

Trauma Reactions, Suffering and Healing among Riot-Affected Internally Displaced Children of Gujarat, India: A Qualitative Inquiry

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More than four thousand families of Muslim community in Gujarat state of India, have been facing internal displacement after a communal riot broke out in 2002. Many of them have also been facing bereavement and trauma due to loss of family members and/or sexual assault they had to undergo during the riot. Using innovative qualitative methods, this study explored the experiences of trauma reactions, social suffering and healing among the children of these families in Panchmahal district of Gujarat. Findings show the presence of experiences of trauma reactions ('trauma specific fear' and the posttraumatic stress symptoms such as 'avoidance' and 'sleep disturbance') and social suffering ('loneliness', 'separation from loved ones' and 'deprivation') among these children. Findings also show the experiences of healing ('support through relatedness', 'guided by religious values' and 'harmonious thoughts and experiences') among children as facilitated by their socio-religious values and the emotionally supportive environment they are receiving at their school. Implications of the findings are discussed in terms of further psycho-social care needed by the children.

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Key Words: Trauma reactions, suffering, healing, Draw-and-Tell conversation technique, constructionist grounded theory, ecological framework, internal displacement

Disaster Trauma and Children

Due to their inadequate ability to effectively verbalize their thoughts and emotions to others, children have often been described as the 'silent or invisible' victims of disasters or traumatic events (Drell et al, 1993; Osofsky, 1995). Pynoos et al (2007) point out that there are no reliable large-scale epidemiological data on the morbidity or mortality of children exposed to disasters. Nevertheless, individual studies have shown the presence of symptoms of posttraumatic stress disorder (PTSD) as a trauma reaction among the children exposed to violence (Martinez & Richters, 1993; [Scrimin et al, 2006](#); Singer et al, 1997). Presence of trauma-specific fear as another trauma reaction has also been noted among children (Terr, 1991). [Depression and anxiety have been observed as other mental health outcomes of children's exposure to traumatic and violent events \(Fremont, 2004; Hagan et al, 2005\).](#) Osofsky (1995) and Terr (1990) have also indicated the possibility of obstructive impact on the psychological development of children exposed to disasters.

Scheeringa et al (1995) and Scheeringa (2004) have pointed out that young children (of about 8 years of age and below) have limited cognitive and expressive language skills to verbally describe all the DSM-IV PTSD symptoms (American Psychiatric Association [*DSM-IV*] 1994, [*DSM-IV-TR*] 2000). Therefore, they have proposed a modification in the symptoms of PTSD especially for young children. These symptoms are generalized anxiety symptoms (separation fear, stranger anxiety and fear of monsters and animals), avoidance of situations that may or may not have an obvious link to the original trauma, sleep disturbances, and preoccupation with certain words or symbols, that may or may not have an apparent connection with the traumatic event (Drell et al, 1993; Scheeringa, 2004).

Although PTSD is one important possible outcome of exposure to a traumatic event, some psychiatrists and social scientists believe that reifying it as a disorder in the field of psychiatry and psychology increases the danger of ignoring the experiential and clinical salience of its symptoms and other forms of social suffering associated with trauma. Pynoos et al (1996, p. 345) fear that its

“diagnosis is being construed as a type of Platonic form, as a result, the intimate relationship of these symptoms to the particular and complex experience of an individual child is in danger of being lost.” Therefore, in the recent decades there has been a paradigm shift in the study of mental health including the outcomes of the impact of disasters. The bio-psycho-social model (Engel, 1977; Kleinman, 1988a) has provided a basis for such a paradigm shift where mental health and illness experiences are studied in their socio-historical context through the concepts of suffering and healing. Literature on trauma research on children currently emphasizes on such a *contextual* understanding of the experiences of mental health and illness (or suffering and healing) through ecological framework (Mohr, 2002; Shultz et al, 2007).

Post-Disaster Suffering and Healing: An Ecological Perspective

Kleinman et al (2000) have defined social suffering as ruining of inter-subjective connections due to adverse socio-political events and cultural processes. Also, Kleinman (1988a; 1988b) have defined healing or remoralization as the process that provides meaning and value to a sufferer’s experiences through cultural beliefs and symbols. Clearly these definitions of suffering and healing situate these experiences in the person’s socio-historical context.

The ecological framework may provide a systematic understanding of the impact of the socio-historical context on suffering and healing of the child who has survived a disaster as it recognizes four components that may comprise the ‘context’. According to Mohr (2002), these components are macrosystem (consisting the beliefs and values of the culture, e.g., religious beliefs and values), exosystem (consisting aspects of community in which the family lives, e.g., level of violence or level of positive parental involvement), microsystem (consisting the immediate settings in which the child receives socio-emotional support, e.g., family and school), and ontogenic development (that includes individual characteristics related to child’s own development and adaptation, e.g., age, temperament and physical health).

The ecological framework of suffering and healing of disaster-affected children appears to be consistent with the social constructionist ontology that posits that human experiences are socio-historically constructed. The framework may then help to understand the experiences of not only the symptoms of PTSD but also other forms of suffering such as disturbances in peer and social relationship, moral development and conscience functioning as adverse psychological outcomes of disasters for children (Pynoos et al, 2007). This study adopted the ecological framework to understand suffering and healing experiences of riot-affected displaced children of Panchmahal district of Gujarat.

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The Historical Context of Children in This Study

On February 27, 2002, one compartment in an Ahmedabad-bound train (named Sabarmati Express) was set on fire allegedly by Muslim individuals killing 21 men, 26 women and 12 children (Hashmi, 2007). All were Hindu pilgrims. This incident incited weeks of killing, sexual abuse, looting, and destruction of Muslim property by Hindu mobs. After a month of carnage, 2000 Muslims had died, 2500 more were reported to be missing, lakhs (one lakh = 100,000) of individuals were displaced, and property worth crores (one crore = 10 million) of rupees had been destroyed (Hashmi, 2007). The relief camps that gave shelter to lakhs of Muslim people were officially closed down by a directive of the State Government of Gujarat on 30 June, 2002 leaving them on their own thereafter.

