

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

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More than 4,000 families of the Muslim community in the state of Gujarat in 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 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 the Panchmahal district of Gujarat. Findings show the presence of experiences of trauma reactions (trauma specific fear and 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 children such as these.

Keywords: constructionist grounded theory; Draw-and-Tell conversation technique; ecological framework; healing; internal displacement; suffering; trauma reactions

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, Siegel & Gaensbauer 1993; Osofsky 1995). Pynoos, Steinberg and Brymer (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 children exposed to violence (Martinez & Richters 1993; Scrimin et al. 2006; Singer, Miller & Slovak 1997). Presence of trauma-specific fear as another trauma reaction has also been noted among children (Terr 1991). In addition, depression and anxiety have been observed as mental health consequences 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 (about 8 years of age and younger) have limited cognitive and expressive language skills

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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, Steinberg and Goenjian (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 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 such a *contextual* understanding of the experiences of mental health and illness (or suffering and healing) through an ecological framework (Mohr 2002; Shultz et al. 2007).

Postdisaster Suffering and Healing: An Ecological Perspective

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

The ecological framework may provide a systematic understanding of the impact of the socio-historical context on the suffering and healing of a child who has survived a disaster, as it recognizes four components that may comprise the context. According to Mohr (2002), these components are the macrosystem (consisting of the beliefs and values of the culture, e.g., religious beliefs and values), the exosystem (consisting of aspects of the community in which the family lives, e.g., level of violence or level of positive parental involvement), the microsystem (consisting of the immediate settings in which the child receives socio-emotional support, e.g., family and school), and ontogenetic development (including individual characteristics related to the 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 a social constructionist ontology that posits that human experiences are socio-historically constructed. The framework may then help us to understand the experiences that underlie not only the symptoms of PTSD but also other forms of suffering such as disturbances in peer and social relationships, moral development, and conscience functioning as adverse psychological outcomes of disasters (Pynoos et al. 2007). This study adopted the ecological framework to understand suffering and healing experiences of riot-affected displaced children of the Panchmahal district of the state of Gujarat in India.

Historical Context of Children in This Study

On February 27, 2002, one compartment in an Ahmedabad-bound train (named the Sabarmati Express) was set on fire, allegedly by Muslim individuals, killing 21 men, 26 women, and 12 children (Hashmi 2007). All victims 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, 2 000 Muslims had died, 2 500 more were reported missing, *lakhs* (one *lakh* = 100 000) of individuals were displaced, and property worth *crores* (one *crore* = 10 million) of rupees (Indian currency) 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 June 30, 2002, leaving them on their own thereafter.

As Hashmi (2007) observed, what occurred after June 2002 in postcarnage Gujarat was internal displacement of 4 473 families, or 23 081 people. These families are now living in 69 sites with semi-permanent houses built by nongovernmental organizations (NGOs). Several of the colonies at these sites are members of the State Committee of Internally Displaced. Chandoke et al. (2007) reported the difficult living conditions of the people of these colonies in Ahmedabad. Poor sanitation (including toxic pollutants near one colony due to noncivic garbage disposal by the municipality), unhealthy housing (without ventilation), unsafe electricity, decline in income, and insecurity over the temporary nature of their housing were the reported problems of the internally displaced people. The riot-affected Muslim families were facing a cumulative prevalence of victimization. It is obvious that all this might have a serious and debilitating impact on the mental health of the children of these displaced people. Studies of other extreme disasters have confirmed this. Hoven et al. (2005) observed that six months after the September 11 attack on the World Trade Center in the United States, a 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. Similarly, Turner, Finkelhor and Ormrod (2006) reported that continued prevalence of victimization led to depression and anger/aggression among children and adolescents in the United States.

