Health and Survival

Children and war
Stanislaw Tomkiewicz

Neither scientific analysis nor warmhearted concern are adequate to provide a practical understanding of how wars affect children. Without rejecting either approach, however, the author shows how a balanced idea of the problem can be formed. Drawing on his knowledge as a neuropsychiatrist and his experience as a child in wartime, he reviews the causes and effects of the sufferings involved, and makes some suggestions for a practical response.

For me, this subject entails a degree of psychological danger, in that I myself am one of those “war children” who has had to cope with stress, resistance to stress, the sequelae, and coming to terms with those sequelae in life. This has left its mark on me and I find it difficult to talk about. My war experience is not of the wars of today, and my childhood is not a childhood of today. How shall I avoid the pitfall of subjectivism without falling into the opposite one of confining myself to the narrowly objective and scientific as some analysts do, thereby blinding themselves to the realities of both war and children?

The current situation

We should note at the outset that there is no such thing as ethical progress in this area. After timid attempts at humanization in the 19th century, the 20th has relapsed into unparalleled barbarity. Civilians, including women and children, are often no longer casualties of operations between opposing forces, but rather their principal target. To destroy them, the primitive ancestral approaches are used in conjunction with all the refinements of modern scientific organization. After the Second World War the shocked public reaction, especially in the West, was: “Never again, no more Auschwitz, no more Hiroshima”. But 50 years later the same ideology of barbarism often predominates, with torture and extermination carried out on a routine basis in civil and international wars. Nevertheless, two new phenomena have appeared which might affect the chances of a change for the better.

- There are numerous descendents of the old Red Cross, in the form of nongovernmental organizations such as Médecins sans Frontières, whose aim is to humanize wars and limit their deadly effects. Volunteers from all countries risk their lives in conflict areas to
provide care, food and comfort. A new understanding of the “duty of humanitar-ian intervention” has developed and become part of international law. The aid organizations often give the impres-sion of not being much use, but when I think of my own wartime experience, I wonder if the presence in the Warsaw ghetto of a large number of such volun-teers might not have assuaged our suffering. The two bright moments in my two years at Bergen-Belsen were the arrival of packages from the Swiss and Swedish Red Cross, which brought me hope and saved my life.

The ubiquity of the media allows millions of television viewers to see what is going on. The media played a decisive role in the Viet Nam war. Like many others, I thought then that exposure would force people to change, that the lifting of the veil of secrecy would put a stop to massacres, torture, deporta-tion and forced migration. But instead of protecting us against horror, the media accustom us to it. Now we see mass graves, emaciated faces and other horrors among the various news items of the day, between two commercial breaks or two episodes of a horror film.

In analysing the effect of war on children in terms of public health I will use a typology of aggression and its conse-quences, with moderating factors, and the possibilities for prevention and treatment. The figure tries to show the various ways in which children and war are related to each other. It presents on the one hand direct and indirect aggression, and on the other the physical and mental effects of suffering, which is the only constant and common element in all cases. At the bottom are two smaller rectangles, and these concern us most since they show the alterable factors that aggravate or alleviate suffering, aggression and its effects.

Direct aggression

Children, like adults, fall victim to bullets, napalm, bombs and the like. Landmines are prominent among these modes of aggression at present – little toys which enrich those who manufacture them, and

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continue to maim and kill long after hostilities have ended. The victims are children who play in Cambodia, Russian Federation, former Yugoslavia, Rwanda and elsewhere. In some cases children are deliberately used for de-mining: an estimated 14,000 children have died in this way. The theoretical purpose of (or excuse for?) this kind of murder and mutilation is to make the enemy harmless. Other kinds of violence are aimed specifically and deliberately at the civilian population. Examples are torture and “ethnic cleansing”, especially in civil wars. Rape has returned as a major tactic for terrorizing the enemy. We will never know how many women and girls have been raped, for example, in Rwanda or former Yugoslavia. Anyone who has worked in refugee camps is struck by the damage done by this primitive practice.

