



Children In Crisis

What Will Happen if Emotional Wounds Are Not Treated?

by Atle Dyregrov, PhD

The crisis of children is the crisis of mankind. It is estimated that we have 50 million "refugees" in the world — 30 million of them are children. Every day, around the globe, children die of hunger, malnutrition, trauma and the lack of medical facilities. While the number of these young casualties continues to grow, relatively little is being done to combat their tragedy.

While the physical consequences of this suffering are apparent, what of the psychological needs of children in times of distress? The effects of war-related/traumatic stress on adults have been extensively researched, but much less is known about the psychological effects of catastrophic events on children.

Although basic survival needs take priority over psychological needs at these times, there is an increasing interest in the effects of stress on children during times of natural and man-made tragedies.

PTSD In Children

It is well known that adults experience similar crisis reactions following different traumatic events; Post-Traumatic Stress Disorder (PTSD) in adults assumes com-

mon acute and chronic crisis reactions. Little is known, however, about PTSD in children. Will children in crisis experience the same kind of reactions as adults?

Although not seen in the perspective of PTSD² earlier research has clearly shown that traumatic events like separation from parents through evacuation or death, the death of a sibling, terrorist activities and natural or man-made disasters,⁵ including war, have a negative impact on children's short-term and long-term functioning. In the coming decade our understanding of children's reactions to stressors will be advanced through the use of concepts developed on PTSD in adults.

Chowchilla, California — 1976. Three men held 26 schoolchildren at gunpoint in a buried truck-trailer for 27 hours. After hours of intense negotiations by officials, the hostages were finally released. In a four-year psychoanalytic follow-up, Leonore Terr found that every child involved exhibited post-traumatic effects.⁷ Her findings of traumatic effects and mundane fears, repeated nightmares and fear of reoccurrence confirm the existence of PTSD in children. She concluded that, "Despite the popular wish among the public and lay press that children will spontaneously outgrow or even improve themselves after such sudden, intense frights, the evidence from Chowchilla is to the contrary."⁶⁻⁷

In her follow-up report on the children of Chowchilla, Terr noted the following differences between children's and adults'

reaction to trauma: 1) There was an absence of flashbacks or unbidden intrusions in children; 2) children did not become fully or partly amnesic; 3) "psychic numbing" was not observed; 4) decline in school performance was relatively infrequent; 5) post-traumatic play and re-enactment were more frequently observed in children and seemed more important to their personality development; and 6) a skewed view of time and the future was particularly striking in children.⁷ Other studies also indicated delayed reactions were seen in children, as in adults.

I do not think that the absence of flashbacks or unbidden intrusion, as found by Terr, is representative for children of acute crises. My impression is that they can seldom put their experience into words in the preschool years, but that intrusive recollections are present, and can be seen in children's drawings. It is evident in their play, too.

Personality Changes

Terr's studies illustrate the profound changes that can take place in children's personalities even after a single traumatic event. Clinging or regressive actions, dreamy or immobile behavior, hostile or irritable personalities, and show-off or clownish displays are common post-traumatic changes in children.⁶⁻⁷

From my experience in war-afflicted areas, I have found the hostile and irritable personality change quite profound. In

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Lebanon, for instance, children solve conflicts by aggressive and threatening means, saying such things as, "I will hit you, or take a bomb and throw at you." While visiting Uganda, a country long ravaged by war, I was struck by how often children had aggressive themes in their play; they erected roadblocks and checkpoints, while fashioning serviceable weapons out of refuse. Although we might look upon some of this play as a way that children come to grips with the adult world, most of it represents how children use and take over adult models for their behavior.

Future Pessimism

One of the most alarming of the post-traumatic responses is the philosophical pessimism occurring in children. Four years after the Chowchilla kidnapping, 23 of the 25 victims despaired over their future. "I think I'm going to die young; I'm sure of this."⁷ This disparaging comment was made by an 11-year-old survivor. Most of the children expected an unusually short lifespan or a future disaster; they were unable to envision marriage, children or a career. While we know little about how traumatic events affect children at different levels of their development, it seems to be a common reaction

that they lose confidence in their future, regardless of developmental stages.