Current Study

Shetty (2002), a social psychiatrist, wrote after visiting the victims of the 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. (Mental health professionals in Gujarat section, para. 3)

Not many reports appear available regarding the psychological impact of the trauma of the internally displaced survivors and their children, nor are there plans for their psycho-social rehabilitation. An exception is the effort by Maitra, Ramaswamy and Sulakshana (2002) at psycho-social intervention with play and art forms among children affected by the events. The NGOs Jan Vikas (JV) and the Centre for Social Justice (CSJ), Ahmedabad, along with

a few others, have been making efforts for rehabilitation and primary education among the survivors and their children. When plans to conduct a study of the impact of the disaster on survivors of the riots were discussed with the social workers and officials of JV, they immediately became interested. Udaan, a subunit of JV, has been providing education to children in local schools, with a focus not only on facilitating intellectual growth but also on providing emotional care. The proposed study offered the teachers and concerned officials of Udaan information about the socio-emotional needs of the disaster-affected children. For this reason the proposal to conduct a study was welcomed, and assistance and support to reach out to the children were provided. A qualitative study was planned utilizing the ecological framework with the following objectives:

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

Research Site

The research sites were the Meghdhanush schools run by Udaan, a subunit of JV, primarily for the children from “colonies for internally displaced people” in the towns of Halol and Kalol in the Panchmahal district of Gujarat state. All the students at the schools were Muslim except four Hindu students at Halol and one Sikh student at Kalol. More than 90% of the enrolled students were from these colonies. However, these schools were open for children of all religions and all parts of the town. The living conditions in these colonies remained similar to what was described by Chandoke et al. (2007), such as poor sanitation including water-logging during the monsoon season, unhealthy housing (without ventilation), and a decline in income.

Classes in these schools were run from grade one to grade five. Besides structured classroom teaching, activities such as “learning through projects” and “library readings” were carried out to induce curiosity and creativity in children. Extra-curricular activities such as folk dance, songs, and play were encouraged to inculcate varieties of skills. Summer workshops were conducted where the students got an opportunity to mix with children from other castes and religions, and values of equality and integrity were encouraged (Udaan 2008).

Methodology

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

The WAT is a projective technique usually conducted to understand complexes² in individuals, but Jung (1969a) stated that the responses of this test can be considered as a

conversational text. This makes the responses suitable for qualitative analysis.³ A series of 100 words are presented to the participants with a period of 15 seconds in which they write their spontaneous thoughts in a few words or a sentence. The WAT was used to solicit 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, words were selected that could potentially be associated with the experiences of the riot-affected internally displaced children. 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, since it was considered that a list of 100 words would produce fatigue and boredom in such young children (although using the WAT with 100 words might have provided greater variety in the responses of children resulting in more in-depth understanding of their experiences).

Driessnack (2006) introduced the D-&-T conversation technique. It utilizes the child’s drawing as a transitional space in which feelings can be externalized in a concrete form and are reconstructed in conversation with the researcher (Hanney & Kozolowska 2002). In this technique a child is asked to think about a time when he or she experienced an intense emotion and then draw it. Driessnack, in her study of children’s experience of fear, asked participants to think of such a time when they were most afraid. After finishing with drawing, the child tells the researcher about it. Figure 1 provides an illustration of the D-&-T conversation technique, in which the child has drawn images of “self” in the upper half of the paper and of “some other person” in the bottom half, together with excerpts from the conversation about this drawing. Besides soliciting narratives about the experiences of trauma specific fear, socio-moral suffering, and healing, the D-&-T conversation technique was also used to solicit narratives about experiences associated with symptoms of PTSD that have been proposed by Drell et al. (1993).

