

Children's Reactions to War: the Case of Lebanon⁽¹⁾

The logistic problems associated with carrying out research in conflict-ridden areas are exacerbated by the limitations on professional, institutional and financial resources which most often accompany widespread hostilities. Relief projects for victims of war provide some aid, but this rarely includes mental health considerations. Although we have seen considerable expansion in research on stress in children, this research has dealt primarily with such family/life events as divorce-separation, hospitalisation, birth of a sibling, and the like. (See review in Ref. 1.)

Contemporary research on war and children has yielded inconsistent findings. Samples of 10 year olds from areas which had recently undergone shelling had manifest anxiety levels similar to those of samples from non-exposed areas (Ref. 2). In two studies, youngsters who had been exposed to shelling were compared to non-exposed children, but after about 18 months of calm, to assess selected attitudes and reactions which might reflect earlier stress: In one case no differences were found on a scale of attitudes toward war, but exposed children showed more latent aggression (Ref. 3): In the other, measured levels of manifest anxiety were not different, but exposed in comparison to non-exposed children reported higher anxiety following a film stimulating an attack on their area (Ref. 4). War-time general anxiety scores were found to be higher than peacetime scores for a group of urban 5th and 6th graders (Ref. 5). A measure of 'involvement' (based on questions concerning family members in the military) was unrelated to anxiety change scores.

In a study of Lebanese undergraduates' reported fear and anxiety, the sequence of events permitted Saigh (Ref. 6) to obtain pre-and post-Israeli invasion measures for evacuees and non-evacuees from the besieged sector of Beirut. Evacuees did not differ from non-evacuees on

either pre-or post-invasion measures of fear and anxiety, but there was a reduction in war-related fears from pre-to post-invasion for the two groups combined (attributed to the re-establishment of government authority).

In a recent volume devoted to children in Lebanon (Ref. 7) Day reports on state-trait anxiety and disturbed behaviour ratings for boys and girls (aged 6-7 and 11-12 yrs) living at home or in orphanages. The author reports higher state and trait anxiety for the older children. Parent/guardian and teacher ratings agreed in placing boys significantly higher than girls on the behaviour disturbance scales. Related research cited in Day's chapter indicated higher self-reported trait anxiety for orphanage in comparison to at-home children.



Courtesy of Al-Anwar Newspaper

(1) Study conducted by Chimienti, J., Julinda Abu Nasr and Iman Khalifeh, 1988.

Reactions to a much more specific event — death of the father in war — were found to vary from child to child, but the children as a group exhibited an increase in the number and/or severity of behaviour symptoms and problems, in some cases to a level considered “pathological” (Ref. 8).

The resulting picture is not clear and this is not surprising, given the limited amount of recent research on war and the variety of research plans which have been used. However, much of the inconsistency may be due to the way in which war-related stressors have been specified in these studies: ‘shelling’, ‘war’, ‘invasion’ and ‘orphanage living status’. Such definitions are much too vague. Keane points out that these broad, environmentally-defined war events are not really the stressors; they have their impact through increasing the likelihood that a specific event of great personal import (i.e., traumatic for the individual) will occur (Ref. 9).

With this view in mind, we selected for study a limited set of war-related experiences as having relatively high potential for personal trauma: death of a family member, forced displacement of the family, destruction of the home, and witnessing death. ‘Trauma-yes’ and ‘trauma-no’ children were compared for the extent of physical, nervous, regressive, aggressive and depressive symptoms of fear and anxiety and altered social behaviour in reaction to a general war stress situation (heavy fighting).

Twenty-one schools in Beirut, Saida and Tripoli participated in the IWSAW project. The schools were selected to include a range of social classes as well as Lebanon’s major communities.

Questionnaires were sent to 1039 mothers of children in these schools requesting information about a particular child and about the mother. With hostilities continuing throughout data collection in Spring 1985, some of the forms were lost and had to be re-done as the security situation permitted. The children were aged 3 to 9 yrs; 47% were boys and 53% girls; 77% were from Beirut. All of the 216 teachers responding to a questionnaire concerning children’s classroom behaviours were on the staffs of the participating schools and had at least 3 years of teaching experience. A total of 354 children ranging in age from 4 to 9 yrs were either personally in-

terviewed or given printed questionnaires, depending upon their age; 52% were boys and 48% girls; 79% were from Beirut.

Each mother reported on one particular child. Background questions asked for information on exposure to trauma as defined above. On a checklist mothers indicated ‘does not exist’, ‘exists unaffected’, or ‘appeared-increased suddenly during heavy fighting’ for specific symptoms of fear and anxiety and for behaviours with other children and with adults. The teacher’s form included the behaviour checklist section, but teachers were asked to respond yes/no, on the basis of their general classroom observations, as to whether each behaviour was ‘more prevalent now than in earlier years’. The form administered to children contained questions about their conception of war, objects of fear, targets of hatred and love, and attitudes toward war.

