

NEW SUPERHEROES. THE MEDIA RELATIONSHIP BETWEEN CHILDREN AND DOCTORS

*Nuevos superhéroes. La relación mediática entre los
jóvenes y los médicos*


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Resumen: *El artículo presenta una investigación en curso con la que el Center for Generative Communication (CfGC) de la Universidad de Florencia y el Lab CfGC - director: Luca Toschi - reconstruye el cambio en el imaginario infantil y juvenil en cuanto a la relación de los jóvenes con la figura del médico, determinado por la pandemia de COVID-19. Hoy en día, el médico se presenta como una figura heroica, aunque con características peculiares en comparación con el superhéroe clásico: desde las diversas campañas de información y concienciación hasta el street-art de Banksy, en los medios de comunicación se abandona una idea de super-heroísmo abstracto, prefiriendo un modelo de médico-héroe más concreto y real.*

Los datos que surgen del trabajo de los investigadores del CfGC muestran una redefinición del estándar: a diferencia de la situación actual, de hecho, cuando la medicina aún era una ciencia incierta, la llegada del médico a casa representaba un momento inusual y, al mismo tiempo, crucial para la supervivencia de las personas más jóvenes y frágiles. La seriedad con la que se recibía al médico y su importancia crucial está bien representada por los productos mediáticos de finales del siglo XIX y XX. En estos productos el médico, mostrando un matiz de actitudes entre el vulnerable y el estafador, se relaciona con los jóvenes en condiciones de salud precarias, y se va desde su presencia / ausencia en cuadros - como "El doctor" de Luke Fildes (1891) o "La niña enferma" de Edvard Munch (1885-1927) - hasta su inutilidad en situaciones críticas como en "Las aventuras de Pinocho" de Carlo Collodi (1881-1883).

En épocas más recientes, la figura del médico parece salir del imaginario juvenil, dados los avances científicos que se han ido produciendo a lo largo de los años y que nos han permitido erradicar enfermedades letales. Mientras estaban graves problemas relacionados con la salud de los jóvenes y la escasa disponibilidad de profesionales sanitarios, la presencia del médico se vislumbraba como un hecho insólito y, en la

solución de un grave problema de salud, su intervención dejaba marcas imborrables en el imaginario de niños y chicos.

La investigación, por tanto, pretende reconstruir las formas en las que, desde el siglo pasado hasta la actualidad, se formó el imaginario de los niños y jóvenes hacia la profesión médica y la relación con los profesionales de la salud. Resaltando cómo el COVID-19 ha contribuido a redefinir este imaginario.

Palabras clave: *generativa, relación médico-jóvenes, médico, súper héroe, mediático.*

Abstract: *The article introduces an ongoing research realized by the Lab Center for Generative Communication (CfGC), directed by Luca Toschi. The aim of this study is to define the impact of media in the evolution of imagery of children and young people regarding doctors. Today, in relation to COVID-19 emergency, doctors appear - through media exposition - as heroic figures, with peculiar characteristics in comparison to the classic superhero: from the various information and awareness campaigns to the street-Banksy's art, in the media an idea of abstract super-heroism is abandoned, preferring a more concrete and real doctor-hero model.*

The first results that emerge from this study show how doctors were represented across the years: when medicine was still an uncertain science, the arrival of the doctor at home represented an unusual moment and, at the same time, crucial for the survival of the youngest and most fragile people. The seriousness and respectability of his role was often represented in pictures and illustrations in the late Nineteenth and Twentieth centuries and it changes progressively. In fact, later the doctor starts to show a nuance of attitudes between the vulnerable and the swindler and he relates to young people in precarious health conditions and leaves from their presence/absence in pictures - such as "The Doctor" by Luke Fildes (1891) or "The Sick Girl" by Edvard Munch (1885-1927) - to its uselessness in critical situations such as in Carlo Collodi's "The Adventures of Pinocchio" (1881-1883).

In more recent times, the figure of the doctor seems to come out of the juvenile imagery, given the scientific advances that have taken place over the years and that have allowed us to eradicate lethal diseases. While there were serious problems related to the health of young people and the limited availability of health professionals, the presence of the doctor was seen as an unusual event and, in the solution of a serious health problem, his intervention left indelible marks in children's perception.

Therefore, the study will explore the ways in which, from the last century to the present, doctors are always more "human" and show empathy, changing the role of young patients and their families. Finally, the research introduces some information about the impact of COVID-19 in the perception of doctors, who become heroes in the imagery of children and young people.

Keywords: *Generative Communication, doctor-children relationship, doctor, super hero, mediatic.*

Introduction

The research behind this article was designed and developed by the Center for Generative Communication, directed by Luca Toschi, at the University of Florence¹. It aims to introduce the first results of an ongoing study dealing with the relationship between media production representing doctors and the evolution of the imagery of children and young people about the idea they have of these figures.

In particular, the research is based on the conviction that in the identified media - mainly author pictures, cartoons, illustrations, cartoons, television advertising, information products within the institutional framework - the role of doctors changes progressively and this evolution is related to a progression of medicine discoveries and medical assistance too. Briefly, at the turn of the century, doctors have been represented as altered figures, distant from patients and their families. Then, around the middle of the century doctors started to be perceived as positive figures closer to children, while in our day, with the pandemic from COVID-19, they are represented as heroes.

From the analysis of the sources closest to us, it also emerges the tendency of the media to empower children, working on their awareness facing health issues and physical and mental problems, as opposed to the passivity that characterizes the relationship between small patients and doctors of the first half of the Twentieth century.