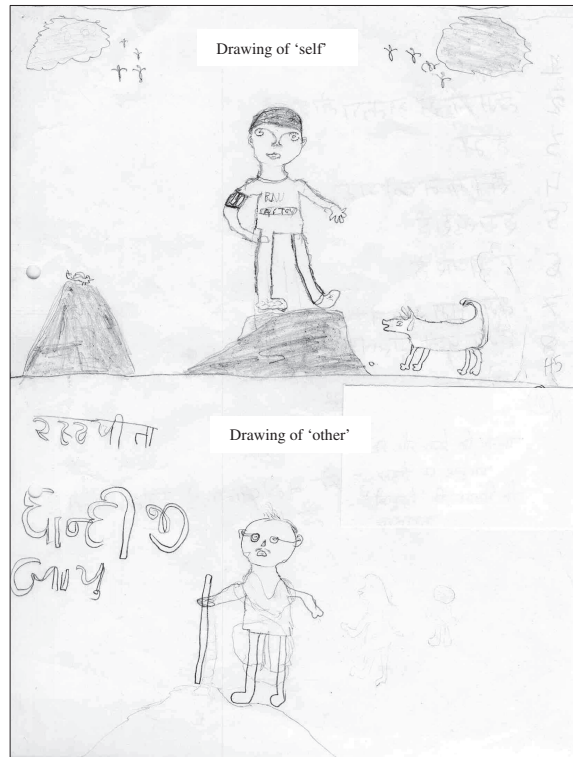
In addition, a focus group discussion was conducted with eight teachers from the Meghdhanush schools at Halol and Kalol in order to understand the general nature of the emotional disturbance and emotional well-being of the students. The teachers also helped to identify those drawings (using the D-&-T conversation technique) that apparently best depicted children’s experiences of suffering, support and healing.

Participants

Students from grades four and five of the Meghdhanush schools at Halol and Kalol blocks of Panchmahal district were selected for this study. Altogether 102 Muslim children participated. The age range of the students was 7.5–9.5 years. Out of these children, 45 (25 male and 20 female) were from Halol school and 57 (36 male and 21 female) from Kalol school. The majority of these students lived in the colonies for internally displace people; some were 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, the names of all the participants and teachers have been changed.

Procedure

The process of data collection was carried out in June 2008. Informed consent was obtained from all the students participating in the study. Children were instructed that they would



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?

Figure 1. Drawings by and excerpts of the interview with Anwar (male, Grade V, Halol).

- 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.

Figure 1. (Continued).

be participating in two activities related to sharing their experiences at the school. They were also informed that the entire exercise would take about 45 minutes and that there were no 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 the D-&-T conversation technique was carried out, followed by the WAT.

Since the aim of the D-&-T conversation technique was to solicit narratives about the children's experiences 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 who came to 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.

In conducting the WAT, children were instructed to write about the spontaneous feelings that were associated with each word written on the blackboard, in 15 seconds. The 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)
12. *Dharm* (Religion)

The teachers at the two schools were requested to go through the children's drawings of "self" and "other" and identify those drawings that in their view best depicted the children's experiences of suffering, support and healing. The purpose of such a screening of drawings was to select those drawings which appeared to depict intense experiences of suffering. This purposive sampling within the initial sample followed from the aim of the study, namely to explore the diverse nature of experiences of suffering and healing and not to form a generalization about the children's mental health status. The decision to involve school teachers in such a screening of the drawings was also taken on the basis of the assumption that the drawings might indicate emotional expressions and images of other related persons and places, and that the teachers could best understand the socio-political context and the physical living conditions of these displaced children.

Finally, five drawings were selected on the basis of the consensus of the teachers.⁴ Interviews were then conducted with the five children who drew them. Each interview began 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?", and "Who is the person in the bottom half of the page and what is he or she doing?" Gradually, as the child talked spontaneously about him/herself and his or her relationship with the "other" person in the bottom half of the drawing, the interview explored his or her experiences of trauma reactions, socio-moral suffering, and healing (e.g., support network, role model, future relationship with pre-carnage Hindu friends). The interview with one of the five children,