Among the behaviours taken as indicators of fear and anxiety, those most frequently reported on the checklist by mothers (‘exists unaffected’ or ‘appeared-increased suddenly during heavy fighting’) and by teachers (‘more prevalent than in previous years’) were as follows: nervous symptoms: hyperactivity (mothers and teachers) regressive symptoms: overdependence (mothers and teachers); aggressive symptoms: hitting-kicking (mothers and teachers); depressive symptoms: cries easily (mothers), withdrawn (teachers); unusual behaviours: nagging (mothers), disruptive (teachers); behaviour with other children: possessive (mothers), dominant and rebellious (teachers); behaviour with adults: defiant (mothers), rebellious (teachers); behaviour with adults: defiant (mothers), rebellious (teachers). Disregarding the organisational categories, the profiles of potentially problem emotional-social behaviours exhibited by 3-9 yr olds are as follows: From mothers: overdependent, cries easily, shouting-screaming, hyperactive, possessive, defiant with children, and nagging; From teachers: hyperactive, distractible, overdependent, shouting-screaming, hitting-kicking, tics, and disruptive. It is of interest to note that mothers’ and teachers’ reports showed substantial agreement.

Now let us look at the relationship between those war-related experiences selected as traumatic and the appearance or sudden increase in symptoms of fear and anxiety or problem social behaviours during periods of general war stress (heavy fighting). Of the 1039 children



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reported on by mothers, 30% were classified as 'trauma-yes' in accordance with the definition given above. The statistical analyses of trauma and incidence of symptom-problem social behaviour yielded a clear and consistent pattern: children who had experienced one or more of the traumatic stressors were more likely to show emotional-social reactions to a general war stress situation. Among these reactions were nervous, regressive, aggressive, and depressive symptoms of fear and anxiety and problem social behaviours; these were about 1.7 times more likely to appear or increase suddenly among trauma-yes children than among trauma-no children. The largest differences between the two groups were found with respect to the following: generally unhappy, distractible, shouting-screaming, cries easily, hyperactive, disruptive, tics, overdependent and defiant with other children.

Additional analyses were carried out to study the relationship between mothers' and children's reactions to general war stress. The proportion of children showing physical symptoms of fear and anxiety was greater among the group of mothers reporting physical symptoms for themselves than among mothers not reporting them. This relationship was also found for nervous symptoms, aggressive symptoms, and for increases in fear, anxiety and anger. On average, the percentage of children showing these reactions was about 1.4 times greater for the group of mothers reporting these reactions for themselves, in comparison to mothers not reporting them.

Among the weaknesses associated with studies of the effects of war on children, two would seem to stand out: inadequate specification of the war-related stressor, and the employment of overly broad measures of childhood disturbance. In the absence of explicitness with respect to **what** was experienced and **which** reactions were observed, it is difficult to advance our understanding of the effects of war or to improve our position in formulating guidelines for intervention or treatment. These weaknesses have, to be sure, been only partially confronted in this project.

A number of efforts to classify stressful events have been proposed. Figley suggests a set of characteristics on which stressors vary in extent of impact (Ref. 10). The traumatic war stressors of the IWSAW study would likely fall at the extreme on all of the characteristics, but particularly on: sense of control (little); sense of disruption (much); sense of destruction (much); and sense of loss (much). However, certain features of the war situation as seen in Lebanon and in other regions beset by ongoing hostilities may justify modifying such a scheme to include characteristics which focus specifically on the implications of catastrophic events for **children**. In large-scale urban conflict situations: (a) little distinction is made at any level between 'civilian' and 'military' populations; (b) the conflict is long-term; (c) violent acts occur frequently and in varied form; and (d) person-person violence makes quite obvious the man-made nature of the disaster; the result is an abundance and diversity of opportunities to learn aggression.

The relationship between children's viewing of television violence and aggressive behaviour has been well documented (see review in Ref. 11). Eron reports evidence that: (a) viewing television violence is causally linked to children's aggressive behaviour; (b) the effect on children is longlasting; (c) the effect is probably cumulative; (d) children aged about 8 yrs seem particularly open to the effects of viewing violence; (e) among the violence-viewers, boys who identify with aggressive characters are the most aggressive; and (f) the extent to which children believe that television accurately portrays real life is a factor in the relationship between viewing violence and aggression (Ref. 12). These findings would seem to place the children of Lebanon and those in similar situations at high risk — with

repeated exposure to real-life violence, at an age of high susceptibility to the effects of viewing this violence, and with protagonists having enhanced potential to be identified with because of the recognition accorded by the various national, ethnic, political, religious and socio-economic groups in conflict. And this is complemented by television, cinema and videocassette films not unlike the American fare, as well as by explicit news coverage of familiar war-related events, which can serve to reinforce a true-to-life view of television violence.

