almost impossible to form and sustain a temporary yet stable relationship with a child. As Robertson puts it, the "competent, efficient doctors and nurses" were focused on providing medical care and very often unaware of or unwilling to acknowledge the suffering around them. Horst and Veer similarly note that, at that time, "[b]y training and tradition doctors and nurses had never learned to take the viewpoint of the child patients and their parents."⁵⁸ Robertson concludes that all this resulted in a general "blunting of empathy."⁵⁹

This ubiquitous defense of the pediatric personnel against the experience of empathic pain is only partly surprising. Allowing oneself to empathize with a child would mean emotionally recognizing the pain that the child endures.

And yet, in Robertson's view, this pain had to be recognized before the situation could improve. Robertson defined *A Two-Year-Old Goes to Hospital's* goal in the following way:

The problem is how to bring pain and anxiety back into the experience of professional workers, but in such a way that these are put to constructive use instead of being defensively sealed off by the constant pressure in all of us to escape hurt.⁶⁰

In his article "From Empathy to Community," Donald Nathanson proposes that an "adult who walked through life always vulnerable to the affect ... would be unable to maintain personal boundaries." He thus argues that one needs to build an "empathic wall" which must be "strong when necessary but possess doors and windows that can be opened when necessary and optimal."⁶¹ The stiff hospital regulations of the 1940s and 1950s discouraged any opening in the empathic walls. And yet, some doctors realized that "most parents will move heaven and earth to visit their children in hospital."⁶² *A Two-Year-Old Goes to Hospital* capitalizes on this observation. The film welcomes its viewers to undertake the affective labor of empathizing with Laura and, through this labor, encourages us to revisit our own early childhood either to affirm it or to vicariously make amends with our own early separation wounds. Such awareness, as we have seen, turns empathy into a methodology that has significantly impacted the social arrangements in pediatric wards.

- 1 There is also an earlier 45-minute version of the recording.
- 2 H. G. Munro-Davies, "Visits to Children in Hospital," *Spectator* (March 18, 1949): 362.
- 3 Frank C.P. van der Horst and René van der Veer, "Changing Attitudes towards the Care of Children in Hospital: A New Assessment of the Influence of the Work of Bowlby and Robertson in the UK, 1940–1970," *Attachment & Human Development* 11, no. 2 (March 2009): 137.

- 4 "The Welfare of Children in Hospital," *British Medical Journal* (January 17, 1959):166.
- 5 Donald Winnicott, *Playing and Reality* (London and New York: Routledge, 2005 [1971]).
- 6 Suzanne Keen, *Empathy and the Novel* (New York: Oxford University Press, 2007): x.
- 7 Horst and Veer, "Changing Attitudes," 127.
- 8 *Ibid.*, 137-42.
- 9 Qtd. in Horst and Veer, "Changing Attitudes,"121.
- 10 John Bowlby, Emmanuel Miller, and Donald Winnicott, "Evacuation of Small Children," *British Medical Journal* 2, no. 4119 (December 16, 1939): 1202-3.
- 11 Anna Freud, *Infants Without Families: Reports of the Hampstead Nurseries 1939-1945* (New York: International Universities Press, 1973): 105-6.
- 12 See: Harry Bakwin, "Loneliness in Infants," *American Journal of Diseases in Children* 63 (1942): 30-40; René. A. Spitz, "Hospitalism," *The Psychoanalytic Study of the Child* 1 (1945): 53-74; Horst and Veer, "Changing Attitudes," 122.
- 13 Horst and Veer, "Changing Attitudes,"122-3.
- 14 *Ibid.*, 123-4.
- 15 John Bowlby, *Maternal Care and Mental Health* (Geneva, Switzerland: World Health Organization, 1951): 13.
- 16 Bowlby, *Maternal Care*, 46.
- 17 Horst and Veer, "Changing Attitudes," 146-9.
- 18 *The Welfare of Children in Hospital* (London: Central Health Services Council, 1959): 38.
- 19 Joyce Robertson and Katherine McGilly, "Comments on 'Changing Attitudes towards the Care of Children in Hospital: A New Assessment of the Influence of the Work of Bowlby and Robertson in the UK, 1940-1970' by Frank C.P. van der Horst and René van der Veer," *Attachment & Human Development* 11, no. 6 (November 2009): 560.
- 20 James Robertson, *Hospitals and Children: A Parent's Eye View* (London: Victor Gollancz, 1962): 146. See also Ruth Davies, "Marking the 50th Anniversary of the Platt Report: From Exclusion to Toleration and Parental Participation in the Care of the Hospitalized Child," *Journal of Child Health Care* 14, no. 1 (2010): 6-23.