The results illustrated below are a starting point for a research whose aim is to collect information about the impact of media production in order to conceive and to develop new communication strategies taking into account the children and young people about doctors and medicine.

Our idea is:

- to retrace the main evolutions of medical practice from the Nineteenth century to the present day: from the doctor called to provide home care alone and in the most dramatic moments - according to the doctor-patient relationship modality recurring for the most part of the Nineteenth century (Panseri, 1981) - to today's physician, who usually work as a member of transdisciplinary teams;
- to select, within different time ranges, the most widespread and iconic sample of media representations that address the issue of the doctor-young patient relationship. The sample includes paintings and illustrations from the late Nineteenth century up to promotional videos published by institutions and

¹ Center for Generative Communication, directed by Luca Toschi, is a research center inside the Department of Social and Political Sciences at the University of Florence. It has also a laboratory, called Lab Center for Generative Communication, inside an University consortium called PIN, affiliated to the University of Florence. The authors of this article are all members of the research group, they study and develop projects of communication in different fields, such as healthcare, sustainability, agriculture, cultural heritage. More info is available on the official website: <https://www.pin.unifi.it/laboratori/cfgc>.

associations to explain COVID-19 to children and young people during the pandemic emergency;

- to identify the invariants that characterize the medical figure, the relationship with young people, children and their families, the contexts in which doctors operate through a qualitative analysis of the sources selected in relation to the socio-cultural context;
- to use the amount of information derived from qualitative analysis of past and present sources to find and focus on key-elements to orient the health care and services communication in the future.

These key-elements are essential in all the communication projects realized by the group of the Lab CfGC who develop interventions in order to strengthen the relationship among doctors and patients, design communication campaigns for disease prevention or strategies to facilitate the access to healthcare system.

Children's point of view is often overlooked in the medical and health care context: even in the pediatric field, children's participation in health decisions is problematic, especially since parents and doctors do not help sons and daughters to express themselves (Stivers, 2012).

This study aims to provide knowledge to overcome this situation, gathering elements to design strategies and campaigns aimed at young people, particularly affected by the pandemic emergency.

1 Methodology

As seen before, this article is the partial result of an ongoing research on the impact of media production in the level of involvement and awareness of children and young people regarding health literacy. This research has been realized following some methodological aspects provided by the paradigm of Generative Communication (Toschi, 2011) and using the tools of the system scientia Atque usus (sAu), to create and animate networks of different stakeholders (researchers, scholars, but also experts from the world of professions, work, politics, etc.), with the aim of transforming the vast pool of common knowledge available - but not yet exploited - into an operational resource.

As for the methodological aspects, the research is based on a body of sources in constant expansion, identified - according to the reference years provided by the call - among the most representative which show doctors, children and their families and that are iconic in European and American culture. The sources were selected on the basis of four time ranges related to some important changes in medical practice, according to medical/sociological literature (Porter 1994; Cardano 2020):

- Between the Nineteenth and Twentieth centuries: children and families of the popular classes went to the doctor as a last resort. The doctor was a scholar far from the people and the sick and his interventions in many cases provoke terror and mistrust because they were based on bloodletting and the use of leeches (Panseri, 1981);
- First-half of the Twentieth century: the doctor, as the sole protagonist of the relationship with children and families, used the findings of research and technological innovation to improve patients' health and well-being. Prints and representations present the doctor's office, with updated and more sophisticated tools;
- From 1950 to the present day: National Health Systems are established in Europe and around the world. The doctor stops being the only actor and undisputed protagonist of the relationship between science and children, teenagers and families and becomes part of a complex system;
- Today: as COVID-2019 spreads, the doctor inevitably becomes a hero fighting the war between the National Health System and the ongoing pandemic (Lippi, 2000).

In order to identify common images, known by the majority of people, the selection included:

- paintings - from the end of Nineteenth century to the first half of Twentieth century;
- illustrations of volumes of wide and consolidated circulation between children and young people, from the end of the Nineteenth century to the first half of the Twentieth century with a focus on the first ten years of the new century, a real golden age for children's literature (in the Anglo-Saxon world: Kipling, Twain, Verne, Carroll, Stevenson, Alcott; in Italy: Collodi, De Amicis among others).
- commercials - from the 80s and 90s of the Twentieth century. This period was characterized by the explosion of private European television broadcasters and the evolution of advertising messages based on the representation of daily life, with actors and situations in which viewers could easily identify.
- cartoons - from the 1970s of the Twentieth century till today, in the European context and, once again, American one;
- tv series - e.g. ER (1994 - 2009) - from the 90s of the Twentieth century till today.

For each specific time range and media, a series of sources were identified. It is important to note that the design of this research foresees a constant evolution not only of the number of sources to be considered, but also of the number of time ranges and media: this article presents the research state of the art. For this reason, it mainly reports the results related to paintings, illustrations, commercials and cartoons, with punctual references to some famous TV series.

The selection of sources has favoured representations in which children and young people appear in pediatric age (up to 14 years) and contexts related to the popular or middle classes. These sources are often linked to well-known authors (e.g. paintings/illustrations), are published in newspapers/publications of wide distribution, or have constituted mass cultural phenomena (e.g. cartoon series like *The Simpsons*).

The group of research followed a qualitative approach to analyse the sources: the analysis was carried out through the production of specific data and analysis sheets to collect information.

Data sheets are used to catalogue the sources (in this case: author, title, year, place of production, format, representation technique) while the analysis sheets are configured to help the researcher to look for defined information examining the sources, guided by specific research questions to answer. Once each sheet is complete the analysis focuses on the comparison among all the sheets trying to highlight the diachronic evolution of the representation of doctors during the Twentieth century.