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As Hashmi (2007) observed, what occurred after June, 2002 in post-carnage Gujarat was internal displacement of 4473 families comprising of 23081 people. These families are living in 69 sites with semi-permanent houses built by non-governmental organisations (NGOs). Several of the colonies at these sites are members of State Committee of Internally Displaced. Chandoke et al (2007) reported the difficult living conditions of the people of these colonies in Ahmedabad. Poor sanitation (toxic pollutants near one colony due to non-civic garbage disposal by the municipality),

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unhealthy housing (without ventilation), unsafe electricity, decline in income and insecurity over temporary nature of housing were the reported problems of the internally displaced people. The riot-affected Muslim families were facing cumulative prevalence of victimization. Studies show that this might have serious and debilitating impact on the mental health of the internally displaced children. Hoven et al (2005) observed that the child's exposure and the exposure of a child's family member were significantly related to increased likelihood of probable anxiety/depressive disorders among New York city public school children six months after September 11 event of the attack on the World Trade Center in the US. Further, Turner et al (2006) reported that continued prevalence of victimization led to depression and anger/aggression among children and adolescents in the US.

Current Study

A social psychiatrist, Harish Shetty (2002) wrote after visiting the victims of Gujarat carnage,

“In Gujarat, the mental health fraternity was silent fearing the disruption of ‘therapeutic neutrality’. This is actually a denial of professional responsibility. Mental health professionals need not be sloganeers, but they must raise some voices during difficult times. A small minority has made active efforts and taken stands, but on the whole, silence has transformed the profession’s empathy into apathy. This collective silence must be broken with concerted action toward healing and prevention”

Apparently, there are not many reports available regarding the psychological impact of trauma or planning psycho-social rehabilitation of the internally displaced survivors and their children are concerned, barring the efforts by Maitra et al (2002) who made psycho-social intervention with play and art forms among children affected by the post-Godhra carnage in 2002.

The NGOs, Jan Vikas (JV) and Centre for Social Justice (CSJ), Ahmedbad, in collaboration with

few other NGOs have been making efforts for rehabilitation and primary education among the survivors and their children. When I discussed with with the social workers and officials of JV my plans to conduct a study to understand the impact of the disaster among the survivors of the riots, they immediately became interested in such a study among the children survivors as it has been involved in providing value-education to such children. Udaan, a sub-unit of JV has been providing education to children through Meghdhanush schools with a focus not only on facilitating intellectual growth but also providing emotional care. Through the proposed study, the teachers and concerned officials of Udaan would have come to know more about socio-emotional needs of the disaster-affected children studying in Meghdhanush schools. It is for this reason that my proposal to conduct a study was welcomed and I was also provided all assistance and support needed to reach out to the children to conduct my study. To study the experiences of trauma reactions, suffering and healing of children of such internally displaced Muslim families, a qualitative study was planned utilizing the ecological framework with the following objectives:

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a) To understand the experiences of trauma reactions and suffering of riot-affected internally displaced children in Gujarat.

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b) To understand the experiences of support and healing that might be generated through the relationships and value-education the riot-affected internally displaced children were receiving

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Research Site

The research sites were the Meghdhanush schools run by Udaan, a sub-unit of JV primarily for the children from 'colonies for internally displaced people' in Halol and Kalol towns of Panchmahal district of Gujarat state. All the students at the schools barring four Hindu students at

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Halol and one Sikh student at Kalol were Muslims. But, these schools are open for children of all religion from other parts of the town as well. More than 90% of the enrolled students were from these colonies. The living conditions of the people living in these colonies (who had to flee their respective villages due to the carnage) are similar to what has been described by Chandoke et al (2007), such as poor sanitation including water-logging during monsoon season, unhealthy housing (without ventilation) and decline in income due to displacement.

Classes are run in these schools from Grade One to Five. Besides structured classroom teaching, activities like “learning through projects” and “library readings” are carried out to induce curiosity and creativity in children. Extra-curricular activities like folk dance, songs and play are encouraged to inculcate varieties of skills. Importantly, Summer Workshops are conducted where the Meghdhanush students get an opportunity to mix up with children from other caste and religion, and schools to encourage values of equality and integrity (Udaan, 2008).

Methodology

The research questions were explored utilizing qualitative methodology that has proved to be an effective and meaningful way to understand the experiences of children (Engel, 2005). Also, as Pynoos et al (1996) point out, children’s traumatic narratives can assist a child in clarifying the details of the traumatic experience, understanding its context and meaning and addressing belief systems. Also, Cohen et al (2000) have reasoned that young children’s limited cognitive and expressive language skills has prompted methodological innovations for the study of their trauma reactions. The methodological innovation used in this study to generate narratives of trauma reactions, suffering and healing was the use of Word Association Test (WAT; developed by the renowned psychoanalyst, Carl Gustav Jung), and ‘Draw-and-Tell’ (D-&-T) conversation¹ technique.

WAT, as a projective technique, is usually conducted to understand ‘complex’³ in individuals but Jung, (1969a) has stated that the responses of this test can be considered as a

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conversational text. This makes the responses suitable for qualitative analysis⁴. Usually, 100 words are presented before the participants in a sequence with a gap of 15 seconds in which they have to write their spontaneous thoughts in a few words or a sentence. WAT was used to generate narratives about experiences of 'trauma specific fear', socio-moral forms of suffering such as disturbance in relationship orientation and moral functioning, support and healing. Therefore, the words that could potentially get associated with such probable experiences of the riot-affected internally displaced children were selected. For example, words such as 'separate', 'alone', 'danger', and 'fear' were selected for their potential association with a range of experiences of trauma and suffering and words such as 'mother', 'love', 'home', 'India', and 'happy' were selected for their potential association with a range of experiences of support and healing. Furthermore, words such as 'you', 'we' and 'religion' were selected for their potential association with experiences in relationship and moral orientation. Only 12 stimulus words were used in this study considering the possibility that conducting WAT with 100 words might have produced mental fatigue and boredom clouding the authenticity of the responses of young children (although using WAT with 100 words might have provided greater variety in the responses of children resulting in more in-depth understanding of their experiences).

