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Rivista telematica di studi sulla memoria femminile

Children Refugees

A Clinical Perspective

di

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Bambini profughi. Una prospettiva clinica

Abstract: L'autrice analizza l'influenza della guerra, del trauma e della violenza sulla psiche dei bambini palestinesi. Figlia di profughi essa stessa e in seguito psichiatra dell'età infantile ed adulta, si avvale delle osservazioni e dell'esperienza clinica svolta nei campi profughi e nei servizi di salute mentale rivolti alla popolazione palestinese in generale. Nel suo saggio inoltre Viveca Hazboun illustra come il modello psicoanalitico di Albert Mason e Melanie Kleine possa tradursi in pratica terapeutica quotidiana, come riesca a sciogliere difficoltà profondamente radicate aiutando i pazienti ad acquisire consapevolezza dei processi inconsci e quindi a scegliere più liberamente una vita più armonica ed uscire da una condizione che costringe a perpetuare il ciclo della violenza. Nel caso dei bambini, i casi riportati dall'autrice testimoniano una sofferenza profonda, talvolta paralizzante e dimostrano che gli impulsi autodistruttivi possono essere attenuati, la vita relazionale e il rendimento scolastico migliorati.

Political trauma has been known to affect people's mental health. After World Wars I and II when there was peace, admissions to psychiatric hospitals increased, suicide attempts and psychotic episodes increased. This paper is a report of psychiatric services offered in the refugee camps to the Palestinian children and their families with a special look at education and development and how they were affected by the occupation and the Intifada.

History

The Palestinian refugees have undergone several political traumas, displacements, loss of lives and property. They have lived under occupation for a long time and recently have experienced a nationalistic expression in the Intifada. All these experiences have cost the people a great deal of psychological pain. Without getting into the political issues further, it is worthwhile to mention that all these factors have caused the Palestinian people serious emotional disorders and the burden to treat and ameliorate the situation is crucial and essential to the well being of the people involved and the global situation in general. The Palestinian people have always taken pride in their high educational level and the strong family ties that stood as pillars to these stressors, now these things are changing.

Introduction & Theories

Education should be considered from two perspectives, the formal organized learning experiences presented by the school system and teachers and the informal learning experiences offered by life, at home, in the street, on T.V, and by the

 ISSN 1824 - 4483

political, religious and socio- economic situation. The formal education in our Palestinian society has been offered with a great deal of compromised situations as compared to western formal education opportunities. For example, the availability of well trained teachers, hygienic and comfortable classroom situations, libraries, computers etc…are highly limited. We, as Palestinian students have studied within a compromised framework. Yet, this compromise didn't stop the Palestinian students from achieving high levels of training and educational goals. The occupation offered yet another compromise and sacrificial burden on the Palestinian students. Closures, strikes, inability to reach the classroom because of violent outbreaks, detentions, arrests and martyrdom, the daily time consuming and often impossible to cross checkpoints add to the difficulties in reaching one's destination. This sacrifice must have its positive and negative toll on the Palestinian students and the global students in general. The informal education aspect is also imposing a very toll on the Palestinian child. The idea of learning to live on and love one's land despite occupation, deportation and martyrdom creates passion where it might not have existed. Observing humiliation, imprisonment, parents stripped naked by occupying forces in front of their children and finding no exit for one's emotional pain but to throw stones at machine guns and tanks, is an informal education of another kind. This brings us to the topic of normal childhood development and the unusual situations the Palestinian children have lived under and how it has affected their development and therefore also their education and upbringing.

Childhood development

More complicated than assessing the educational variables in a child's upbringing is the assessment of all the factors involved in the child's development. Normal childhood psychological development allows for:

1) The paranoid position- experienced in early infancy and needs facilitation into the second stage. 2) The depressive position- experienced following the paranoid position and again needs facilitation to move on to further growth and development.

Normal developmental milestones from social smiling, sitting, walking, talking etc… need assessment also. It is also important to think of the optimum levels of psychosexual developmental milestones and how these issues were affected by politico- socioeconomic situations. For example breast feeding (1-2 years), bladder training (3-4 years), bowel training (2-3 years), thumb sucking (1-2 years), and masturbation (not forcefully stopped). It is well known that trauma, deprivation or over stimulation may effect the normal growth and development and/or cause a regression to early stages of psychological development, namely the above two positions and the normal developmental milestones. It is also important to express that there are factors such as instincts (sexuality & aggression), temperament and the reaction to situations that affect how some child's growth and development will prosper vis à vis obstacles and trauma and how they might benefit from formal and informal educational opportunities. For example, if we examine the aggressive instinct under occupation, we can logically deduce that the outbreak of the Intifada was an inevitable outcome of the occupation and many years of stress, sacrifice,