In detail, each analysis sheet is composed by the following sections:

- Section 1 - Background
 - The researcher writes the list of the subjects that are present in the scene and their position
- Section 2 - Description of the subjects
 - The researcher writes - for each subject - an evaluation from 1 to 10 (and a brief description) based on some categories of meaning established upstream (the categories initially identified were tested on an initial corpus of 5 items and they have been reviewed and approved definitively). These are the categories identified for this analysis:
 - Physician
 - Authoritative and respectable
 - Reassuring
 - Concerned
 - Fallible
 - Know-it-all
 - Child/s
 - Frightened/s
 - Resigned/i
 - Without/i of knowledge
 - Participant/interlocutory
 - Serene/i
 - Concentrate/i
 - Parent/s
 - Frightened/s

- Resigned/i
- Angry/i
- Serene/i
- Desperate/i
- Apprehensive/s
- Section 3 - Status and behaviour
 - For each subject (doctor, child/s, parent/s), the researcher adds assessments of:
 - Age
 - Clothing
 - Behaviour/gesture
 - [for paintings and illustrations] Hypothesis on the dialogue between the represented subjects
- Section 4 - Other items
 - For each item analyzed the researcher, finally, analyse:
 - Possible Writings that appear in the work
 - Vocal/musical commentary (in case of video)

This process was realized through an integrated system (called *scientia Atque usus*) of digital tools aimed to enhance the exchange of knowledge among the group of researchers and their critical intelligence. This is an integrated system of digital tools and human creativity designed to avoid routines that dominate the most common automation systems.

This system is composed of two main tools:

- *Officina di usus*: an online workspace created to enhance the collaboration in teams, the management monitoring of projects;
- *Officine di scientia*: an online journal elaborated to share knowledge among different stakeholders.

Relating to these two features, the research group is also working on the implementations of a learning/training management system (*sAu Academy*) and a library (*sAu Library*) to share resources even outside the communities of the projects.

The *sAu Library*² stands as a space to collect data overcoming the idea of a simple repository: each source identified - as specified above - is assigned a personal data sheet that reports the unique data (author, year of publication, etc.) and an analysis sheet, built specifically for each project, which reports the critical interpretation of the

² *sAu Library* has been created as a tool for the archiving and analysis of resources oriented to the realization of projects with the paradigm of Generative Communication. The current version of the library comes from an experiment that, until 2019, was called *Matrix System*, conceived and experimented by Luca Toschi and his team at the Lab Center for Generative Communication. Among the most recent publications, more details are available in (Pandolfini, Coppi, Davini, Marchionne, Sbardella, 2019)

researcher, starting from a research question defined upstream of the analysis. Furthermore, the sources are from time to time elaborated and discussed in the working document, at the time when relations between source and source are established.

The dynamic relationship between the working document and the sAu Library not only leads the researcher to process information within the document, but also invites him to a constant rereading, in the light of more specific and detailed research questions, which may generate in-depth analysis of existing reading cards or new analysis sheets.

The working methodology adopted and the system that supports it, therefore, is characterized to date as a multifunctional tool that helps the researcher, or the group of researchers, to define a process first of all mental that the/them leads to identify and interrogate the different resources starting from a research interest, ensuring the sharing and the constant updating of the results and, therefore reaffirming its role as the sole guarantor of the research process.

2 Results

2.1 Between the Nineteenth and Twentieth centuries: a solitary doctor, whose arrival at home arouses concern

In the years of the Industrial Revolution, the interest in some social problems concerning childhood and adolescence began to grow because these categories were subject to poor living and health conditions, especially if we consider those coming from poor social classes³. The medical field also made considerable progress towards the end of the 19th century, dealing with the widespread of infectious diseases such as typhoid fever and cholera⁴.

³ The literature allows us to take an important look at the poor health conditions in which children were in the first half of the Nineteenth century: emblematic is the case of Charles Dickens' novel-denunciation that, through the events of the little orphan Oliver Twist, problematizes the condition of children born alone or in poverty conditions, going from the hard life in English workhouses to the exploitation of child labour. At that time, in fact, there was no national health system for patient care nor adequate laws to protect the most disadvantaged sections of the population (Richardson, 2014).

⁴ For example, the arrival of the doctor in the homes of those who were suspected of contracting the disease, caused great anxiety and terror as it could result in isolation in hospital facilities, from which it was difficult to return (Risse, 1999).

In this historical context of profound social, cultural, and scientific changes, the figure of the physician as a human health professional and bearer of specific technical knowledge, was considered fundamental and extremely respectable, despite the fallibility of the means available at the time and the drama of many critical situations: the doctor was the only, irreplaceable, authoritative reference point for families and for the health of their children.

In this sense, an emblematic example is the image of the Victorian family doctor in the 1887 painting *The Doctor* by Sir Samuel Luke Fildes, inserted in the pictorial artistic movement of social realism. The picture, famous for its care in showing the centrality of the patient, depicts a doctor struggling with a seriously ill child in a poor domestic environment, lying and covered on two adjacent chairs. The parents, desperate and useless to her recovery, look at the scene from the side. Even though the doctor's representation is historically inaccurate, it had a strong impact on the imagination of the time (Friedlaender and Friedlaender, 2015; Moore, 2008). His professionalism, humanity and availability contributed to the growth of prestige and importance of the medical profession.



#1. Sir Samuel Luke Fildes, *The Doctor*, oil on canvas, 1887.