- 21 Horst and Veer, "Changing Attitudes," 135.
- 22 Pamela J. Hawthorne, *Nurse! I Want my Mummy! The Study of Nursing Care Project Reports* 1, no. 3 (London: The Royal College of Nursing, 1974): 1.
- 23 Clare Fagin and Jill Glatter Nusbaum, "Parental Visiting Privileges in Pediatric Units: A Survey." *Journal of Nursing Administration* (March 1978): 24-7.
- 24 In 1958, *A Two-Year-Old Goes to Hospital* was followed by *Going to Hospital with Mother*. These two were followed by five films that documented the separation of young children placed in foster care and a residential nursery and were co-authored by Robertson and his wife Joyce Robertson: *Kate, Aged Two Years Five Months, in Foster Care for Twenty-seven Days* (1967); *Jane, Aged Seventeen Months, in Foster Care for Ten Days* (1968); *John, Aged Seventeen Months, For Nine Days in a Residential Nursery* (1969); *Thomas, Aged Two Years Four Months, in Foster Care for Ten Days* (1971) and *Lucy, Aged Twenty-one Months, in Foster Care for Nineteen Days* (1973). All the films are summarized and discussed by James and Joyce Robertson in their book *Separation and the Very Young* (London: Free Association Books, 1989).
- 25 It was Robertson's first experience with a cine-camera (James Robertson and Joyce Robertson, *Separation and the Very Young* (London: Free Association Books, 1989): 24). The first film was 60 minutes long. It was later shortened to 45 minutes and many years later the 30-minute version was produced for more general use. All the cuts were made by Robertson before getting the final assistance of professional film editor Jack Chambers (Katherine McGilly, personal correspondence, June 24, 2020). What is more, initially, Robertson did not intend to produce a fully-fledged documentary film but a film record to allow colleagues and paediatricians to share child observations with him (Robertson and Robertson, *Separation*, 23). He showed sequences of it to colleagues and discussed the sequences with them. The "film" gradually evolved as interest increased. This allowed John Bowlby, and gradually other trained professionals, to introduce and show the film (Katherine McGilly, personal correspondence, June 23, 2020).
- 26 Horst and Veer, "Changing Attitudes," 130.
- 27 "Young Children in Hospital," *The British Medical Journal* 2, no. 4796 (December 6, 1952): 1249-50. Emphasis J. W.
- 28 "A Young Child in Hospital: Report of film premiere at Royal Society of Medicine," *The Lancet* (December 2, 1952): 1123.

- 29 Qtd. in Robertson and McGilly, "Comments," 559.
- 30 Robertson and Robertson, *Separation*, 43–4. Initially, the availability of the film was restricted to professional audiences only. The 1953 film guide stated: "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." James Robertson, "Why the Film was Made? (1953)," Concord Media, accessed June 26, 2020. This restriction continued until after the publication of the Platt report in 1959 (Katherine McGilly, personal correspondence, June 24, 2020).
- 31 Ibid., 44.
- 32 Ibid., 54.
- 33 As a result, Dr. MacCarthy opened his ward to parents and it was at Amersham General Hospital that Robertson's second film, *Going to Hospital with Mother*, was made. Dr. MacCarthy accompanied James Robertson when he showed the two films to the Platt Committee (Katherine McGilly, personal correspondence June 24, 2020).
- 34 Robertson and Robertson, *Separation*, 13.
- 35 Ibid., 23.
- 36 Ibid., 4.
- 37 Ibid., 23, 9.
- 38 Robertson, *Young Children*, 21; Robertson and Robertson, *Separation*, 26.
- 39 Robertson and Robertson, *Separation*, 26.
- 40 Robertson was frequently accused of manipulating Laura's actual words. The accusations were so persistent that, as he explains, "the Tavistock Clinic engaged the headmaster of a school for the deaf to lip-read the film; he confirmed that there were no discrepancies between the lip movements of the child and the words attributed to her." Robertson and Robertson, *Separation*, 46.