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Martha Driessnack (2006) has introduced D-&-T conversation technique. It utilises the child's drawing acts as a transitional space in which feelings can be externalized into a concrete form and are reconstructed in conversation with the researcher (Hanney & Kozolowska, 2002). In this technique, a child is asked to think about the time when he or she experienced an intense emotion (Martha Driessnack, in her study of children's experience of fear, asked the participants to think of such a time when he or she was most afraid). After finishing with drawing, the child tells the researcher about it. Then, depending upon the purpose of the research, a linguistic or qualitative analysis of the child's narratives is conducted. Appendix A provides an illustration of such a D-&-T conversation technique where the child has drawn the images of "self" in the upper half of the

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drawing paper and that of “some other person” in its bottom half. Excerpts of conversation about the drawings are also provided. Besides generating narratives about the experiences of trauma specific fear, socio-moral suffering and healing, D-&-T conversation technique was also utilized to generate narratives about experiences associated with symptoms of PTSD that have been proposed by Drell et al (1993) for children.

A focus group discussion among eight teachers of the Meghdhanush schools at Halol and Kalol was conducted at the Meghdhanush Office at Halol to understand general nature of emotional disturbance and emotional wellbeing among the students. The teachers’ help was also taken in identifying the drawings (under D-&-T conversation technique) that apparently depicted children’s experiences of suffering, support and healing.

Participants

Keeping in mind their better verbal and written communicability of the students of Grade Four and Five from the Meghdhanush schools at Halol and Kalol blocks of Panchmahal district were selected for this study. Altogether 102 Muslim children participated. Age-range of the students was 7.5 to 9.5 years. Out of these children, 45 (25 male and 20 female) were from Halol and 57 (36 male and 21 female) from Kalol. Majority of these students lived in the ‘colonies for internally displace people’. Some participants were also displaced people living in other parts of the towns. All the students had witnessed violent mobs and some of them had seen killings and sexual assault during the carnage. For ethical reasons, names of all the participants and teachers mentioned in this article have been changed.

Procedure

The process of data collection was carried out in June, 2008. At both the schools, before conducting the study, informed consent was taken from all the students who participated in the

study. Children were instructed that they would be participating in two activities related to sharing their experiences at the school at that point of time. They were also informed that the entire exercise would take about 45 minutes and that there won't be any right or wrong responses in those activities. Special care was taken to give clear instructions to the children. First, the task of drawing images under D-&-T conversation technique was given followed by the WAT.

Since the D-&-T conversation technique had to generate narratives about the experiences in children's social and relational context of communal violence and displacement, they were told to first draw their own image in the top half of the blank sheet given to them and then the image of 'any other' person which came their mind in the bottom half. There was no time limit for the drawing task. But all the children took less than 15 minutes to complete it. After the drawing tasks, children were given another activity to participate in, that was WAT.

While conducting WAT, they were instructed to write about the spontaneous feelings that get associated with the word written on the blackboard only in 15 seconds. Following were the stimulus words:

1. *Ma* (Mother),
2. *Alag* (Separate),
3. *Pyar* (Love),
4. *Tum* (You),
5. *Ghar* (Home),
6. *Dar* (Fear),
7. *Bharat* (India),
8. *Akela* (Alone),
9. *Hum* (We),
10. *Khatra* (Danger/Threat),

11. *Khush* (Happy) and

12. *Dharm* (Religion).

The teachers at the schools were requested to go through the drawings of ‘self’ and ‘other’ by the children and help me in identifying the drawings (under D-&-T conversation technique) that apparently depicted children’s experiences of suffering, support and healing in a significant manner. The purpose of such a screening of drawings was to utilize them to develop more insights about experiences of the children whose drawings appeared to be associated with intense experiences of suffering. This purposive sampling within the initial sample was in line with the aim of this qualitative study to explore the diverse nature of experiences of suffering and healing (and not the generalization of their mental health status). Also, the decision to involve school teachers in such a screening of drawings was taken on basis of the assumptions that the drawings might indicate emotional expressions and related images of other persons and places and the teachers could understand the socio-political context of the lives and the physical living conditions besides the general experiences of displaced children.

Finally, five such drawings were selected with the consensus of the teachers⁵ and interviews with the children, who drew it, were conducted. An interview with each child was initiated with questions about the person in both parts (“self” and “other”) of his or her drawing. Examples of the questions are, “What is the activity you are doing in the drawing about yourself?”, “Who all are there in the drawing about yourself?”, “Who is the person in the bottom half of the page and what is he or she doing?” etc. Gradually, as the child started talking spontaneously about him/herself and his or her relationship with the “other” person in the bottom half of the drawing, exploration about his or her experiences of trauma reactions, socio-moral suffering and healing (support network, role model, future relationship with pre-carnage Hindu friends) was facilitated. Out of five selected drawings, the interview with the child who made the drawings in Appendix B could not be

completed as the child started crying when he looked the drawings⁶. In the entire process of data collection, one of the teachers of the schools was with me take care of any possible emotional disturbance caused by it. To minimize the influence of the teacher's presence on students' responses, he/she was requested to be seated behind the students and interact with a student only if I indicated the need of emotional support for him/her.

Analysis of Children's Narratives

Responses of 85 children out of total 102 were clear (readable responses to WAT) and interpretable. These responses, narratives generated from the D-&-T conversations with four children and the narratives from the focus group discussion among the teachers were analyzed ~~using the constructionist grounded approach.~~ Unlike content analysis that utilizes deductive analytic procedures, the constructionist grounded theory (CGT) analysis involves open, focus, and axial coding techniques which allows for categories to emerge from the narratives (Charmaz, 1995, 2006). The CGT analysis facilitates the understanding of human experience through a social constructionist paradigm by delineating the processes of how diverse human experiences are shaped by the prevailing cultural and socio-political discourses and conditions.