This philosophical pessimism seems paralleled in emotionally scarred children throughout the world. Studies from Sweden, Norway and the United States show that children experience a high level of anxiety over possible nuclear war and annihilation. Even more frightening is the fact that children and youngsters report they do not talk about their anxiety over future threats, especially nuclear weapons. Children are left to struggle with these anxieties on their own. The long-term effect of this youthful negativism remains unknown.

Lack of Trust, Feelings of Vulnerability

Developing a sense of trust in the world is important for children's identity formation. Children who have undergone stress may experience more or less permanent changes in their sense of security. Following a death in the family, surviving children commonly experience increased fear and anxiety. Usually accompanying this are increased worries about the health and safety of both themselves and their parents, compounded by difficulties in falling asleep and recurring nightmares.

Children in traumatic crises and disas-

ter/war situations understandably lose their sense of invulnerability, if they ever get a chance to develop this sense. The illusion of invulnerability refers to the inclination to look at oneself as less vulnerable than others, with a lower risk of experiencing negative events. This illusion is a form of coping, giving people a sense of control in the world. As a consequence, we are better able to deal with our daily activities. When a person has been powerless in defending against danger, he can no longer hold on to a fundamental belief in his future safety.⁴

From a relatively uncomplicated view of life as a "safe" place to live, their world is turned into a place of uncertainty, fear and more unspecific anxiety. Children exposed to traumatic situations, famine, displacements or continuous physical neglect/abuse can hardly be expected to establish a sense of security in their world. Sudden acute life stresses will shatter their security altogether.

Stress responses of fear and anxiety are often conditioned to specific stimuli related to the event. After the Buffalo Creek disaster, children showed abnormal physical reactions to rain and water.⁵ In other cases, children exposed to fire had a hyperventilation attack the next time someone "spoke" of fire. Children exposed

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to avalanches have vomited or gotten diarrhea when snow slid off a rooftop. However, in terms of psychiatric morbidity, continuous extreme stressors might be more devastating than any single event.

Frequently, children will attempt to mentally adapt to danger. At an early age, they learn to identify relative degrees of danger. Later, even the most dangerous situation is taken as part of the routine. "It's OK, it's only a bomb," was the expression a 17-year-old girl used to describe this change. In some cases, delusions of immortality and omnipotence develop.

family's sole provider. Many children have to take on adult functions when living in stressful situations. Due to a parent's death, disappearance or divorce ("ordinary crises"), a child is suddenly thrust into the position of supporting the family.

The most dramatic example of the exploitation of children is their enlistment in military conflicts. In Iran, children are sent to the front lines with sweatshirts proclaiming, "I am going to heaven." They are directed toward tanks and die bloodily in the belief that they are serving God. Not only do they lose their childhood - they

lose their lives.

During times of stress and crisis, dehumanizing attitudes toward children may be present in larger institutions. In Lebanon, there is a nursing home for children where the children's names are not used when the personnel talk to them; instead, they use the phrase "son of himself." They look upon visitors from the family as intruders that create problems because the children cry when they leave. Children less than three years old are confined to beds or small mattresses all day long. Since many of the workers are them-



A drawing by a four-year-old who witnessed the death of her younger sister. The dot on forehead actually appeared on the body.

This adaptation process might explain why researchers in a study in Israel found manifest anxiety scores of children living in an area under almost constant shelling uniformly as low as the scores of children that were never under fire.⁸ Since the shelling situation over time becomes part of normal life, they learn to deal with this stress situation in a matter-of-fact, constructive way - thus lowering anxiety levels. In this way, the harmful situation seems to have less psychological impact. Such casual responses carry serious implications, since they may lead to an interpretation of the events they experience as less harmful than they really are.