Young people's perception of doctors is effectively witnessed by the English painter Frederick Daniel Hardy who illustrated, in 1863, a scene of domestic life where various children are playing pretending to be doctors. The representation shows us how desirable it was to enter the medical profession for a young and wealthy person.



#2. Frederick Daniel Hardy, *Children playing at doctors*, oil on canvas, 1863.

Therefore, the doctor was considered a great bearer of scientific knowledge, respectable and authoritative in front of young and old, as well as an individual capable of ensuring a salvation associated with the spiritual one. Remaining within the realm of social realism, Pablo Picasso in 1897 painted a scene depicting "science" combined with "charity". These are two elements that concur in "saving" the patient from sickness, personified respectively in the figures of a doctor and a nun, holding an innocent child.



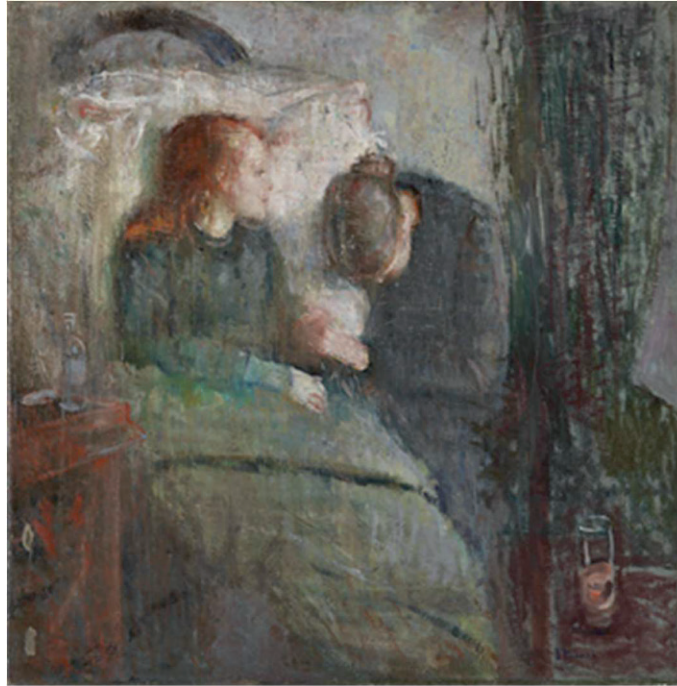
#3. Pablo Picasso, *Science and Charity*, oil on canvas, 1897.

The religious theme, in relation to the medical-scientific salvation of the youngest and disadvantaged, often recurs in the Nineteenth century. We can find it in William Small's painting *The Good Samaritan* (1899) as well: the doctor, as a good Samaritan, aids a nomadic child in an "anomalous" context for his profession (outside on a meadow). This specific background visually accentuates the gap between medical experts and the common (and, in this case, nomadic) population. Here, the child undergoes medical intervention while the worried parents, even if they support her, are useless to her recovery (as we have already noted before in *The Doctor*).



#4. William Small, *The Good Samaritan*, oil on canvas, 1899.

Despite the progress of knowledge in the medical field of those years, the professional was not always able to heal children and the artistic representations show us even the saddest and fallible element of the medical profession. The series of paintings of *The Sick Child* by Edvard Munch (1899-1927), linked to the artist's personal history, show how - sometimes - medical care does not guarantee a positive outcome: here, the presence of medical care and the drama of the disease is given by medicines, the colors of the painting, the consistency of the food and the lost and anguished looks of mother and daughter. The child is left alone in a narrow room together with her desperate mother where the presence of the doctor is no longer necessary.



#5. Edvard Munch, *The Sick Child*, oil on canvas, 1885-1927.

From the pictorial representations mentioned above - as well as in the literature for children and young people of the Nineteenth century - it becomes clear that the illness and, unfortunately, the eventuality of death is often intertwined with personal stories and the families' tragedies and triumphs where doctors inevitably become protagonists (Klass, 2013). As we have seen up to this point, parents often play a supporting role for children, they remain in the shadows of the composition or they show, especially female figures, almost stereotyped and dramatic attitudes.

Moreover, it is important to keep in mind another type of child-doctor relationship. A child that emerges in a more or less veiled way from the various representations and that will appear later in satirical representations or in funny or little empathetic doctors towards their patients. In fact, the authoritativeness of the physician's voice and of his scientific knowledge could end by determining a wise or superior behavior towards most of the people with whom he was confronted. In the above-mentioned frameworks we can see a doctor who was the absolute holder of health knowledge despite being represented in relation to economically and socially disadvantaged people. Consequently, he could afford to look down on the little patients, being the only one who could decree their state of health, salvation or irrecoverability. Here, children do not have a voice or decision-making ability because the disease and the lack of medical attention deprived them of an active role. In this context, the most paradigmatic example is certainly that of the three animal doctors of *Le avventure di Pinocchio* by Carlo Collodi, with the illustrations by Enrico Mazzanti (1883).



#6. Enrico Mazzanti, scene of the three animal doctors visiting Pinocchio, *Le avventure di Pinocchio (storia di un burattino)*, 1883.

In this illustration the author depicts the famous scene where the blue fairy calls the experts after the cat and the fox attacked Pinocchio: the three physicians argue over the puppet's powerless body, showing off his knowledge and ignoring his actual state of health.

At the end of this review on Nineteenth-century representations, we can deduce an idea of the doctor as a solitary figure, acting alone according to the help requests of desperate and resigned parents for their children. As for children, they do not communicate with the doctor and are always represented lying or sitting in their own bed, often unconscious, passively undergoing his analyses and treatment.

