

Trauma studies of children post world war II

Abstract

Due to the nature of war and the need to replace the soldiers in war zone and post-war compensation claims, World War I was a striking point in the history of traumatology. However, most of the studies were done with adult survivors or veterans. Even though the first war produced an ample number of displaced and wounded people, widows' and orphans, children and women did not receive any particular attention until World War II. Therefore, the purpose of this paper is to investigate early studies involving children who are exposed to war and post war conflicts and hardships as well as natural disasters. Therefore, this mini review aimed at investigating the studies involving children's trauma studies. This review aimed at providing information about natural disasters as well as man-made disasters and their effects on children. Early seminal articles are the focus of the paper. Classical works on children and trauma was investigated and important points has been highlighted.

Keywords: war and children, natural disaster and children, children's traumatic reactions

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Human beings suffered from war and civil conflicts. Most importantly, children who have been in war zones had experienced the most difficult adversaries. From historical perspective, the World Word II causes such a significant pain and suffering for those lived in war zone countries; especially in Western Europe and Europe.

Children after world war II

World War II produced ample evidence that trauma could be followed by mental illness. When severe air raids were occurring fairly often, psychologist Miss Dunsdon¹ from the Bristol Child Guidance Clinic surveyed 8000 general school population students in order to assess the incidence of "strain" on children. Her findings suggested that about a quarter of the sample showed some sign of strain, either purely psychological or psychosomatic. Psychological symptoms included general nervousness, trembling, crying, and aggressive behavior. Likewise, psychosomatic symptoms were headaches, anorexia, indigestion, enuresis and soiling. She reported that about 170 senior school children (aged 11-14) suffered from psychosomatic disorders, which was more common in older children than younger ones. On the other hand, 120 students showed signs of purely psychological symptoms. These occurred twice as often in the 5-7 age groups. She concluded that younger children felt the strain and lack of sleep more frequently than older ones, who have developed more control and can repress their feelings to conform to adult standards. Following her, Frank Bodman² from the same clinic, investigated the children who were in-patients and were most severely exposed to air attacks at the Children's Hospital in Bristol. His study is one of the first longitudinal studies. When the hospital was damaged by several high-explosive bombs, the children were evacuated to another hospital at the height of the raids. The children a total of 54 were between 2 and 12 years of age. All of the children were rescued and evacuated safely. This evacuation incident was described as a very traumatic incident. Seven months later, Bodman tracked down the children and conducted interviews with them and their parents. He was able to reach 51 out of the 54. He reported that out of 44 survivors, 5 (11%) still had heavy symptoms, which were attributable to their experiences on the night of the air raids. This was three times the number found six months earlier by Miss Dunsdon¹ in her study with the general school population. Parents reported that 27 of the children

(61%) showed significant distress upon their arrival home. All of the children who showed persistent signs of strain were between the ages of 1 and 5; this was consistent with the earlier study by Miss Dunsdon¹ that the youngest age group is the most vulnerable. Infants showed time-lag in their development, such as sleep problems, crying when spoken to, and diurnal and nocturnal enuresis. Children under the age of 1 were not able to express their feelings by talking. Infants did not show persistent problems in the seven-month follow-up. Four of the children who were originally admitted with a contagious disease died because of the disease, but Bodman² believed that extreme stress lowered their immune system's resistance. The infant group, ages 1 to 3 demonstrated the most severe jumping reactions when they heard sirens and other noises. Young children (3-7 years) mostly attempted to reject or deny their experiences. The next group was composed of children aged 7 to 11 years old. They accepted the raid as an adventure, exciting and thrilling. The last group of children, who were early adolescents (11-12 years of age), felt a sense of responsibility for the younger ones. Bodman² reported that seven of the 11 children showed persistent symptoms, which were observed only in children who were younger than 5 years old. Young children first denied the experience but later they were able to describe and rephrase the incident. He concluded that the most striking finding of his study is "the extraordinary thoughtfulness of the children and their flexibility in adapting to potentially threatening situation".