Boys are more often the victims of conscription. Despite conventions that explicitly ban the practice, they are forced into armed service and trained to kill. There are instances in which 12-year-olds have been forced to kill their own parents so that they would be completely devoid of scruples or any sense of horror at death.

Torture does not spare children, especially in civil conflicts. The “forces of law and order” as well as their adversaries, labelled variously as terrorists, bandits or “forces of liberation” depending on circumstances, use torture, sometimes in front of the parents, to extract information or to psychologically annihilate entire families. Sometimes it is the child who is witness to the torture or rape of family members.

Indirect aggression

Alongside the aggression that directly affects children, there is the kind that affects them indirectly, which can be just as serious. Some of this operates on a large scale and affects the whole social fabric. The destruction of hospitals, clinics or whole health systems, the contamination of water, or the devastation of farmland and forest areas are common examples. When war dismantles the civil structures of a country, leaving it without dependable schools, courts, police or other public services, children can lose their social bearings and their sense of what is permissible and good, and what is forbidden and bad.

Separation from the natural family is an extremely serious indirect form of aggression, even when it does not involve the death of the parents. It has become common in recent conflicts, in some cases because it is forced on families by massacres, expulsions and internments, and in others because humanitarian organizations separate children from their families to keep them out of the conflict. This is done “for their own good”, often at the request of the parents. It was practised on a large scale in London during the Second World War, and has been carefully studied (1,2). The usefulness of such separations is not always evident, and well-meaning people sometimes seem to organize them mainly for their own peace of mind and the feeling that they are “doing something” for the common good. Whether parents welcome it or are forced into it, and whether or not it actually does give physical protection, separation from family, friends, environment and country will always cause suffering and harm.

Today, an estimated 12 million children are separated from their families, and 5 million of them live in refugee camps. However, I must admit that I find statistics of this kind rather crude. To talk of
millions is no more impressive than to talk of individual cases. In fact I sometimes wonder if such use of numbers does not actually make the phenomenon seem natural, like an earthquake or a volcanic eruption. Does it not make us less sensitive to human need in the end? Be that as it may, the details in the box give some idea of the scale of the problem.

The sights that children see in war also do indirect psychological damage, but the nature and extent of this vary. The sight of a bombing raid can be fun for a child at a certain age. Bigger children and adolescents do not believe they can be hurt, until it happens to them. That is partly why they seem so brave. The sight of atrocities, especially when they are inflicted on family members and friends, is a source of much more severe trauma.

Isolation can be regarded as a form of aggression in that it causes or amplifies suffering. Loneliness possesses children who have lost their family and friends, and their bearings, and have no one with whom to share their anxieties and hopes. The disappearance of schools and other institutions that teach and socialize children adds to this loneliness. Many children may welcome it at first, as a liberation, but the benefit soon proves illusory, and the loss of social life, routine and a sense of belonging is a source of suffering. It is a disaster that can overshadow the child's whole future.

**Suffering**

The effect of aggression is suffering. The word “suffering” was avoided by psychiatrists of the old school who preferred to see things in terms of illnesses. It disappears again from the language of some of today’s scientists who speak instead of “psychopathological effects”. Since such things are hard to measure “scientifically” the very existence of suffering is sometimes questioned, which seems absurd. Even when mental suffering is difficult to define, it is surely an inevitable effect of harm. This suffering must be studied in conjunction with efforts to obviate or mitigate it.

Suffering is somatic and psychological, and the links between the two are well known. The effects of wartime devastation are immediate, medium-term and long-term. Immediate suffering is a matter of urgency. Children may arrive in refugee camps tired, wounded, hungry and in a state of physical and psychological shock. Among the emergency measures, the need for smiles and cuddles should never be overlooked. If you want to save a child who is the victim of war, medical treatment,
feeding and vaccination are not enough: physical signs of kindness are needed, and words, which do not always come easily.

**The effects of suffering**

Terrorized children can lose their ability to speak. Mute or hyperagitated, they often lose their notions of time and space. They have to be fed, comforted, reassured and encouraged. From the very start, their biological family must be sought, and if it is not found, then local contacts must be used to find families from the same village or sector. The aim is to avoid expatriation and the attendant dangers of international trafficking in children.