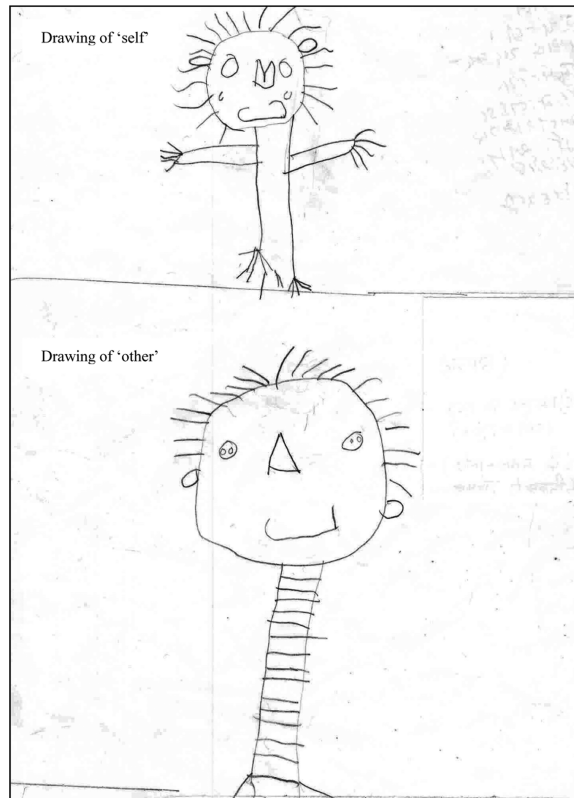


Figure 2. Drawings by Rahim (male, Grade IV, Kalol).

the one who made the drawings in Figure 2, could not be completed as the child started crying when he looked at the drawings.⁵ During the entire process of data collection, one of the teachers was present to take care of any possible emotional disturbance. To minimize the influence of the teacher's presence on the children's responses, the teacher was seated behind the child and interacted only if emotional support was needed by any child.

Analysis of Children's Narratives

Eighty-five children out of the total of 102 gave clear, readable, and interpretable responses to the WAT. These responses, together with narratives generated from the D-&-T interviews with the four children and narratives from the focus group discussion among the teachers, were analyzed using the constructionist grounded theory (CGT) approach. Unlike content analysis that utilizes deductive analytic procedures, CGT analysis involves open, focus, and axial coding techniques which allow for categories to emerge (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 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 the bio-psycho-social model (Engel 1977;

Kleinman 1988a) and the ecological framework of postdisaster 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 described by Charmaz (1995, 2006). Open coding included line-by-line coding and constant comparison within and between participants. For example, a participant's responses such as "*hum khatre me pad chuke hain*" ("We are facing danger/threat") coupled with "*hum dar rahe hain*" ("We are frightened") were compared with another participant's responses such as "*dukh*" ("Agony") and "*yahan khatra hai*" ("There is danger here"), and this led to the open code "experience of fear and threat." Focus coding included constant comparison of the open codes in order to select 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, 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 subcategories of children's experiences of suffering and healing through the process of axial coding.

To enhance the trustworthiness of its results, the CGT analytic approach clearly delineates the metatheory that shapes the coding process and the labeling and definition of the final categories. For example, in the current analysis, an understanding of the exosystem (consisting of aspects of community in which the children lived, e.g., the level of violence and the level of positive parental involvement) facilitated development of categories of social suffering, such as "loneliness," "separation from loved ones," and "deprivation." Further, an awareness of the microsystem (consisting of the immediate settings in which the children received 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 categories of children's experiences about trauma specific fear, trauma reactions, socio-moral suffering, and healing. Table 1 presents the categories of experiences from the analysis of narratives generated from the WAT. Additional categories emerged from the analysis of the D-&-T conversation technique, since it solicited narratives about experiences of posttraumatic stress in addition to those of trauma specific fear, socio-moral suffering, and healing. These are presented in Table 2.

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.	Loneliness* ^	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 conversations.

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

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

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 a relationship across religious boundaries**	4

** These are subcategories of the category (mentioned in Table 1) "harmonious thoughts and experiences."

The details of the meanings and indicators of these categories will now be described.

Experiences of Fear and Threat

Children's narratives described experiences of fear and threat living as displaced people. The following responses of children to the WAT indicate this category:

- (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 described 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." This indicates the presence of trauma specific fear among the children.