Natural disaster and children

1955 Vicksburg, Mississippi Tornado study, in the US

The first study about the effects of natural disasters on children was done by Bloch et al.³ In 1953 a tornado hit a motion picture theater filled with children in Vicksburg, Mississippi. The Committee on Disaster Studies of the National Research Council sent psychiatrists to study the children's reactions to the disaster. This project also was funded by the National Academy of Science and the National Institute of Mental Health. Researchers arrived at the affected area on the 4th day of after disaster and conducted extensive interviews with children, parents, teachers, community leaders, and pediatricians. Questionnaires were also used. According to their findings, 113 children had no disturbance, 32 had mild disturbance, and 24 were severely disturbed. They concluded that there was an increase in child dependency needs,

regressive behaviors, enuresis, and nightmares. They introduced a lot of new concepts to disaster research: they were the first to investigate the affect and proximity, involvement, parental response patterns and children's stress level, age and sex, predisposing factors, and parental psychopathology. They were also the first to report post-trauma games in children's responses to trauma. Sex differences were not noted; boys and girls were equally affected. It was reported that no preschool children were rated as severely disturbed; therefore, the school age children were more vulnerable to trauma than preschool children. Adolescents were more concerned about reaching out to others and helping with the restoration work, and denied their own sufferings. This finding verified Bodman's² study in England. The Vicksburg study also set the tone for sociological disaster research, by investigating the race relations immediately following disasters. It was reported that both blacks and whites helped each other selflessly; some whites hosted black children in their houses. Disaster created some cooperation integration and cohesiveness.

Furthermore, sociologist Fritz⁴ argued that disasters also have a positive effect on communities and helps them to integrate and unite the people together and provide more social support.

1966 Aberfan Landslide, Wales, England

Chronologically, the second study of a natural disaster's effect on students was conducted in England. In the fall of 1966, a mining slide disaster happened in Aberfan, Wales. After several days of heavy rain, a slow-moving tip slid and collapsed on a K-12 school complex, killing 116 children and 28 adults. Of these 116 children were primary school children, 7 were secondary, and 2 were pre-school children. In addition, 5 teachers were killed. Four teachers and, 143 children survived the disaster. The tragedy hit at 9:15 in the morning, at which time some of the students were already in school and some were on their way to school. A consulting psychiatrist, Lacey,⁵ conducted 400 extensive interviews with 56 surviving students and their parents. Since the area was a poor working class community with a high unemployment rate, and problems with labor unions and workers, families at first did not want to cooperate and seek help from social services and had anger against government and relief agencies and outsiders. However, in the following 4 years, Lacey⁵ saw 56 parental referral children and their parents.

Lacey⁵ reported some common symptoms, such as sleeping problems, nightmares, nervousness, lack of friends, unwillingness to go to school or out to play, instability, enuresis, and encopresis. She also mentioned some games (post traumatic play) related to the traumatic experience. Lacey reported that children found predicting signs (like omens) such as bad weather, storms, and snow or cold to be frightening and that the signs reminded them of the disaster. Not surprisingly, she reported that both parents and children had similar symptoms and emotional problems.

The recovery process was conceptualized in terms of acute grief and delayed grief reactions. She concluded that "it seems very likely that many of the Aberfan children may experience psychiatric problems in later life... children will always bear some scars." Lacey⁵ drew attention to the long-term effects of a disaster but did not elaborate on the trauma-related issues.

In contrast to the Bloch et al.³ Mississippi tornado study, social support and social cohesiveness was not observed here. The disaster

had an impact on every person's life in this small mining town. Everyone lost some friends, neighbors or relatives in the mining accident. Thus, the whole community was grieving and social support was not available. The second possible reason is that Aberfan was a rural town, consisting mainly of a mining community spread out throughout the hills.

Those early studies set the stage for modern psychology and help us understand the traumatic stress experienced by adults as well as children. Even though both adults and children have similar symptoms, children's reactions significantly differs from adults. In the later decades, research findings accumulated more and our understanding has broadened about children experiences of trauma. Today we are in a better position in terms of understanding, identify, diagnosing and treatment of child survivors of trauma. Especially in the last decade due to wars, ethnic conflict and poverty, children are more at risk for many kinds of hardship and traumatic experiences. Furthermore, even in modern industrialized countries children go through physical, sexual and emotional abuse at home or in schools settings. Therefore, mental health experts working with children should be alert and pay attention of those children who may have experiences some trouble in their daily life.

In conclusion, today our understanding of trauma and posttraumatic stress disorder has evolved as the human history went through different stages and crisis. It looks like, in the future there is going to be other perspective to consider about phenomenology of the trauma. More specifically, trauma is not European-American bound syndrome, people from other cultures demonstrates different but trauma-induced responses. As the time progress, there would be new studies come out and provide new insights about our understanding of trauma as a whole.

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Conflict of interest

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