2.2 First-half of the Twentieth century: a doctor who leaves home and does not dialogue with patients

The beginning of the Twentieth century sees important advances in the history of medicine that had influenced the representation of the doctor in figurative art and illustrations.

The first of these steps concerns vaccination. In fact, after the discoveries of Edward Jenner on the smallpox vaccine of the late eighteenth century, it was only in the Twentieth century that mass vaccination campaigns were launched, following major epidemics in various countries of Europe and America. In Italy, vaccination against malaria (Royal Decree of 27 July 1934) and diphtheria (Law no. 891/1939) were made mandatory during the fascism period. Polio, on the other hand, was considered the main

public health problem in both Europe and America, involving physicians and researchers in the search for a cure until 1955, when Jonas Salk invented a vaccine for it.



#7. Vicente Borrás y Abella, *Vaccination of Children*, oil on canvas, 1913

#8. Diego Rivera, *The Vaccination*, mural, 1932.

During these years, the relationship between doctors, technological and instrumental research and innovation begins to outline. The vaccine enters among the themes that accompany the medical profession in paintings, murals and illustrations. Technological innovation emerges from this new technique but also from the medical equipment/tools that the doctor often uses in his visits. It is important to note that the relationship between medicine and research is clearly outlined through the tool references in the paintings (traditional in many, but modern and complex in others), opposed to research for war purposes.

With the beginning of the Twentieth century, representations show a doctor that does not work alone, he is no more the only actor in a path of care that can make the difference between the life and death of patients. The idea - which will be consolidated in the second part of the Twentieth century - that the doctor is the vanguard of a complex system in which each figure has a different role begins to spread: in this case,

there are other specialized doctors and nurses, together with scientists and researchers. This is the reflection of the evolution of the concept of "health" - from a private good to a common good - that begins in the first half of the Twentieth century.

In the premise of the Constitution of the World Health Organization signed in New York on July 22, 1946 (and entered into force on April 7th, 1948) health is considered as one "state of complete physical, mental and social well-being" (and not only absence of illness) for the first time in the history of mankind and that "the possession of the best possible state of health constitutes a fundamental right of every human being".

In response to this innovation and in order to find new solutions to guarantee this right to all citizens, many countries have started experimenting with a new form of assistance, that is what we consider the first modern models of the national health systems in the world.



THE DOCTOR.

(With Apologies to Sir Luke Fildes, R.A.)

PATIENT (*General Practitioner*). - THIS TREATMENT WILL BE THE DEATH OF ME.
DOCTOR BILL. - I DARE SAY YOU KNOW BEST. STILL THERE'S ALWAYS A CHANCE."

#9. Bernard Partridge, *The Doctor*, satirical cartoon on *Punch* magazine, 1911.

National health system innovations brought up debates on doctors, in particular about their competences and their role in the society. As we can notice in the satirical cartoon by Bernard Partridge, which takes up and quotes the famous painting by Fildes (see: paragraph 4.1), the British National Insurance Act of 1911 affects the doctor profession,

undermining his centrality and role in occupational and social terms. The law, in fact, was approved without the British Government having heard the opinion of the medical class.

In this context, the representation of doctors started to have always more relations to an organized health system and to the research world and doctors started to be always less present in home of citizens: for example, as we can notice in the pictorial representations approaching the middle of the century, the doctor is increasingly associated with a specific context used for medical examinations, such as a study/ambulatory or a scientific laboratory.



#10. Norman Rockwell, *When the Doctor Treats Your Child*, oil on canvas/illustration in magazine The Saturday Evening Post, 1939.

#11. Norman Rockwell, *Doctor and Doll*, oil on canvas/illustration in magazine The Saturday Evening Post, 1929.

In scenes where the doctor plays a leading role inside patients' homes, he tends to be increasingly equipped with regard to travel and his bag becomes a key-element of his profession and outfit.



#12. Joseph Christian Leyendecker, *Sore Throat*, oil on canvas/illustration in magazine *The Saturday Evening Post*, 1930.

Therefore, we begin to see a progressive change over the doctor uniform: from the variety of clothes of the late Nineteenth and early Twentieth century⁵, to the uniform dress-code that gradually starts to appear. In this picture, he wears the shirt and dark jacket, sometimes combined with a white coat over his common clothes or even a real suit that totally hides them but that - as a uniform - characterizes his role as an expression of a system and no longer as an autonomous and independent figure.

The doctor, therefore, tends to leave patients' houses to work in studios, hospitals and treatment centers. He gradually becomes a figure deeply involved in the themes of technical, mechanical and chemical innovation.

Another aspect that emerges from the analysis of the representations of these years is, probably, a consequence of what we have seen so far: the doctor progressively distances himself from the religious or charitable dimension. In fact, if at the beginning of the Nineteenth century his arrival is still depicted as a dramatic event and/or linked to a spiritual dimension (for example, see the case of Mary Ellen Edwards' illustration of 1904, *A doctor visiting his young patient at home*)⁶, the doctor is gradually becoming

⁵ Even though they are related to a context deeply distinct from that of the parents and their children.

⁶ Other examples are the various representations of patients with folded hands or in a state of ecstasy linked to an idea of divine intervention. We can see a similar concept in the 1913 vaccination scene depicted by Vicente Borrás y Abella.

represented as the bearer of the scientific knowledge necessary to treat people adequately.