- 41 James Robertson and John Bowlby, "Responses of Young Children to Separation from their Mothers," *Courier of the International Children's Centre, Paris 2* (1952): 131-40; John Bowlby, "Grief and Mourning in Infancy and Early Childhood," *Psychoanalytic Study of the Child* 15 (1960): 9-52.
- 42 Robertson, *Young Children*, 27.
- 43 See, for example: Jean Decety and William Ickes, eds., *The Social Neuroscience of Empathy* (Cambridge: MIT Press; 2009); Michael Slote, *The Ethics of Care and Empathy* (London and New York: Routledge, 2007); Catherine de Zegher and Griselda Pollock, *Bracha Ettinger: Art as Compassion* (Brussels, Belgium: MER. Paper Kunsthalle, 2011). For a general overview of theories of empathy see Suzanne Keen, *Empathy and the Novel*, 3-35.
- 44 John Firman and Ann Gila, *The Primal Wound: A Transpersonal View of Trauma, Addiction, and Growth* (New York: State University of New York Press, 1997): 32.
- 45 See: Heinz Kohut, *The Analysis of the Self* (New York: International Universities Press, 1971), and *How Does Analysis Cure?*, ed. by Arnold Goldberg (Chicago: The University of Chicago Press, 1984); Donald Winnicott, *Through Paediatrics to Psychoanalysis: Collected Papers* (London: Tavistock 1958), idem, *Babies and their Mothers* (Reading, MA: Addison-Wesley, 1987).
- 46 Donald Winnicott, "The Theory of the Parent-Infant Relationship," *The International Journal of Psychoanalysis* 41 (1960): 585-95.
- 47 Donald Winnicott, "Creativity and Its Origins," in *Playing and Reality* (London and New York: Routledge, 2005 [1971]): 87-114.
- 48 Donald Nathanson, "From Empathy to Community," *The Annual of Psychoanalysis* 25 (1997), accessed March 14, 2020, 5.
- 49 Barthes, *Camera Lucida*, 87.
- 50 Ibid., 3.

- 51 There is an excerpt of the film on YouTube uploaded by Concord Media (the film's distributor) with permission from the copyright holder. The film can be purchased as a DVD from Concord www.concordmedia.org.uk. It can also be purchased and rented via Vimeo. All information is on the Concord website where teaching notes for the film can be found.
- 52 Barthes, *Camera Lucida*, 81.
- 53 Marianne Hirsch, *Family Frames: Photography, Narrative and Postmemory* (Cambridge, Mass. and London: Harvard University Press, 1997): 19-20.
- 54 Eduardo Cadava and Paola Cortéz-Rocca, "Notes on Love and Photography," *October* 116 (Spring 2006): 34.
- 55 Donald Winnicott, "Transitional Objects and Transitional Phenomena: A Study of the First Not-Me Possession," *International Journal of Psychoanalysis* 34, no. 2 (1953): 89-97.
- 56 Robertson and Robertson, *Separation*, 23.
- 57 Barthes, *Camera Lucida*, 63-71.
- 58 Horst and Veer, "Changing Attitudes," 126-7.
- 59 James Robertson, "Problems of Professional Anxiety (1970)," Robertson and Robertson, *Separation and the Very Young*, 1. Also available at: *Robertson Films*, accessed June 25, 2020, Robertson Films .
- 60 Ibid.
- 61 Nathanson, "From Empathy to Community," 3.
- 62 R. S. Illingworth and K. S. Holt, "Children in Hospital: Some Observations on their Reactions with Special Reference to Daily Visiting," *The Lancet* (December 17, 1955): 1257-62; Horst and Veer, "Changing Attitudes," 132.

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