Of course, this condition of acute distress and disorientation is far from constant and seems to affect first and foremost children who have suffered severe trauma in the recent past. Children who have been able to stay with their parents, even in very cruel conditions, react better, and their psychological state when they first come into contact with the providers of care is less alarming.

When traumatic or even inhuman living conditions continue for some time, children who have retained a basic minimum of physical health often develop surprising psychological and behavioural defence mechanisms that are geared to survival at all costs. I think in particular of children in the Warsaw ghetto that I knew, and of those described by others in the Soviet Union, and the ways in which they survived devastating events. For the most part this involved learning, in gangs or, more rarely, on their own, to lie, steal, cheat, do business and use violence to whatever extent they could manage. Adults tend not to take kindly to this defensive behaviour, and not to realize that it is a useful adjustment mechanism.

In between the immediate state of shock and this asocial kind of behaviour, which can have very serious psychological effects, especially in the long term, there are medium-term consequences, to be seen principally in ignorance of the law and a loss of bearings. Although in general this has been rather poorly documented, some accounts exist, including studies of orphaned children who escaped the Nazi camps or came out of hiding in 1945. More recently, studies have been made of children prisoners of war in contact with humanitarian organizations. Iranian adolescents and older children who were captured and interned in camps in Iraq are an example. For a long time these children refused to take part in an excellent educational programme offered by foreign organizations. However, this resistance often broke down when a child was approached individually.

Cases of great difficulty in getting children to go back to school have also been well documented. The loss of family, school and any real contact with positive-minded adults can result in years of petty crime, blackmarket dealing and prostitution. “Conventional” psychiatrists used to believe that all these consequences, which stemmed from a failure to internalize the law, were irreversible. Talking about the

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children who had come back from the concentration camps, one of them said: “They will never be able to acquire a
moral sense of the world we live in”. My own experience in this regard has been quite different. Some educators have in fact documented, in addition to severe difficulties, excellent results which completely contradict the pessimistic assertions of others.

The longer-term consequences can be divided into psychosocial after-effects, or maladjustment, and neurotic after-effects, or the various forms of mental suffering. Lasting psychosocial disorders are relatively rare. Sooner or later, the children manage to find their place in a “post-war” society. Very few of them become real misfits. Ease of psychosocial adjustment depends to a large extent on the state of the country that has just emerged from war. It is a difficult process when there is a protracted stay in a refugee camp, and a relatively easy one in countries that turn quickly to reconstruction and have growing economies, as was the case in Western Europe after 1945. Naturally, in countries that continue to be stricken with poverty and unemployment, the process of recovery can be slow and arduous. It also depends on the extent to which family ties have been maintained or new ties have been created, as in the case of adoption.

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Mental suffering and so-called neurotic disorders are quite a different matter, the signs of which can persist for years. They include sleep disorders; four out of five concentration camp survivors appear to suffer from nightmares even decades after their release. Some people become so accustomed to them that they are surprised and even worried when they sleep through the night without one, or without waking up in terror. Other symptoms include phobias, like a phobia of uniforms, attacks of intense anxiety, although this occurs less frequently than among adults, obsessions about food or cleanliness, depression, and anxiety.

Psychiatrists in the English-speaking world call all these disorders, whether subjective or objective, post-traumatic stress disorders. They include thoughts, images, obsessive memories, evasive behaviour, emotional inhibition, indifference to the outside world, regressive and aggressive behaviour, psychophysical disorders, as well as guilt, hatred, a tendency to believe one is entitled to everything and to make demands accordingly, depression, and anxiety.

A new generation of psychoanalysts has now embarked on the treatment of the children and even the grandchildren of survivors of particularly abominable wars and persecutions. As they see it, traces of this ancestral suffering are still present in the unconscious of these children. Too deeply involved as I am personally, I cannot offer an objective opinion on the relevance of these observations.

I do believe that in wartime truly unbearable wounds to the self are inflicted:

– by humiliations, even more than by terror and physical sufferings;
– and by guilt in the case of children who survive the loss of close family members, especially parents.
To resist this suffering, to “cope” with it, the mind builds up defence mechanisms. These can take the form either of suppression or of sublimation.