~~The CGT analysis requires explication of the epistemological and metatheoretical frameworks adopted in the study (Charmaz, 1995; 2006).~~ The epistemological position adopted for the present study was that of constructionism and the metatheoretical framework for analysis was a combination of bio-psycho-social model (Engel, 1977; Kleinman, 1988a) and ecological framework of post-disaster suffering and healing (Mohr, 2002; Shultz et al, 2007).

The narratives generated through WAT, D-&-T conversations and the focus group discussion were analyzed through open, focus and axial coding procedures as given in Charmaz (1995; 2006) Open coding included line-by-line coding and constant comparison of narratives within and between participants. For example, a participant's responses like "*hum khatre me pad*

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chuke hain” (“We are facing danger/threat”) coupled with “*hum dar rahe hain*” (“We are frightened”) were compared with another participant’s responses like “*dukh*” (“Agony”) and . “*yahan khatra hai*” (“There is danger here”) led to the open code, “experience of fear and threat”. Focus coding included constant comparison of the open codes that helped the selection of those open codes that described the narratives completely and incisively. “Benevolent role model”, for example, emerged as a focus code about the healing process. In axial coding, the constant comparison of the focus codes was carried out for the purpose of regrouping the focus codes wherever possible. Thus, focus codes were finally converted into categories and sub-categories of children’s experiences of suffering and healing through the process of axial coding.

To enhance the trustworthiness of results of a qualitative study, the CGT analytic approach clearly delineates the metatheory adopted for the analysis that shapes coding process and labeling and definition of the final categories. For example, in the current analysis, the understanding of the exosystem (consisting aspects of community in which the family lives, e.g., level of violence or level of positive parental involvement) of the community facilitated the development of the categories of social suffering, such as ‘loneliness’, ‘separation from loved ones’ and ‘deprivation’. Further, the awareness of microsystem (consisting the immediate settings in which the child receives socio-emotional support, e.g., family and school) facilitated the emergence of categories of healing such as ‘support through relatedness’ and ‘harmonious thoughts and experiences’.

Results

The constructionist grounded theory analysis resulted in several categories of children’s experiences about trauma specific fear, trauma reactions, socio-moral suffering and healing. Table 1 presents the categories of experiences that emerged through analysis of narratives generated from WAT. Since the D-&-T conversation technique was used to generate the narratives about the experiences of posttraumatic stress in addition to those of trauma specific fear, socio-moral

suffering and healing, the non-common or additional categories of experience that emerged from the analysis of narratives of D-&-T conversation are presented in Table 2.

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To understand the experiences of children, let us go through the details of the meanings and indicators of these categories.

Experiences of Fear and Threat

Children's narratives showed experiences of fear and threat living as displaced people. The following responses of children from WAT indicate it:

(a) Arif (male, Grade V, Kalol):

- *Fear – Dukh* (agony)
- *Danger – Mushkil* (difficulty)

(b) Iqbal (male, Grade V, Kalol):

- *Fear – Dukh* (agony)
- *Danger – Yahan khatra hai* (there is danger here)

(c) Wasim (male, Grade IV, Kalol):

- *Fear – Hume dar lagta hai* (we are afraid)
- *Danger – Khatra hai* (there is danger)

(d) Salman (male, Grade V, Kalol):

- *Fear – Ghabra gaye* (became nervous)

- *Danger – Mushkil* (difficulty)

(e) Imran (male, Grade IV, Kalol):

- *Fear – Mujhe raat ko dar lagta hai* (I am frightened during night)
- *Danger – Main khatre me phans gaya hun* (I am caught in danger)

(f) Asif (male, Grade V, Halol):

- *Fear – Mujhe dar lagta hai* (I feel frightened)
- *Danger – Idhar khatra hai, phans jaenge* (There is danger here; we shall get caught)

(g) Shabnam (female, Grade V, Kalol):

- *Fear – Mujhe yahan dar lagati hai* (I feel frightened here)
- *Danger – Main khatre me padi hun* (I am lying in danger)

(h) Shoaib (male, Grade V, Halol):

- *Fear – Hum dar rahe hain* (We are frightened)
- *Danger – Hum khatre me pad chuke hain* (We are lying in danger)

(i) Irfan (male, Grade V, Halol):

- *Fear – Mere ko dar lagta hai* (I am afraid)
- *Danger – Mere ko khatra hai* (I am in danger)

Furthermore, one participant in the focus group discussion among the teachers of the schools shared the worry of children's parents, "Parents share that, whenever people shout 'Jai Shree Ram' ('Victory to Lord Ram') and other such slogans in a rally passing nearby their 'colony', they and their children feel frightened." It does indicate the presence of trauma specific fear among the children.

Experience of Posttraumatic Stress Symptoms

Children's narratives from D-&-T conversation showed the experiences of trauma specific fear, sleep disturbance and avoidance:

Anwar (Appendix A) shared, "I was playing with my friends in the field (nearby my colony) and suddenly a dog came in front of me. I was very much afraid of it. I just ran to keep away from it and finally reached a higher place where I could save myself." He also shared, "When I am alone, I get frightened because the incidents of *dhamal* (carnage) come to my mind. People were hiding behind a shop but they were caught and killed. I was hiding behind another shop. They could not kill us because they didn't see us there. I am not able to sleep at night whenever this incident comes to my mind." When asked about what he does when his is reminded of the incident, he said, "I just rush to my friends and then I forget about all those things. When it is dark, my mother takes me home from there."

Sadiq (Appendix C) shared, "When I am alone, I am reminded of the dead body lying near the water-tap that day. There was blood all around . . . (starts stammering) I can not sleep when I am reminded of it. . . . To keep these thoughts away, I always want to be with my friends."