At the same time, his role is sometimes authoritative both in his coldness/mechanical professional behaviour and in his kindness which is linked to the pioneer experiences of commercial communication applied to the world of medicine. In fact, in the above representations there are protective mothers who bring their children to the doctor without the concern that has characterized the women who preceded them by a few decades. Moreover, we find children alone that are directly greeted by kind and fatherly experts (especially in overseas representations) or by cold and resolute doctors who still keep their distance from their parents. In the latter cases, the child becomes either a symbol of rebirth (the “evolutionary triumph” of humanity) or a subject/object to work on, as in the case of vaccines (see image no. #8, with all the obvious ambiguity of a tie between science and faith, not yet resolved at the time).

In conclusion, in most of these sources, it is confirmed that the child is not considered in health decisions, especially because of his/her young age: in many European representations children need parents to make decisions for themselves while they are sick or unable to communicate. However, there is a positive glimmer of hope given by the American illustrations where children - often with humorous accents - begin to interact personally with doctors for real consultations or game purposes.

2.3 From 1950 to the present day: the progressive humanization of doctors

The years between 1950 and early 2000 saw the miracle of the Italian economic boom, an historically interesting moment for several reasons. In particular, in this specific context, we highlight: the incredible growth in the purchasing capability of the less well-off social classes and, therefore, the birth of the consumer society (Baudrillard, 1970). At the time, television, newspapers and magazines were not just media on the many social, political, economic issues of national and international interest, but they also carve out a main role as tools of cultural production, creation of expectations and desires towards the market (Morcellini, 2005).

It is not surprising that most audiovisual products are meant to “shape” the perception of the audience and all the members of the families - parents, grandparents, uncles, children - who gather around the TV at certain times during the day (Monteleone, 2001).

In fact, over those years lots of communicative artifacts have been created not only to address an adult public but also for children, with particular attention to the themes of health and well-being.

This paragraph focuses precisely on the audiovisual production regarding this period, from 1950 to 2000. In these sources there are elements that will characterize the *habitus* of the doctor up to the present days such as the white coat, the syringes, the stethoscope and the medical environment. All of these elements lead us to think of an insertion within a wider and more organized system.

More than this, other significant elements emerge and they are related to the bond between doctors and children and how their relationship is narrated. The new communicative style tends to "humanize" the doctor: he progressively becomes a familiar point of reference for the families, he always shows more empathy to children.

The image of the authoritarian and authoritative doctor, often unpleasant and frightening, has been gradually replaced by the figure of a more accommodating doctor, who tends to dialogue and reassure both children and their families. We can notice this last aspect in the educational series *Once Upon a Time... Life (Siamo fatti così, in italian)* created by Albert Barillé: for example, in the episode that explains the bone marrow, the doctor becomes the one who treats the child suffering from leukemia and tries to reassure her mother by explaining the surgery that has to take place.

Another emblematic example is represented by the doctor who assists and listens to Pippi Longstocking, character of Astrid Lindgren of the famous TV series of 1969, who claims that she has a disease called "spunk": in the scene, the expert reassures her by saying that she has not.

In commercials, films and TV series, any pain - that can be experienced by undergoing a medical investigation and syringes - does not cause discomfort with doctors who sympathize and reassure children who have to undergo a check and/or a visit - as in the case of the spot *Pic Indolor* or Angelini's *Mediplus* syringes of the 80s and 90s in Italy -, or bitter pills that can be made much sweeter if ingested together with sugar - think of the film and the famous song of Mary Poppins of 1964.

In some American cartoons - that have been very successful in Italy too - we often have the image of a funny doctor who appears inexperienced, who tries to guess the correct diagnosis and who seems to enjoy very little trust from the children. An example of this kind of doctor could be the character of Dr Hibbert in *The Simpsons* series created by Matt Groening.

With this example, it is clear that the process of humanization has become much more profound than that of the past years. In fact, it preserves the authoritativeness of doctors, but, at the same time, tends to diminish it more and more.

2.4 The COVID-19 and the "new" heroes: in search of effective communication for children

The doctor profession changes a lot in public opinion because of the COVID-19 pandemic, the virus that has influenced all of our lives since the early months of 2020. At this time, doctors and health workers began to fill the pages of newspapers as subjects who, more than any other, every day and every night have taken a crucial role in saving lives in hospital centres, putting themselves at risk of contagion (Marcus, 2020).

Taking into account the progressive erosion of the obligation to medical care in recent decades (Orentlicher, 2018), doctors and nurses appear as heroic figures, the war metaphor widely used in the first months of emergency (Di Cesare, 2020; Lévy, 2020; Lippi 2020). This is because they have to fight at the forefront of the ruthless war against COVID-19 to save the children and the entire population (along with scientists and other specialists involved in the race to find the vaccine).

Doctors and nurses are represented as heroes in the famous work *Game Changer* (2020) by the British street artist Banksy, where a child prefers to play with the puppet representing a nurse in a classic superhero pose instead of Batman and Spiderman.

In these difficult moments, doctors and researchers (epidemiologists, first of all) have been exposed to mediatic coverage and diffusion through mass media in order to inform - and sometimes reassure - people about the state of the pandemic. In this article we are not still be able to give value or to count exactly what has been the impact on children or young people imagery, but we can notice that institutions and public organization have started to create informative products, addressed to the youngest, to have also an institutional voice, in search of that authority and communicative clarity that in some ways has failed in radio, web and television salons.

Three examples in this sense are the explanatory videos produced in spring 2020 respectively by the GEDI Group (La Repubblica), the FIMP - Italian Federation of Primary Care Pediatricians and the San Raffaele Hospital in Milan.