Experience of Posttraumatic Stress Symptoms

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

Anwar (Figure 1): "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 what he does when he 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 (Figure 3): "When I am alone, I am reminded of the dead body lying near the water-tap that day. There was blood all around . . . [he starts stammering] I can not sleep

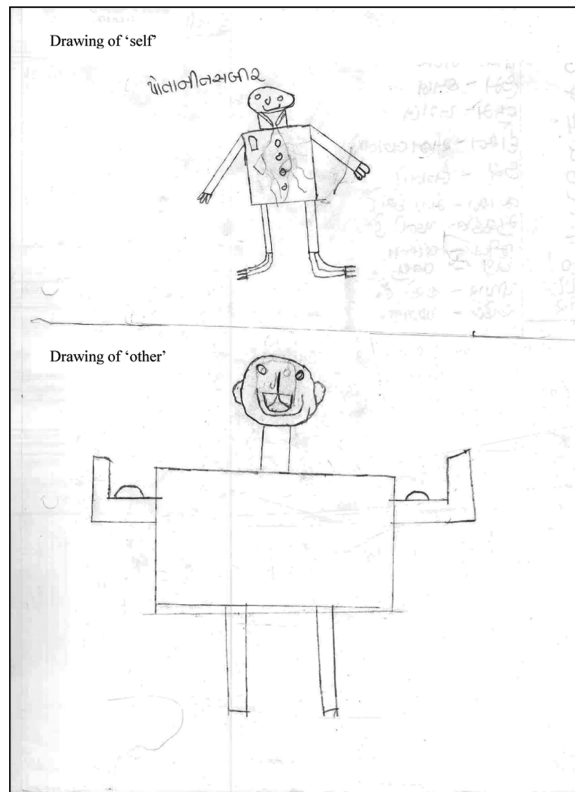


Figure 3. Drawings by Sadiq (male, Grade IV, Halol).

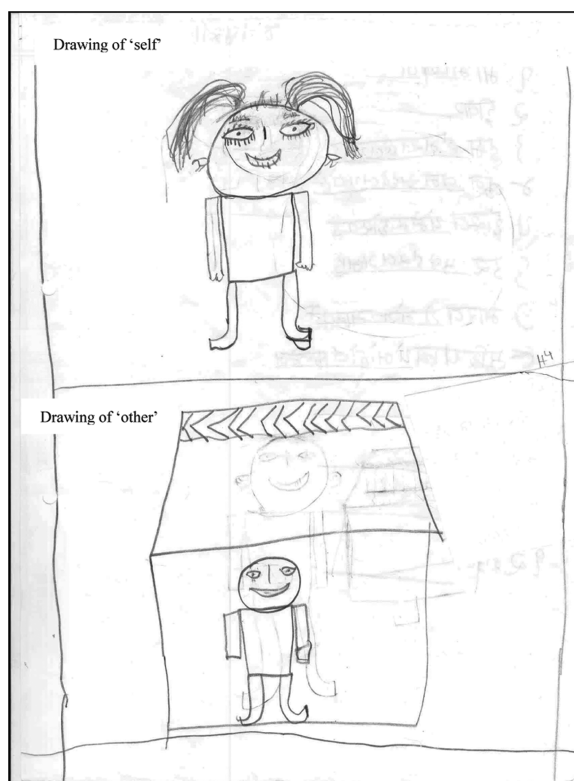


Figure 4. Drawings by Mumtaz (female, Grade IV, Halol).

when I am reminded of it. . . . To keep these thoughts away, I always want to be with my friends.”

Mumtaz (Figure 4): “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 (Figure 5) “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 described their unpleasant feelings of being alone. Their responses to the WAT indicated this category:

- (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)