Mumtaz (Appendix D) shared, "When I am alone at home I am reminded of *dhamal* (carnage). I feel frightened. . . . So, I quickly go to my friends or Tausif's (her friend's) house." "Yes, sometimes, I am not able to sleep when I am reminded of *dhamal*."

Tabassum (Appendix E) shared, "I do not like to be alone because I feel frightened . . . I am reminded of the incident. . . . If reminded at night, I am not able to fall asleep. They killed many people in front of my eyes. This is why I do not like to be alone. I go to my friend, Tausif's house."

Experience of Loneliness

Children shared their unpleasant feelings of being alone. Their responses of WAT indicated the same:

- (a) Rashida (female, Grade IV, Kalol):
- *Alone –Rona* (Crying)
- (b) Roshan (male, Grade IV, Halol):
- *Alone – Akela nahin achchha lagta* (I do not like being alone)
- (c) Zubaid (male, Grade IV, Halol):
- *Alone – Akela kharab lagta hai* (I feel bad about being alone)
- (d) Hasan (male, Grade IV, Kalol):
- *Alone – Akela hun* (I am lonely)
- (e) Mohisin (male, Grade IV, Halol):
- *Alone – Akele rahna achchha nahin lagta* (I do not like being alone)
- (f) Romana (female, Grade IV, Halol):
- *Alone – Akele dar lagta hai* (I am fearful when I am alone)
- (g) Sadiq (male, Grade IV, Halol):
- *Alone – Akela pad gaya* (I became lonely)
- (h) Ali (male, Grade IV, Kalol):
- *Alone – Main akela hun. Hum akele hain* (I am lonely. We are lonely)

Similar unpleasant feelings were shared by the children in D-&-T conversation. These are presented below:

Anwar (Appendix A) shared, “. . . my father works as a staff in the parking area at Pavagarh. He is away during the day hours. When my mother also is not at home, I feel bad and am reminded of the ‘incident’.”

Sadiq (Appendix C) shared, “After the school, everyone at home is busy in some work. I want to talk to my friends. I feel sad being alone at home.”

Mumtaz (Appendix D) shared, “I do not feel good at home because there is nobody to talk to after I come back from school.”

Furthermore, one participant in the focus group discussion among the teachers of the schools shared his concern, “Many children living the colonies (of displaced people) have nobody to care at home since some family members are no more in the riots and available member hardly want to spend some time with them.”

Feeling of Separation from Loved Ones

Children shared their feelings of separation from their loved ones as represented in their response to WAT:

(a) Shafqat (male, Grade V, Halol):

- *Separate – Dost se alag ho gaya* (I got separated from my friend)

(b) Mudassar (male, Grade V, Halol):

- *Separate – Hum ma se alag ho gaye* (We got separated from mother)

One child also shared during the D-&-T conversation his feeling of relative deprivation. Sadiq (Appendix C) shared, “I am not as strong as others. I am weak. . . . Now, we do not have houses like theirs (Hindu friends’)”

Having Support through Relatedness

Children’s response also showed their feeling of being loved and togetherness. Following responses to WAT indicate the same:

(a) Zubeida (female, Grade V, Kalol):

- *Mother – Ma yaad aati hai* (I remember my mother)
- *Love – Ma pyar karti hai* (Mother loves me)
- *Happy – Mummy papa khush hain* (Mother and father are happy)

(b) Zeenat (female, Grade V, Halol):

- *Separate – Alag baithna achchh nahin lagta* (I do not like sitting separately)
- *We – Hum saath hain* (We are together)
- *Happy – Tum khush ho* (You are happy)
- *You – Tum hum saath hain* (You and we are together)

Similar positive feelings associated with togetherness were shared by children in D-&-T conversation:

Anwar (Appendix A) shared, “I feel good being with my friends. I enjoy with them at both the places places (school and playground). But, I do not like being alone at home.”

Sadiq (Appendix C) shared, “I feel good when I am with my friends”

Mumtaz (Appendix D) shared, “I often do not feel good at home. I feel good at Tausif’s (her classmate and friend) place.

Tabassum (Appendix E) shared, “Tausif is my good friend. We play together in the evening and when I feel bad at home.”

Guided by Religious Values

Unlike some children who responded by writing their religion’s name in response to the stimulus word, “*Dharm*” (“Religion”), the following children comparatively showed internalization

of religious values (rather than just the religious identity) that are represented in their responses to WAT:

(a) Husain (male, Grade V, Halol):

- *Religion – Hume dharm ka palan karna hai* (We have to follow our religion)

(b) Abdul (male, Grade V, Kalol):

- *Religion – Hum dharm pe chalte hain* (We follow the path of religion)

(c) Sultana (female, Grade V, Kalol):

- *Religion – Dharm nibhate hain* (We carry out our religious responsibilities)

(d) Rehman (male, Grade V, Kalol):

- *Religion – Dharm mushkil se bachata hai* (Religion saves from difficulty)

(e) Israt (female, Grade V, Kalol):

- *Religion – Dharm nibhana chahiye* (We should carry out our religious responsibilities)

(f) Mudassar (male, Grade V, Halol):

- *Religion – Main dharm karta hun* (I follow religion)

(g) Imran (male, Grade IV, Kalol):

- *Religion – Main dharm par chalta hun* (I follow the path of religion)

(h) Shoaib (male, Grade V, Halol):

- *Religion – Hum dharm par rahte hain* (We follow the path of religion)

(i) Abdullah (male, Grade V, Halol):

- *Religion – Main dharm nibhata hun* (I carry out my religious responsibilities)

Harmonious Thoughts and Experiences

Children's narratives showed positive and enabling thoughts and experiences that might help them in giving a new meaning to life after the traumatic event and help them in channelize their energies in a positive direction. The following responses from WAT highlight the same:

(a) Shafi (male, Grade V, Kalol):

- *Love – Pyar batna* (Share love)
- *Home – Ghar me ma, ba achchha kam karte hain* (Mother and grandmother work well at home)
- *India – Mera bharat mahan* (My great India)
- *Happy – Khush khabar* (Good news)