In the video produced by the GEDI Group *What is the coronavirus: the pandemic explained to children* is significant that, just at the beginning of the video, the narrator says, referring to the COVID-19: "if you are afraid or you have not understood what it is... Ask your parents first". Parents are then identified as the first person able to provide authoritative answers to children, which could otherwise be badly addressed by information not authoritatively disseminated by their peers, social networks or mass media. The doctor, however, does not leave the scene permanently, because in the continuation of the video the protagonist of the video turns out to be a doctor, a scientist, who illustrates to children the information necessary to counter the pandemic.

FIMP - Italian Federation of Primary Care Pediatricians has produced a poster and a cartoon video addressed to children entitled *Coronavirus: a cartoon and 7 rules to explain it to children* (the original title in Italian is *Coronavirus: un fumetto e 7 regole per spiegarlo ai bambini*). In the cartoon a young doctor simply illustrates 7 basic rules that each child (but not only) should follow, but the interesting thing is that, according to the caption that accompanies the video, the information campaign was born because "In the incredible flow of news that arrives on the epidemic, to which they are inevitably exposed even to the youngest, there is the risk that they are overwhelmed by fear and fail to direct their attention to the few important news for them, also to help prevent the spread of the virus and contagion"⁷.

With a still different strategy has moved the San Raffaele Hospital in Milan, that in the cartoon *Leo and Giulia, we like you!* (original title: *Leo e Giulia, noi come voi!*), designed specifically to explain the COVID-19 to children, focused on the effectiveness of peer communication, staging a dialogue between two brothers in which the elder (Giulia) explains to the minor (Leo) - under the careful and proud look of the mother - the main notions concerning COVID-19 and the behaviour to be taken to limit its spread.

The three videos taken into consideration have many elements in common: the fact of being addressed to children, of being made as cartoons, to try to pass on to children a few simple messages to counter the spread of the pandemic through the widespread adoption of responsible behaviour, at all ages, and to have been produced to stem the media noise and disinformation on the pandemic, to which the doctors themselves contributed with the great media exposure and in some cases with the search for visibility and protagonism⁸. Then, in all three videos, the parents are identified as the main reference point for children in their innate need to find meaning to the extraordinary situation that they have faced (lockdowns, school closures, daily death counts, hospitalizations and intensive therapies, mandatory personal protective equipment, etc.).

Finally, taking into account the habits of young people, we realize that an interesting aspect to explore - through dedicated research activities - would be the impact of television series, usable on demand. From this point of view, in the younger groups, they are certainly among the most pervasive media - enjoyed by children/and in the company of family, by teenagers both individually and in the company of friends - who often represent doctors in the ward, in hospital and the relationship they establish with patients. Whether these American TV series imported in Italy (the most popular *ER*,

⁷ See the caption at: <https://www.youtube.com/watch?v=OVkrU7g6b-4>

⁸ See the article published in the newspaper *Il Giorno* (Cerri 2021).

*Grey's Anatomy*⁹ and *Doctor House*) or Italian (just think of the acquisition of the Italian format called *Doc-In your hands*¹⁰ that has been acquired and will be broadcast in the United States), are certainly interesting sources to analyze to understand how they affect the imagination of children/ and young people/ and not only with respect to the perception of the figure of the doctor but also the choice to take the road to becoming a professional health (doctor, nurse, surgeon, etc.).

3 Discussion

From the analysis of the sources analysed and throughout the various historical periods (from the end of 1800 to our day), different aspects have emerged regarding the figure of the doctor and his tools, the relationship that binds him to small patients, their families and the context in which they act.

Initially, the doctor is placed into a domestic environment: he was the savior of children, close to the people, often presented with few instruments or even in the absence of them. At the same time, he was a rational subject, a scientist, an expert, distant from families and children. In this contest, children were waiting and "undergoing" medical care, under the appealing and resigned glances of their parents.

In the Twentieth century representations, the child has maintained its role as an object of medical care, but the doctor has become part of an increasingly organized health system. The doctor-patient relationship remained almost unchanged, if compared to the end of the Nineteenth century: the doctor prefers to talk with parents, although we can note some changes in the doctors' behaviour, more kind and empathetic.

From 1950 onwards, TV series, documentaries, television commercials continue to show a doctor that talks and dialogue with the child, even if his authority, due to the superiority of his knowledge, sometimes fades into ambiguity and coldness.

In these years, moreover, the doctor's dress code, his work environment and his tools are further defined.

Nowadays, with the emergency due to COVID-19, it has been necessary to rethink communication with young children, in the Italian context and beyond: both to reassure

9 According to the New York Times, *Grey's Anatomy* is the second most viewed series in 2020 in America, with a total of 657 million viewing hours. For more info: <https://www.nytimes.com/2021/01/12/business/media/most-streamed-shows-nielsen.html>

10 Good results for the Italian series *Doc-In your hands*: <https://www.ilfattoquotidiano.it/2020/10/16/doc-nelle-tue-mani-boom-di-ascolti-per-la-serie-tv-con-luca-argentero-che-sara-trasmessa-anche-negli-usa/5968427/>

them and to increase their awareness of the importance of their role to stop the infection. In this perspective, the almost total disconnection between the medical/hospital context and the domestic context - where children and their families lived during the COVID emergency - clearly emerges.

In conclusion, key elements to this research - that would need further study from the communicative point of view - are:

- In all historical periods, except for a few exceptions in the works analyzed, the child always remains the subject of medical care. When he relates to the medical figure - always the male - he is not taken seriously about his fears, as in the case of advertising or TV series of the second 900, or becomes a subject that is involved in the work for commercial/promotional purposes, putting in the foreground in the collective imagination the figure of the benevolent, paternal and authoritative doctor;
- Parents always remain the reference for children's health problems. In any case, if at the end of the Nineteenth century they were resigned and pleading figures, in the background of representations, today parents disappear to ensure direct and more effective communication between peers. In this situation, however, the doctor is often absent from the child's home life;
- In more recent times, the doctor disappears from the youth imagination to play the role of a concrete and real hero: he is the protagonist of a complex world that - at the same time - keeps him separate from the rest of society, relegating him to the hospital environment.