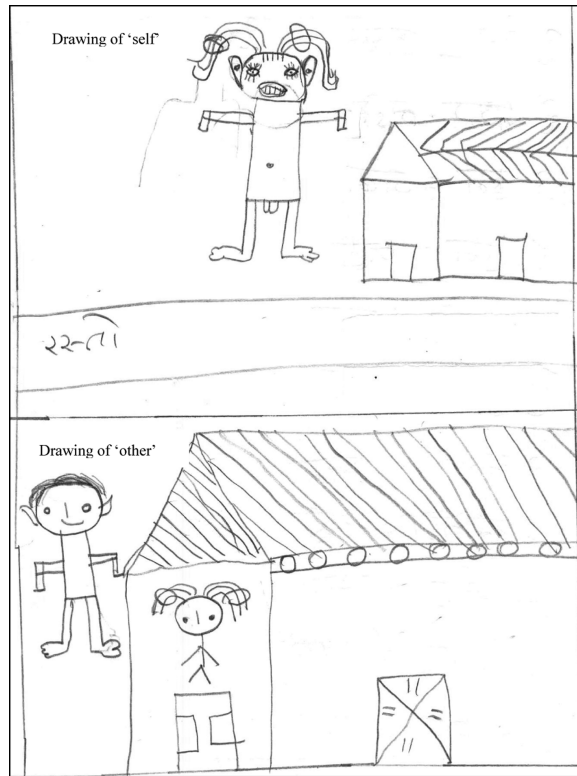


Figure 5. Drawings by Tabassum (female, Grade IV, Halol).

- (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 described by the children in the D-&-T interviews:

Anwar: “. . . my father works as 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: “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: “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 voiced his concern: “Many children living in the colonies [of displaced people] have nobody to

care at home since some family members lost their lives in the riots and available member hardly want to spend some time with them.”

Feeling of Separation from Loved Ones

Children described feelings of separation from their loved ones in their response to the 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 described during the D-&-T interview his experience of deprivation. Sadiq said, “I am not as strong as others. I am weak. . . . Now, we do not have houses like theirs [Hindu friends].”

Having Support through Relatedness

However, the children also described feelings of being loved and togetherness:

- (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 described by children in D-&-T interview:

Anwar: “I feel good being with my friends. I enjoy with them at both the places [school and playground]. But, I do not like being alone at home.”

Sadiq: “I feel good when I am with my friends.”

Mumtaz: “I often do not feel good at home. I feel good at Tausif’s place.”

Tabassum: “Tausif is my good friend. We play together in the evening and when I feel bad at home.”

Guided by Religious Values

Whereas some children who responded to the stimulus word “*Dharm*” (“Religion”) in the WAT by writing their religion’s name, others responded with religious values:

- (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

The children's narratives also described positive and enabling thoughts and experiences that might help them by giving a new meaning to life after the traumatic event and help them to channelize their energies in a positive direction. The following responses from WAT are examples:

- (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 the D-&-T interviews showed the experience of having role models who are of helpful or benevolent nature:

Anwar: "He is Gandhi Ji Babu . . . *rashtrapita* (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: "I want to be like Mahesh Bhai [his teacher]. He is very good. He also plays with us. We all like him."

Mumtaz: "I want to be a nurse. She helps others."

Tabassum: "I want to be a teacher . . . like Mahesh Bhai. He is good and helps us when we are not able to learn."

Openness to a Relationship across Religious Boundaries

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

Anwar: “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: “I used to play with my Hindu friends. Now also, I shall play with them if we live with them again.”

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

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

Discussion

Fifty-seven out of the 85 children in this study described an experience of either generalized or trauma specific fear and threat. This is comparable to findings of other studies. In an Indian study of children affected by the 1992–1993 Mumbai riots, Dhavale et al. (2002) noted overall anxiety symptoms among 35.5% of children. Terr (1991) observed trauma-specific fears to be one of the major symptoms of posttraumatic stress among children. Children in this study also described sleep disturbance and trying to avoid thoughts of the traumatic event, along with trauma specific fear or generalized anxiety. According to Drell et al. (1993), these are symptoms of posttraumatic stress among children. The only symptom of posttraumatic stress that was not present in the narratives was preoccupation with a word or symbol. Furthermore, feelings of separation from loved ones (noted in the responses to the WAT) and fears of animal (as noted in the case of Anwar) are, according to Drell et al. (1993), aspects of generalized anxiety (such as separation fears, stranger anxiety and fear of monsters or animals). Dhavale et al. (2002) reported sleep disturbance among 62.2% of children. Pynoos (1993) noted sleep disturbance, nightmares and increased anxiety as symptoms among children of all ages exposed to violence.