(b) Parveen (female, Grade V, Kalol):

- *Love – Hamara dada mujhe bahut pyar karte hain* (Our grandfather loves me very much)
- *You – Tum bahut achchhe ho* (You are very nice)
- *Home – Mujhe mera ghar bahut pyara hai* (I like my home very much)
- *We – Hum khush hain* (We are happy)
- *Happy – Main pass hui to bahut khushi hui* (I was very happy when I passed [the examination])

Benevolent role models

The narratives from D-&-T conversation showed the experience of having role models who are of helping or benevolent nature:

Anwar (Appendix A) shared, “He is Gandhi Ji Babu . . . *rashtropita* (Father of the nation). He was a good man. He helped everyone. . . . Yes, he made the country independent. . . . I want to be like Gandhi Ji Babu. Because he helped everyone. I want to help everyone.”

Sadiq (Appendix C) shared, “I want to be like Mahesh Bhai (his teacher). He is very good. He also plays with us. We all like him.”

Mumtaz (Appendix D) shared, “I want to be a nurse. She helps others.”

Tabassum (Appendix E) shared, “I want to be a teacher . . . like Mahesh Bhai. He is good and helps us when we are not able to learn.”

Openness to relationship across religious boundaries

The narratives from D-&-T conversation also showed the enabling experience of openness to relationship with pre-trauma Hindu friends:

Anwar (Appendix A) shared, “Yes. I miss playing with them. I want to go back amongst them. We used to have very good time together. Yes. But, my father wants to stay here only. I have some very good friends there.”

Sadiq (Appendix C) shared, “I used to play with my Hindu friends. Now also, I shall play with them if we live with them again.”

Mumtaz (Appendix D) shared, “Yes, I had some good Hindu friends. If we go back to our village again, I shall play with them.”

Tabassum (Appendix E) shared, “Even if they killed many people, I would still play with my old Hindu friends because they did not do anything wrong.”

Discussion

This study based on the ecological approach to suffering and healing among the children affect by the post-Godhra carnage provides insights into the suffering and healing experiences of children in their socio-historical context. The theoretical and applied contributions of the study is elaborated below.

Trauma Reactions and Suffering

Fifty seven out 85 children had the experience of either generalized or trauma specific fear and threat in this study. In an Indian study among the children affected by the 1992-1993 Mumbai riots, Dhavale et al (2002) noted overall anxiety symptoms among 35.5% of children. Terr (1991) observes trauma-specific fears to be one of the major symptoms of post-traumatic stress among children. Children also showed the experiences of sleep disturbance and avoidance (of thoughts of the traumatic event) along with trauma specific fear or generalized anxiety simultaneously in their narratives. According to Drell et al (1993), these are the symptoms of posttraumatic stress among children. But, the only symptom of posttraumatic stress that was not present in the narratives was the preoccupation of children with any word or symbol. Furthermore, Feelings of separation from loved ones as noticed in the responses of WAT and fear of animal as noticed in case of Anwar (Appendix A), according to Drell et al (1993), are aspects of generalized anxiety (such as, separation fears, stranger anxiety and fear of monsters or animals). Dhavale et al (2002) noticed sleep disturbance among 62.2% of children. Pynoos (1993) has noted sleep disturbance, nightmares and increased anxiety as the symptoms among children of all ages exposed to violence.

As per the categories that emerged from the focus group discussion, one of the reason for the children's fear and threat was rallies and religious slogans by Hindu mobs. Children's feelings of loneliness was partially induced by the inability of the parents or guardians of some children to engage with them. As Kleinman et al (2000) point out, social suffering (caused by the socio-political forces) ruins the intersubjective connections and it is evident in case of these children.

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Healing as Facilitated by Relationship and Cultural Values

Despite the presence of socio-politically induced experiences of trauma reactions and social suffering, children had experiences of healing through the relational and psycho-social resources. According to Kleinman (1988a), healing or ‘remoralization’ involves retrospective narrativisation within an empathic and supportive experiential space that may facilitate the process of providing a meaning and value to the experience of a sufferer. Thus, healing among these children can be understood as happening through different forms of experiences such as “having support through relationship”, “benevolent role models” and “openness to relationship across religious boundaries”.

Such healing experiences of children are contrary to some of the previous research findings that such trauma-affected children had fear for playing with the ‘other’ community (Dhavale et al, 2002), pessimistic attitude about people, life and the future that may manifest as a sense of hopelessness and difficulty forming relationship (Terr, 1991), feelings of being betrayed by and anger towards Hindu children (in the intervention among the Muslim children affected by the 2002-carnage in Gujarat; Maitra et al, 2002) and feeling of prejudice, in general, about the other religious community (Gupta, 2008).

The regular attendance of students in the school, children’s trust on and friendly relationship with the teachers (Udaan, 2008) might have generated harmonious thoughts and feelings as reflected in children’s benevolent role models and their openness to relationship across religious boundaries. As Jagodic and Kontac (2002) have pointed out, schools help children return to pre-trauma daily routine. Schools may contribute to taking preventive measures against what Klingman (1993) terms as “psychiatrization” of the situation and child survivors. Also, children’s apparently internalized religious values, which emphasizes ‘responsibilities’, seem to have contributed to the healing process. In a study among war-affected Angolan adolescents, McIntyre and Ventura (2003) found the positive and protective role played by the relational and cultural support networks and the

tribal socio-religious beliefs in the healing process. Also, Moscardino et al (2007) noted positive, culturally shared values such as strength, courage, pride and modesty as one of the perceived sources of resilience among the caregivers of children surviving the terrorist attack in Beslan (Republic of North Ossetia-Alania, Russian Federation). One of these caregivers' response also depicted the presence of these values in a boy: "“He is a very strong boy—even in hospital he took care of the smaller children and reassured them”” (p. 1784).