4 Conclusions

The methodology and the results presented in this article, as well as other research activities in the health field, are an example of the kind of study that is conducted by the Lab Center for Generative Communication. The research group uses this technique to collect data, from a sociological perspective, useful as the base to develop concrete communication strategies and projects that are developed in collaboration with institutions, associations, foundations, companies and other stakeholders of the partner fabric economic and cultural.

Specifically, the research discussed - focusing on how young people perceive doctors and the role of media - has given information to conceive and develop communication strategies to promote and facilitate the involvement of children and young people in health communication activities. In this area of intervention, the Lab is collaborating with important Tuscan health institutions such as the Tuscany Region, the Institute for

Study, Prevention and the Oncology Network (ISPRO), the university hospital Azienda Ospedaliero-Universitaria Meyer (AOU Meyer), the Regional Health Agency (ARS) Tuscany.

With these partners, the research group is planning and implementing communication campaigns on environmental risk in relation to childhood and adolescent cancers, survey on media consumption of information by young people and adolescents, events and activities of animation and involvement of stakeholders for the development of patient-friendly telemedicine solutions.

Speaking about communication activities is essential to take into account the role played by traditional and new media. They have always been strategic in the construction of the imagery of young people, such as the socio-cultural context of belonging, the family and the institutions of reference (especially schools).

In this context, the proposed diachronic analysis helps us to see how the world of art, illustration (editorial and satirical) advertising and institutional videos are important to assess the impact that the iconographic language can have on the imagery that children and their families have of the doctor. Knowing this perspective is important to understand the level of trust that is attributed to the doctor (from the doctor as a bird of ill omen to the hero doctor) in the younger population and their families.

From this point of view, communication can and must be used as a tool to build information and awareness campaigns aimed at using media to communicate a new representation of the relationship between doctors and young patients: promoting the idea of an expert doctor is willing to listen, to raise the questions and - above all - to legitimize the doubts and perplexities, promoting the participation of patients in diagnosis and treatment. The aim of these activities is, on the one hand, to overcome the vision of the dominant doctor and distant from the population, without questioning its authority; on the other hand, to facilitate dialogue by bringing up-to-date information to the doctor about the expectation of his patients.

In conclusion, the proliferation of a number of different new media (the example of Dr Google is one among the possible cases) and the possibility of finding online information regarding health - not always authoritative and verified - represent a risk but also an opportunity to define a new relationship between doctor-patient-family focus on sharing knowledge processes, on which the Lab Center for Generative Communication is working in collaboration with important institution and with a transdisciplinary group of doctors, health professionals, psychologists, epidemiologists and representatives of (small) patients.

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List of images and video sources analyzed

1800-1900	1900-1950	1950-2019	2020-2021
[painting] Sir Samuel Luke Fildes, <i>The Doctor</i> (1891)	[illustration] Mary Ellen Edwards, <i>A doctor visiting his young patient at home</i> (1904)	[video] <i>Pic Indolor commercials</i> (anni '80-'90)	[painting] Banksy, <i>Game Changer</i> (2020)
[painting] Edvard Munch, <i>The Sick Child</i> (1885-1927)	[painting] Vicente Borràs y Abella, <i>Vaccination of Children</i> (1913)	[video] Syringes <i>Mediplus</i> Angelini commercials (1986)	[video] GEDI Group (La Repubblica), <i>What is the coronavirus: the pandemic explained to children</i> (2020)
[painting] Frederick Daniel Hardy, <i>Children playing at doctors</i> (1863)	[painting] Diego Rivera, <i>The Vaccination</i> (1932)	[video] Matt Groening, <i>The Simpsons</i> , S.15 ep.21 (2004)	[video] San Raffaele Hospital, <i>Leo and Giulia, we like you!</i> (2020)
[painting] Pablo Picasso, <i>Science and Charity</i> (1897)	[illustration] Bernard Partridge, <i>The Doctor</i> (1911)	[video] Astrid Lindgren, ep. <i>Spunk in Pippi Calzelunghe</i> (1969)	[video] FIMP, <i>Coronavirus: a cartoon and 7 rules to explain it to children</i>
[painting] William Small, <i>The Good Samaritan</i> (1899)	[illustration] Norman Rockwell, <i>When the Doctor Treats Your Child</i> (1939)	[video] Albert Barillé, ep. <i>The Bone Marrow in Once Upon a Time... Life</i> (1987)	[video] Oreste Castagna e Silvia Barbieri, <i>This is how it is done</i> (2020)
[painting] Arturo Michelena, <i>The Sick Child</i> (1886)	[illustration] Norman Rockwell, <i>Doctor and Doll</i> (1929)	[video] Robert Stevenson, song <i>Spoonful of sugar in Mary Poppins</i> (1964)	[video] Ohga Magazine, <i>Coronavirus explained from</i>

[painting] Enrico
Mazzanti, *The three
animal doctors* (1883)

[illustration] J.C.
Leyendecker, *Sore
Throat* (1930)

[video] David Lynch,
Dune (1984)

[video] Steven
Spielberg, *A.I.
artificial intelligence*
(2001)

children to children
(2020)

[video] Francesca
Dall'Ara and Giada
Negri, *Story of a
coronavirus - when
you get home dad*
(2020)