Healing as Facilitated by Relationship and Cultural Values

Despite the presence of socio-politically induced trauma reactions and social suffering, the children in this study also described experiences of healing as a consequence of relational and psycho-social resources. According to Kleinman (1988a), healing or “remoralization” requires retrospective narrativization 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 relatedness,” “benevolent role models,” and “openness to a relationship across religious boundaries.”

The finding of such healing experiences among these children is contrary to previous research findings that trauma-affected children are afraid to play with children from the “other” community (Dhavale et al. 2002); that they generally have a pessimistic attitude about people, life, and the future, coupled with a sense of hopelessness and difficulty forming relationships (Terr 1991); that they harbor feelings of anger and being betrayed (in the intervention among Muslim children affected by the 2002 carnage in Gujarat; Maitra

et al. 2002); and that they have feelings of prejudice, in general, about the other religious community (Gupta 2008).

These children's regular attendance in school, coupled with their trust of and friendly relationship with the teachers (Udaan 2008), may have generated harmonious thoughts and feelings, shown here in their mention of benevolent role models and their apparent openness to a relationship across religious boundaries. As Jagodic and Kontac (2002) have pointed out, schools can help children return to their pretrauma daily routine. Schools may provide preventive measures against what Klingman (1993) terms the "psychiatrization" of the situation and of the child survivors. In addition, the children's religious values, emphasizing responsibilities, may have contributed to the healing process. In a study of war-affected Angolan adolescents, McIntyre and Ventura (2003) found that relational and cultural support networks and tribal socio-religious beliefs in the healing process played a positive and protective role. Similarly, Moscardino et al. (2007) noted that positive culturally shared values such as strength, courage, pride, and modesty were sources of resilience among the caregivers of children surviving a terrorist attack in Beslan in the Republic of North Ossetia-Alania, in the Russian Federation. One of these caregivers' responses documented these values in the case of one 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 showed that beside religious values, the Meghdhanush schools, through the humanizing space they offered, provided meaningful psycho-social support for children living through the experiences of trauma reactions and social suffering. Schools can play a major role in providing psychological safety for children (Jagodic & Kontac 2002). Jagodic and Kontac suggest that therapeutic teaching may prove to be effective in helping children reduce emotional tension and develop healthy coping. Therapeutic teaching utilizes literature and art to stimulate emotional expression.

The results of this study also suggested that children's suffering is partially induced by their parents' or guardians' inability to engage with them in a caring manner. The literature emphasizes the role of supportive and caring parents (Allwood, Bell-Dolan & Husain 2002; Gurwitch et al. 2002), especially the mother (Aroian et al. 2009) in reducing the impact of trauma on children. However, as Chandoke et al. (2007) asserted, the riot-affected and internally-displaced Muslim adults of Gujarat were perturbed by a decline in income and were insecure over the temporary nature of their housing, along with their unhygienic and unhealthy living conditions. In such a situation, steps should be taken by the government and the policy makers to ensure integration of psycho-social intervention with social reconstruction and economic development (Moscardino et al. 2007; Phem, Vinck & Weinstein 2010; Wessells 1999).

Subsequent to the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, the United States now recognizes that children are particularly susceptible to the untoward consequence of disaster due to a host of special circumstances, including biological and psychological vulnerability, so that the unique needs of children in such circumstances are addressed (Pynoos et al. 2007). In India, our constitution has to provide space for a policy where urgently required help for children in postdisaster situations is ensured. Such a need cannot be overlooked in any national public health system.

Notes

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.
2. According to Jung (1969b), “complex” means disturbance of memory and blockages in the normal flow of associations.
3. The literature points to the fact that the responses to the WAT have also been subjected to content analysis (Hovardas & Korfiatis 2006).
4. The teachers and the author reached a consensus about the feelings the drawings apparently depicted, that the drawings in Figure 1 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 Mahatma Gandhi while drawing the “other.” There was also a consensus that the drawings in Figure 2 showed the feelings of fear and sadness when the drawn images of “self” and “other” were compared and that those in Figures 3, 4, and 5 showed the feeling of deprivation.
5. 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 school that day.

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