What Psycho-Social Interventions are Possible Now

This study shows that besides the apparently internalized religious values, the efforts of Meghdhanush schools have provided meaningful psycho-social support for children through the humanizing space provided to them (who are living with the experiences of trauma reactions and social suffering). Schools play a major role in providing psychological safety for children (Jagodic and Kontac, 2002). These authors (Jagodic and Kontac, 2002) also suggest that the therapeutic teaching may prove to be effective in helping children decrease emotional tension and develop healthy coping. Therapeutic teaching utilizes text literature and art to stimulate emotional expression.

As the results this study have revealed, children's suffering is partially induced by their parents' or guardians' inability to engage with them in a caring manner. The available literature emphasizes the role of supportive and caring parent (Allwood et al, 2002; Gurwitch et al, 2002) and especially mother (Aroian et al, 2009) in reducing the impact of trauma on children. However, as Chandoke et al (2007) asserted, the riot-affected internally displaced Muslim adults of Gujarat were perturbed by a decline in income and are insecure over temporary nature of housing besides unhygienic and unhealthy living conditions. This necessitates steps to be taken by the government and the policy makers to ensure integration of psychosocial intervention with social reconstruction and economic development (Moscardino et al, 2007; Phem et al, 2010; Wessells, 1999).

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Deleted: also suggest that therapeutic teaching, which utilizes text literature to stimulate emotional expressions and expressive art, which facilitates children's expression of emotions through drawing and verbal expressions about it may prove to be effective in helping children decrease emotional tension and help them develop healthy coping mechanisms

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Subsequent to the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the US now recognizes that children are more susceptible to the untoward consequence of disasters (because of a host of special circumstances, including biological and psychological vulnerability) and directs addressing of unique needs of children and families (Pynoos et al, 2007).

In India, our constitution has to provide space for a policy where urgently required help for children in post-disaster situation is ensured. Such a need can not be overlooked in any national public health system.

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Table 1: Categories of children's experience that emerged from the analysis of WAT

S.N.	Categories of experience	Total (N = 85)
1.	Fear and Threat* ^	57
2.	Lonliness* ^	21
3.	Feeling of separation from loved ones	7
4.	Having support through relatedness*	15
5.	Guided by religious values	14
6.	Harmonious thoughts and experiences*	6

* These are also the categories that emerged from the analysis of D-&-T conversation conversations

^ These are also the categories that emerged from the analysis of focus group discussion

Table 2: Additional categories of children's experience that emerged from the analysis of D-&-T conversation

S.N.	Categories of experience	Total (N = 5)
1.	Fear, avoidance and sleep disturbance	4
2.	Deprivation	1
3.	Benevolent role model**	4
4.	Openness to relationship across religious boundaries**	4

** These are sub-categories of the category (mentioned in Table 1), "harmonious thoughts and experiences"

Appendix A: Drawings by and excerpts of the interview with Anwar (male, Grade V, Halol)

Q. The drawing in the upper half (of the paper) is yours. So, what are doing in this drawing?

A. I was playing with my friends in the field (nearby my colony) and suddenly a dog came in front of me. I was very much afraid of it. I just ran to keep away from it and finally reached a higher place where I could save myself. But, after I reached there, I found that the dog was left much behind. Perhaps it didn't chase me. But, it did frighten me.

Q. What did you do after that?

A. I just returned to my friends and kept playing till going home in the evening.

Q. Where do you enjoy more – in the school or while playing in the evening?

A. At both the places.

Q. What do you do that you like at both the places?

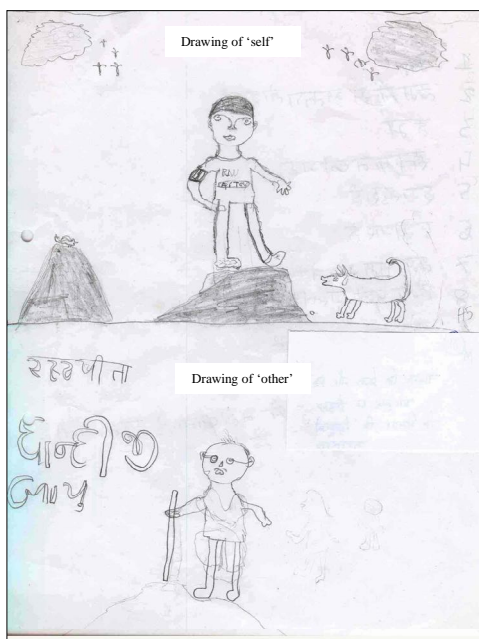
A. I feel good being with my friends. I enjoy with them at both the places. But, I do not like being alone at home. When I am alone, I get frightened because the incidents of *dhamal* (carnage) come to my mind. People were hiding behind a shop but they were caught and killed. I was hiding behind another shop. They could not kill us because they didn't see us there. I am not able to sleep at night whenever this incident comes to my mind.

Q. You are with your friends at the school and with your parents at home. So, you are not alone, are you?

A. No, my father works as a staff in the parking area at Pavagarh. He is away during the day hours. When my mother also is not at home, I feel bad and am reminded of the 'incident'.

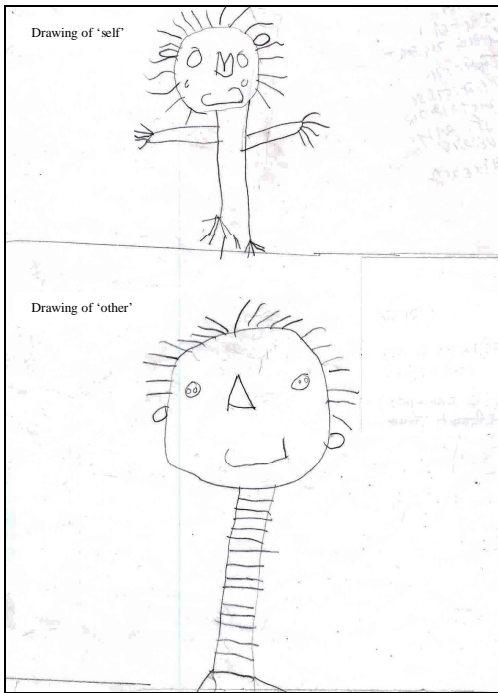
Q. What do you do then?