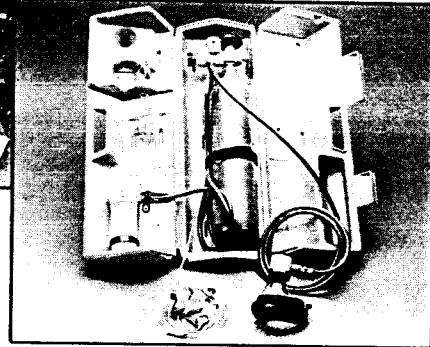
Consequences on future adaptation with regard to psychological health are not known.

The Lost Childhood

Barbed wire, burned-out homes and bodies strewn across blackened countryside . . . For millions, remembrances of youth are nightmares recalled.

In disaster/war stricken communities, it is not uncommon for a 10-year-old to be a

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"Children who have undergone stress may experience more or less permanent changes in their sense of security."



selves orphans, they distance themselves from the children to avoid their own pent up emotions from a cruel past.

Lacking care from a loving attachment figure, unable to develop their personality through normal, stimulating play, these children lack important aspects of childhood, aspects that we perhaps take for granted.

Children Cope

It has repetitively been shown how important the "social milieu" is for children's coping. A study of the aftereffects of trauma affecting children found that it is important to prevent separations between children and their parents.² Children who lived together with their parents during crisis showed fewer stress symptoms than

those who lived with strangers.

Clearly, in emergency situations, it is important to preserve the family unit – even in situations where this means keeping the child in a dangerous environment. In past emergencies, organized evacuation schemes have been a major cause of parent-child separations.

Children's reactions to war and disaster are also strongly influenced by the social closeness of their community. While sometimes difficult, as much as possible should be done to try to maintain not only the child's support from the nuclear family, but also with the extended family – the school and other institutions. If a family system is shattered, a surrogate family or other stable attachment should be substituted. However, in many cases, as for example in refugee camps, programs to reunite unaccompanied children with their parents were proven successful.

When a child is faced with a single or multiple traumatic events, the possibility of emotional abreaction and understanding that secure release of pent-up tension through play, conversations etc. is important for "work through" of the event.⁷ Children have the same basic need as adults to grasp the meaning of an experience, and to integrate it into their life. They do this through their own rituals and play,

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through questions and short conversations with adults.

The way the parents provide information about such events will often have a significant influence on the children's reaction. While open communication makes for better adjustment in children, adults often give them confusing and inadequate explanations that may aggravate their reactions. When a tragedy has happened in the family, children should receive a prompt and factual account of the event; their need for coming to grips with the experience must be acknowledged. Helping adults to deal with their own experiences will often be the best way of facilitating communication between themselves and their children.

In Israel, mental health professionals have worked successfully to help children cope with adverse situations. They have provided children with skills to develop self-trust, tolerance for distress, and the ability to find new solutions. Children are given opportunities to develop cognitive-emotional maps to guide them in threatening situations through a program called COPE.¹ Ambiguous pictures and photographs are used for role-playing and expressive writing, as well as poems, short stories and simulation games. They are encouraged to cope with unforeseen and previous stress through play and fantasy. Relaxation techniques, long used with adults, provide an effective tool for reducing a child's anxiety.

The most damaging element in many children's experience is that they must be confronted daily with their grim reality. Play, fantasy and conversations are their most therapeutic means of escape.

Mutual help groups for children, as well as mobilizing art and, what the Israeli's call, "therapeutic teaching" within the school setting, can also help them cope with adverse events.³ The schools and kindergartens represent continuity with normal peaceful routine, an important way to reduce acute and long-term stress.

Guidelines for effective and comprehensive functioning of a society's institutions in times of crisis should be developed prior to a crisis to help children and adults cope. This demands a structured atmosphere and a resourceful society. In 1978, an anticipatory guideline system was developed for use in schools in advance of natural or man-made disasters using simulation and simulation games.

Future Hope

While we must reduce children's distress at the individual and institutional level, the most important level to be pursued is the political one. We could dramatically reduce the number of children experiencing crisis if there were a more just distribution of the world's resources. If we as adults worked together, there would be

a dramatic improvement in children's welfare. We should start by working against the glorification of violence and war seen in the media and our history books.

Listen to the voices of the children. Their future is in our hands. □

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