**Suppression** is when you never speak about it. Some might say that you do not speak about it because you have got rid of it, forgotten it; others believe that this suppression is a far more conscious than it seems. The forgetting is only superficial, the vivid memories are still there, but just below the surface; you are simply no longer able to talk about them, even to yourself, because you have not been able to talk about them to anyone else, having found no one to listen. Sometimes, you begin to talk about them to yourself and to others, if they are willing to listen, many years later. Suppressed feelings may be the cause of symptoms that fall roughly into the neurosis category (such as phobias or eating disorders) or sadomasochistic behaviour (such as heavy smoking), and can only be cured in the rare instances where psychotherapy has been successful. You may also keep silent – but in that case can one truthfully speak of closing or healing the wounds?

**Sublimation** undoubtedly explains the infrequency of objective symptoms and the astonishing frequency of successful social readjustment. The internalized images of idealized parents who forbid wrong-doing inhibit any action that is felt to go against morality, the law and what the lost parents would have wanted. Quite often this leads to the choice of a career in the caring professions, which may reflect a desire to give others what one feels one has missed out on oneself, and what one could not offer one’s parents.

**Intensity and duration of the war**

Since there is no commonly accepted definition, I will define intensity as follows: first, the proportion of civilian, as opposed to military, casualties. On this score, wars in the 20th century are becoming more and more “intense”. Second, the level of barbarity shown by the combatants and occupying forces. For example, genocide, which amounts to the murder of people not for what they do but for what they are, and the use of torture and rape to terrorize them, represent extreme barbarity. It is obvious that intensity if defined in this way increases the suffering of children, as well as its harmful effects.

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In theory, international conventions and nongovernmental action should be able to reduce barbarity even if they are powerless to reduce civilian casualties, but in practice they are often clearly quite unable to.

The duration of a war can cause special problems for the children who may be “indirect” victims of it. The 1939–45 war was intense but lasted for less than six years, which is short in the time-scale of history and generations. It is difficult to imagine that there are countries in which war has been the way of life for 10, 15 or 20 years. This means that there are people whose entire childhood and adolescence are spent in wartime conditions. It is not surprising that, when peace comes, these young people are disoriented; they do not know what to do or how to live in a world that is at peace.
I remember my distress at the time of the liberation. I thought: “No one will want me, I’m filthy, I’m covered with lice. How could I show my face in a civilized country? Maybe I’ve become completely stupid and won’t be able to go back to school and live normally”. I had spent “only” four years in concentration camps and the ghetto but I was positively afraid of peace. What must people think and feel when they have never known peacetime conditions? Wars that are apparently without end have the effect of making peace almost unimaginable, and contribute in this way to the decadence of the countries concerned.

Today, almost all of these never-ending conflicts are civil wars in developing countries. Extreme cruelty and terror are often practised by both sides but elaborate attempts are made to keep them hidden. It is hardly surprising, therefore, that researchers, armed with their scientific methodology, do not have access to the data they would need to make an adequate analysis of the suffering thus inflicted and its psychological sequelae in children.

**Moderating factors**

The factors moderating the sequelae depend partly on the children concerned. Because these are more accessible than reliable information on wartime practices, they have been more extensively studied, and I need only mention them briefly. Some are inherent in the child, and are often referred to in terms of vulnerability, invulnerability and resilience. I shall speak only of the defences which children, when they have good family support, manage to develop against the psychological annihilation attempted by the enemy. However, it must be admitted that almost nothing is known about the specific factors which result in some children remaining broken in spirit, neurotic and asocial for the rest of their lives while others come through admirably.

I remember discussing this question in the early 1960s with a man who was later to become a lecturer in neurology. Unlike those who insist on the impossibilities, he went to the other extreme and said, more or less: “Everything that is said about the effects of war and concentration camps is nonsense. Such experiences have no lasting effects on a person who is psychologically sound to start with. People who think they are sick because of the camps were already sick before.”