A. I just go to my friends and then I forget about all those things. When it is dark, my mother takes me home from there.

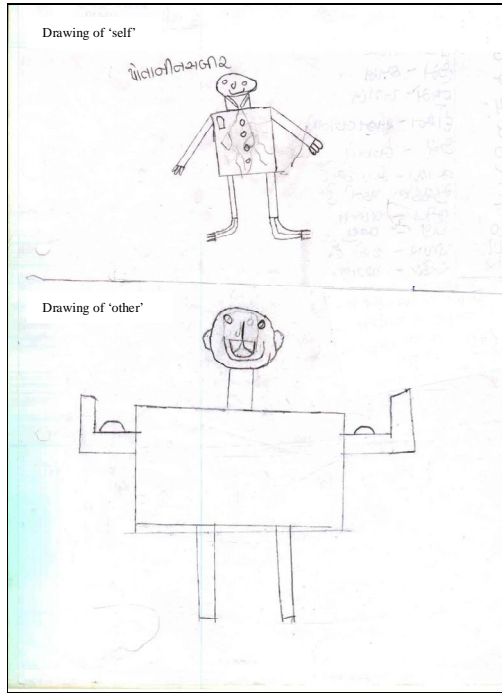


- Q. Now, while talking to me, you are reminded of the incident. Do you feel bad?
- A. No, because I know you. You are my friend. You talked to us nicely in the class before telling us to make these drawings.
- Q. Ok. Tell me, who is there in the drawing in the bottom half of the page?
- A. He is Gandhi Ji Bapu . . . *rashtrapita* (Father of the nation).
- Q. What did Gandhi Ji Bapu do for the nation?
- A. He was a good man. He helped everyone. . . . Yes, he made the country independent.
- Q. What would you like to be when you are grown up?
- A. I want to be like Gandhi Ji Bapu.
- Q. Why so?
- A. Because he helped everyone. I want to help everyone.
- Q. You came to live in this colony after *dhamal*. Do you want to go back to your village?
- A. Yes. But, my father wants to stay here only. I have some very good friends there.
- Q. Do you have some Hindu friends there?
- A. Yes. I miss playing with them. I want to go back amongst them. We used to have very good time together.

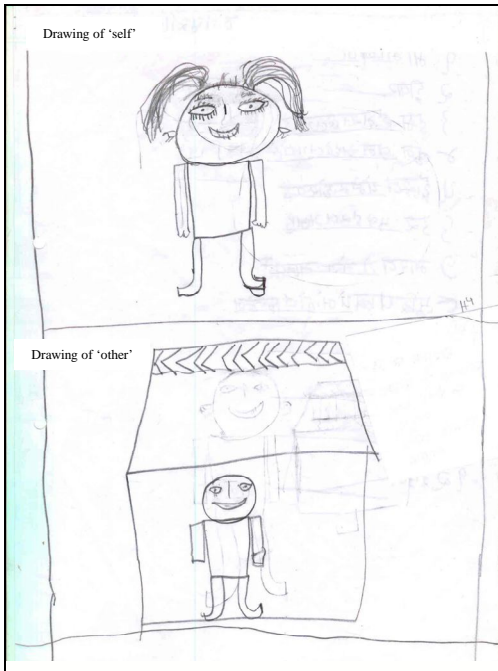
Appendix B: Drawings by Rahim (male, Grade IV, Kalol)



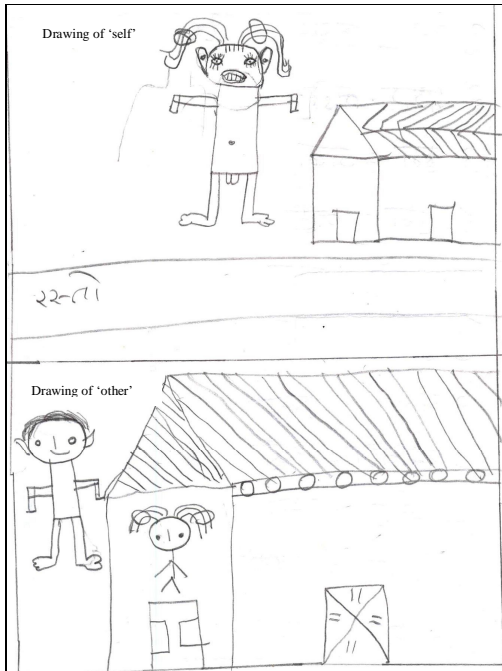
Appendix C: Drawings by Sadiq (male, Grade IV, Halol)



Appendix D: Drawings by Mumtaz (female, Grade IV, Halol)



Appendix E: Drawings by Tabassum (female, Grade IV, Halol)



¹ The terms, “conversation” and “interview” have been used interchangeably in this article denoting the research interaction that took place between the researcher and the child participants around their drawings.

³ According to Jung (1969b), “complex” means disturbance of memory and blockages in the normal flow of associations.

⁴ The literature points to the fact that the responses of WAT have also been subjected to content analysis (Hovardas and Korfiatis, 2006).

⁵ The teachers and myself reached a consensus (about the feelings that the drawings apparently depicted) that the drawings in Appendix A showed child’s feelings of fear and threat in the drawing of his own image and healthy image of “other” in his social world in his preference for preference for Mahatma Gandhi while drawing the “other”. There was also a consensus that the drawings in Appendix B showed the feeling of fear and sadness when the drawn images of “self” and “other” were compared and that those in Appendices C, D, and E showed the feelings of deprivation.

⁶ His teacher, Dilip Bhai and I tried to console him and we planned the interview for the next day. Unfortunately, I could not meet him as he had not turned up for the school that day.