and identification with "might makes right" attitude and identification and resentment towards the aggressive actions towards the oppressed. Aggression was glorified and identified with; as an instinct it needs acceptance, taming and sublimation; this is done with difficulty under circumstances of occupation, trauma, and political upheavals and rebellion. Anger turned inward, according to Freud, is expressed as depression. Yet important issues in childhood development such as 1- frustration tolerance 2 - postponement of gratification 3 - impulse control are essential to normal development and mental health. These factors, if developed, contribute, to the well being of the child and help him to go from play to work and love, the most important psychologically developmental milestones. Trauma is not always traumatic and the cause for individuals to regress to stages of earlier development; however the rule is such that trauma causes psychological regression and/or developmental arrests. Sometimes trauma is the cause of progress and developmental jumps and leaps that, however, is the exception and not the rule. Therefore, it's not only necessary to look at the traumatic experiences but also at the reaction of the individual to them.

In view of this overlap between development and education, one affecting and facilitating the other and vice versa, it is necessary to set priorities in this society where the sacrifices are large and the compromises are even greater. The need for extra stimulation and special education for special cases and the need to mainstream the children when possible and appropriate, are crucial decisions to be faced by our society as we look at the formal aspect of the child's education. The informal part of education is not something that we can easily control or change. As for the attention needed in child rearing and educating families and educators to deal with psychological problems without aggravating the situation, this is a challenge that is still to be met in our society. The need to provide therapeutic and preventative interventions is inevitable and availability of counselors who are well trained and supervised is crucial.

Methods

Psychotherapeutic evaluations on an individual level, family consultations and group therapeutic interventions were offered. Psychopharmacology was kept to a minimum but at times used. Interpretations were offered about the sacrifices, the identifying with a victimized country, the identification with the aggressor, the projective identification with hopelessness and helplessness and feeling and believing that there are no other choices. Confidentiality and reliability were important factors in the work provided and the patients greatly improved in their capacity to come for treatment, to be evaluated and to know that others will not know about their problems and their treatment. Dream analysis, drawings, play therapy, family therapy, individual and group therapy, behavior modification, relaxation training, bladder training and last but not least free associations were used in treatment of the patients. Obviously, the different tools were used for age and purpose appropriate situations. The goal is to help the patient become more conscious of his unconscious attitudes and therefore more in control to make free choices in his life rather than acting out of unconscious compulsions. This is accomplished through the analytic model of dream analysis, free association and

slips of the tongue, of course for children play, art music etc. are also used as tools to reach the unconscious and achieve levels of free choices in life. My interest in the refugee camps' children started in 1984 when I visited 3 refugee camps and looked at 2nd grade school children who drew freely. In examining their drawings, there was no evidence of an unusually traumatized psyche. Whereas during the Intifadas, 1988 onward, the drawings became almost totally preoccupied with bloody scenes, soldiers, ambulances, tanks, prisons and scenes of martyrdom. This of course reflects highly traumatized children, the children who are extremely preoccupied with such themes. Patients attended the clinic for their treatment, the conditions weren't the most comfortable, but the patients were very grateful for the opportunity to be seen, evaluated and treated. They were psychologically minded in general and extremely receptive to interpretations and their families welcomed avoiding pharmacologic interventions. Of course, there are always a few patients who are very resistant and don't feel helped unless a medicine is given to them. Some of the frustrating situations encountered were when the economical situation was so bad that ameliorating the psychological situation was almost counter productive in the facing of the frustrations of the home and unavailability of work. Efforts to improve the home conditions were met with more and more frustrations.

Results

The team of a psychiatrist, a psychologist and a secretary are able to report these statistics. Approximately 1500 new cases seen per year of which:• 450 cases of developmental delay stand out, this can be because of many reasons- depression in the patient or the care giver, or due to poor stimulation and training, neglect, abuse, psychological arrests or regression as discussed earlier in response to traumatic experiences. • 90 cases of mental retardation, the above explanations can also hold here but often genetic reasons prevail. • 11 cases of child abuse were encountered. Often, one of the parents suffered from alcoholism or drug abuse. • 10 cases of sleep walking. This diagnosis was often encountered as also part of post traumatic stress disorder • 50 cases of post traumatic stress disorder. • 52 cases of seizures disorder. • 350 cases of depression.

These last two diagnoses cover adult and child cases.

The refugees entitled to those services are 400,000 however our mental team wasn't able to cover all the refugee clinics and therefore these numbers aren't a reflection of the incidence or the prevalence of mental illness in the ration card holder refugee population.