Several studies have pointed to the prevalence of aggressiveness in response to war-related stressors. In a project planned as a cross-cultural replication of the relationship between viewing television violence and aggression (with 6-8 year old Lebanese youngsters), Day and Ghandour found that a widely-reported, real life local shelling incident yielded the greatest amount of rated aggression as compared to a 'neutral film' condition (for boys and girls combined) (Ref. 13). Saigh reported that 10-12 year old Lebanese children who had been exposed to a powerful stressor (unspecified) and who manifested the necessary symptoms for a Post-Traumatic Stress Disorder classification showed more conduct disorders than normal children. Aggression was among the five factors statistically isolated for the scale used to assess conduct disorders (Ref. 14). Among the behaviour problems showing greatest increases following death of the father in war were dependence upon adults (63% of children studied) and aggressive behaviour (55%) for 2-10 year old children (Ref. 15). In the present study, aggressive behaviours were about 1.7 times more likely to be reported for children exposed to traumatic war-related stressors, as compared to those not so exposed.

Alongside the aggressive behaviours, there is also regular exposure to aggressive modes of thinking and to attitudes which have important implications for the adult population of the future. Thus, violent solutions to interpersonal and intergroup problems are conspicuous among adults, as are attitudes of hatred, distrust and disregard for members of 'other' groups (Ref. 16). Among the children questioned in the present study, about 60% responded 'yes' they would fight; in response to 'fight whom?', these children mentioned foreign groups as well as other Lebanese communities; in response to 'why?', most explained: to defend the

country or a specific community; they thought fighters were 'good' for the same reasons. To complete the picture, about 40% said they would not fight because 'war is bad', and that they did not like fighters because 'they kill and destroy'.

The literature provides a number of proposals for helping children who are facing difficult life situations. These techniques, activities and materials have potentials for adaptation, as suggested by the following examples.

1. Books dealing with difficult life issues have been used to promote mental health ('bibliotherapy'). Such crisis-oriented books can serve to: (a) stimulate exchanges of ideas; (b) show a child that he/she is not alone in the crisis situation; (c) illustrate techniques for coping; (d) encourage understanding among those unfamiliar with the crisis and (e) make school experiences more relevant to other life experiences (Ref. 17).

2. Games and routine classroom activities in which 'success' is achieved only through cooperation with others can help to balance out the tendency to emphasize 'winning', elimination of 'losers', and 'self' at the expense of 'others' (Ref. 18).

3. Stories, films and naturally occurring classroom incidents can be used to focus on constructive actions which contribute to peaceful resolution of problems among peers. Children know much more about how to make war than they do about how to make peace! (Ref. 19).

4. A sense of control and feelings of competence can be enhanced by having children express their ideas on important events and issues, and by seeing to it that these ideas gain some 'public' recognition whether at the classroom or school level or beyond (Ref. 20).

There is a general lack of empirical evidence relating to the effectiveness of these intervention plans. In further projects the IWSAW proposes to adapt the techniques and materials to those war-related experiences found to be traumatic in the present research and to assess the impact of selected intervention procedures on children's reactions to stress.

John Chimienti

References

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| 1. (1981) | J. of Child Psychology and Psychiatry , 22, 323-356. | 11. (1983) | Young Children , 38, 63-76. |
| 2. (1973) | J. of Consulting and Clinical Psychology , 40, 287-291. | 12. (1982) | American Psychologist , 37, 197-211. |
| 3. (1974) | J. of Personality and Social Psychology , 30, 24-30. | 13. (1984) | J. of Experimental Child Psychology , 38, 7-18. |
| 4. (1978) | In Stress and anxiety , vol. 5, Washington, D.C.: Hemisphere. | 14. (1987) | In The State of Children in Lebanon , Beirut, Lebanon: American University of Beirut. |
| 5. (1976) | J. of Psychology , 94, 107-113. | 15. See Ref.8 | |
| 6. (1984) | Behaviour Therapy , 15, 185-190. | 16. (1982) | American J. of Orthopsychiatry , 52, 600-607. |
| 7. (1987) | The State of Children in Lebanon . Beirut, Lebanon: American University of Beirut. | 17. (1983) | Young Children 38, 29-36. |
| 8. (1984) | International J. of Family Therapy , 6, 259-283. | 18. (1986) | Young Children , 41, pt. I (May) 50-63, pt. 2 (July) 47-59 . |
| 9. (1985) | Behaviour Therapy , 16, 419-423. | 19. (1983) | Young Children , 38, 21-30. |
| 10. (1983) | In Stress and the Family , vol. 2: Coping with Catastrophe , New York: Brunner-Mazel. | 20. See Ref. 16. | |

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Director: **Jullinda Abu Nasr**
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Guest Editor: **Rose Ghurayyib**
Coordinator: **Lella Fawaz**
Layout: **Rima Khalifeh**

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