This strictly organic view is shared by many more people than one might expect. To be specific, a distinction should be made between the adherents of three main points of view: those who deny that violence caused by war has any pathogenic effect, those who attribute invulnerability and resilience to the genes, and those who attribute them to the psychological and physical condition of the person concerned before the violence took place. The third group adds experience acquired before the violence took place to the genetic structure of the organism and the brain.

In any event, the family is the most crucial factor. As long as children remain within
their families, whatever the horrors surrounding them, war is “kept out” and they experience events as if they were inside a cocoon spun by the family’s reactions to aggression. The worst thing that can happen is obviously the loss of the family. If the family has been killed, adoption, preferably in the same country, but abroad if necessary, seems to be the least satisfactory solution. It should be remembered, however, that there are institutions in the west and in Israel which manage to give help and support to war orphans with minimum damage and without resorting to adoption. This kind of institution, with high pedagogical and therapeutic standards, is unfortunately not to be found in developing countries ravaged by war. It may be that this absence of institutions is condoned partly in order to justify international adoptions, whose main aim is often, whatever anybody says, to give families in rich countries a good conscience and make up for what they lack.

If the family is still alive, the children’s suffering and psychopathic disorders will often reflect the mental state of their parents. When parents have sufficient moral, economic and physical strength to protect the child properly, the worst may be avoided. If they themselves are overwhelmed by suffering, confusion, humiliation and fear, the children will suffer infinitely more, and will have feelings of guilt. Of course every case is special and there are so many interrelated factors involved that it would be pointless to attempt to predict what will happen to any specific child. Bruno Bettelheim described adolescents who were so affected by their parents’ suffering and confusion that they failed, sometimes definitively, to experience the usual problems of adolescence with its natural rebellious phase. The sudden loss of parents when the child is going through that rebellious stage can exacerbate the feeling of guilt and occasion pain and neurotic behaviour which can last a lifetime.

The part played by social environment has never really been studied. In the wars of independence, where the idea of the “just cause” is embedded in the community’s attitudes, the child will perhaps become a precocious and cruel fighter, but his relationship to the law and his psychic integrity will remain intact. On the other hand, a community which has lost its identity will tend to destabilize the child. As for the educational role of adults who try in spite of everything to encourage peaceful attitudes during and after war, they are, alas, seldom successful, as hatred is easier to transmit than love and a sense of justice.

The importance of support and assistance as a moderating factor in relieving suffering and psychological disorders brings me to my conclusions, which are modest.

- Prevention is better than cure. The best solution, real primary prevention, would of course be the disappearance of wars. It is not for me to predict whether that disappearance is compatible with the persistent poverty, the flagrant injustices, the exploitation and the contempt which seem to characterize the present period in world history.
- The humanization of wars, conventions and treaties may be considered as measures of secondary prevention. Will they make it possible to put a stop to archaic or post-Nazi forms of barbarism, once war has broken out? This is indeed doubtful.
Tertiary prevention is being attempted by humanitarian groups of all nationalities and nongovernmental organizations of all ideological denominations. They would know better than I how to formulate some rules of good conduct, to increase the efficiency of relief work and to prevent too many good intentions from having too many bad effects. I shall mention only a few little "dressings" which might alleviate suffering which is beyond our comprehension or control most of the time.

- To be there and to show that one understands is better than to leave victims to their solitude; but the desire to recount experiences should not drift towards a massive media operation.

- Never nurse, feed or comfort the body without caring for the whole person. Whatever state the child is in, he or she deserves not only compassion and love but respect. Hence the great importance of words or at least an attempt at language communication if there are no translators.

- Never try to moralize and do not be irritated by what is only a defence mechanism.

- Organize as soon as possible some kind of social life with other children: school, games, activities which involve all kinds of skills and an atmosphere which stimulates creativity.

- Know how to trust the children to support each other and encourage them to form spontaneous groups and begin to organize themselves, while helping them to avoid any delinquent and antisocial structures.

- Know how to distinguish the wheat from the tares among the local adults, avoid the hypocrites and make every effort to find replacements and support in the rest of the community.

- Reduce family separations to a minimum.

- Never despair of man, whatever the horrors he is capable of perpetrating.

References