Discussion

It is not intended to leave everybody discouraged and hopeless. On the contrary, the strength of the Palestinian people still exists in the Palestinian family unit which has been the pillars of our society. The persecution of the Palestinians will only make us stronger and more capable of course only if we are able to tame our self destruction, accept our weaknesses and learn from our mistakes, find support systems within our communities and create them for our aching youth who are desperate for channels and direction. It is imperative to help them follow in their parents' footsteps. We are partners in this pain, and in this strength and if we

remember and believe that no one is without problems, without pain, then we can remain sane, healthy and hold on to our traditional family unit which has been the pillars of our nation. We have to fight drugs, self destruction, self annihilation, to be alive, to face our fate and participate in creating our destiny despite injustice and trauma from the outside. Above all, and the very thing that we can control and can get help to achieve is not to become our worst enemies. To discuss now some reparation tool that was used: Group therapy as a successful intervention method, at a local girl and boy school in refugee camps proved very effective and helpful for the children to be able to maintain their academic performance.

a) A group of 6-8 young boys who were troubled and developmentally delayed in their academic performance participated in group therapy sessions. Over a short period, crisis intervention and short term psychoanalytic psychotherapeutic interventions, bladder- training and free drawing and talk and play about anything the children want, seemed to resolve their problems and cause improvement in their performance at school as reported by their teachers. b) A group of 6-8 girls participated in a weekly group therapeutic sessions. Their problems ranged from self destructive and mutilating behavior, depression, enuresis, aggressive behavior of childhood and running away from school. These girls' behavior improved immediately after the first intervention. With continued group therapeutic encounters, the performance at school improved, their self destructive behavior stopped and their enuresis was controlled. Their aggressive behavior was reduced and became tolerable.

Now a look at individual case presentations:

The case of Ahlam

This 7 year old female, seen in consultation for the first time at a local children's handicapped center was very depressed and tearful, withdrawn and self destructive, she was abused by a drug addict father and thrown off the roof top. The mother wanting to cover up the situation avoided medical intervention… the girl developed serious deformity to the shoulder blades and back. Surgical interventions have not been able to ameliorate her deformities in a significant fashion. However, with her little movement and with the cooperation of the education department at the camp in a regular classroom, she was able to attend school and be re-habilitated. Unfortunately, fate isn't so kind sometimes, her mother relinquished custody of the child to her father (who had been the abusive person). He had remarried and his present wife seemed concerned and responsible. She is presently living in this inevitable situation, her father is refusing to consider school at the camp where he lives because he's worried that she'll get hurt and he is refusing to come to treatment.

The case of Niemah

A very beautiful young girl of age 14 years, still none menstruating, that I saw in the medical hospital for the first time following an appendectomy. This young girl was catatonic, mute, eyes shut, totally oblivious to the world round her. The story goes this way, she was given an award at school for being top student and then this was withdrawn from her in public at the same gathering. She became

psychotic following this episode, was presented to a psychiatrist who started to treat her with neuroleptic medication. She didn't respond and was given IM neuroleptics, again no response, she became catatonic; her mother reported that ECT was suggested. I was called in consultation and at the first intervention she made eye contact and responded to a few questions. I saw her 3 days in a row and she pulled out of her catatonia and was released to the care of her family with close follow up as an outpatient. She improved tremendously and has returned to school and is doing well. This case was followed over many years and through the therapy, her family support and her capacities, she was able to finish high school and went to university. The political aspect of this case became clearer later on in the treatment, apparently, the patient had been exposed to many episodes of harassment and threatening situations with the occupying forces and as therapy progressed, the patient would regress to serious psychotic symptoms every time she would have an altercation with the army, and there were many episodes. She did well with minimum therapy and occasional anti-psychotic medication as needed during the acute psychotic episodes that she would experience.

Case of Ayman

A 7 year old boy was admitted to the hospital following an attempted suicide. His neighbor and friend (a young boy also), was killed by the army while bicycling home; this experience of martyrdom that he witnessed made him convinced of his desire to join his friend and die. In no religion has suicide been described as a passport to heaven. After a few psychiatric interactions with this child, he was released from the hospital, to the custody of the parents and continued treatment at a local clinic. His school work suffered tremendously at the beginning but after continued treatment he was able to adapt. He seems to be doing well and is learning a trade now.

Conclusions and the way to the future

This paper would not be complete if we don't emphasize that time and fate will play a big role in the outcome of this disruptive education and development that the Palestinian child is undergoing. The sacrifice is tremendous and the pain at times paralyzing and inducing serious mental illness. Proper prevention, detection, intervention and treatment measures will play a role in the future of the education and development of the Palestinian child and of course of the future of the Palestinian people.

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