Research Essay on:

How would I apply the use of Play Therapy to children from Syria who have been traumatized by war and crisis?

In this research paper my objectives are:

- To highlight the impact the crisis is having on the Syrian refugee children.
- Analyze SDQ scores gathered whilst in Jordan for two weeks in January 2014 conducting a study.
- Look at the current theory of Play Therapy and explain why it could help these children.
- Explore issues which I believe would need to be taken into consideration when starting up Play Therapy sessions.

Please note, for the purposes of this paper I have taken the conventional meaning of refugee. Please see definition of refugee in the Appendix.

Since 2011, the Syrian crisis has been on the British news nearly every day. I have heard numerous reports on refugees, children who have had to flee their homes, and the continuing conflict.

UNHCR (2014) released a report called, 'The future of Syria. Refugee Children in Crisis.' It stated that:

> Over 1.1 million Syrian children have registered as refugees with UNHCR worldwide. Of this number, some 75 per cent are under the age of 12. Children represent 52 per cent of the total Syrian refugee population, which now exceeds 2.2 million.

Whilst conducting this study, I started to realize how Play Therapy could provide life changing opportunities for these children. I decided to complete my research essay on this subject as I am interested in using my skills and expertise in this area once qualified.

In January 2014, I spent two weeks in Jordan so I could meet families from Syria who had been displaced by the crisis. For the first week I stayed in a place called 'Marka' which is on the outskirts of Amman, and for my second week I stayed in the border city of Mafraq. All of the families I visited were registered refugees with the UNHCR, and were now living in local communities within the Kingdom of Jordan.

All of the families were contacted in advance by local volunteers who knew the families. The families were informed about my research and that I would not be holding any therapy sessions. The families were then asked if they would agree to me coming to visit them. I felt this was very important. Many of them lived in terrible conditions and had experienced horrendous events which were out of their control, and needed a free choice as to who they wished to see like this.

UNICEF Ireland (2014) released a report saying that:

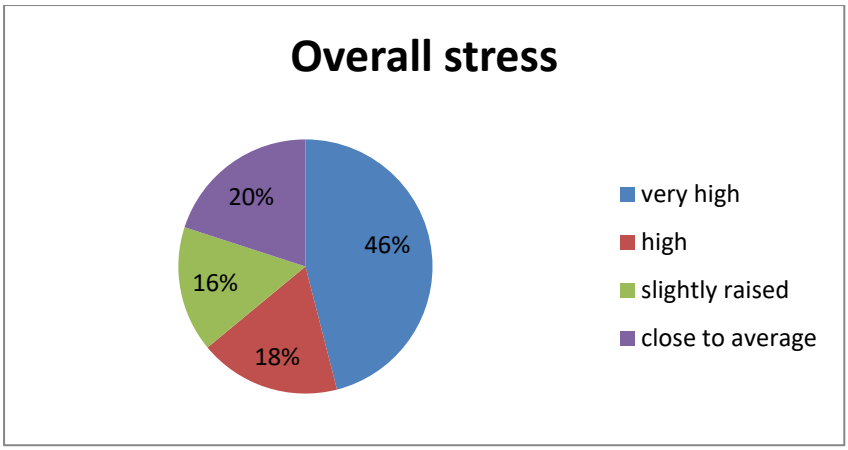
> The Syrian conflict risks creating a "lost generation" of millions of children who will carry physical and emotional scars of this conflict for many years to come.
>
> Displaced children have experienced and witnessed unspeakable violence the death or injury of relatives, neighbours and friends or have been exposed to harrowing scenes of destruction. These experiences can significantly impact children's psychological and social wellbeing and development, both in the short and long-term.

Whilst conducting these home visits I was able to use the Strengths and Difficulties Questionnaire (SDQ Goodman, 1999) which is a brief behavioural screening questionnaire which was already translated into Arabic (see http://www.sdqinfo.org/) which the parents were able to fill out regarding their child. The parents filled out questionnaires for children between the ages of 4yrs and 16yrs. All the SDQ questionnaires are included as hard copies in the appendix.

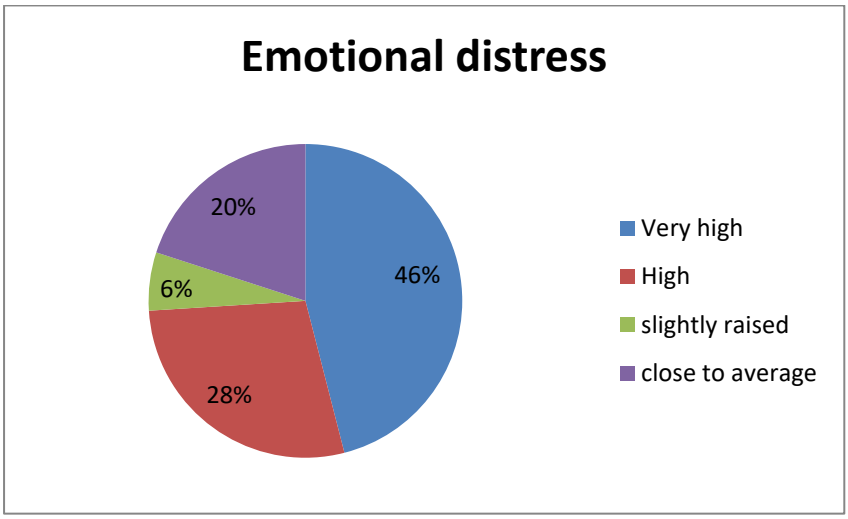
I also provided paper and crayons for the children to draw. This was completely non-directive and in no way a form of therapy. The children were not given any instructions in what to draw or afterwards asked what they drew. I will be looking at some of these later on in this paper. The parents all signed consent forms to say that I could use their information and the pictures drawn for the purposes of this research.

During my two week stay I was able to get x50 Parent SDQ questionnaires filled out. I used the http://www.sdqinfo.org/ website to analyze the data.

Here are some of my findings for the SDQ's the parents filled out on behalf of their children.

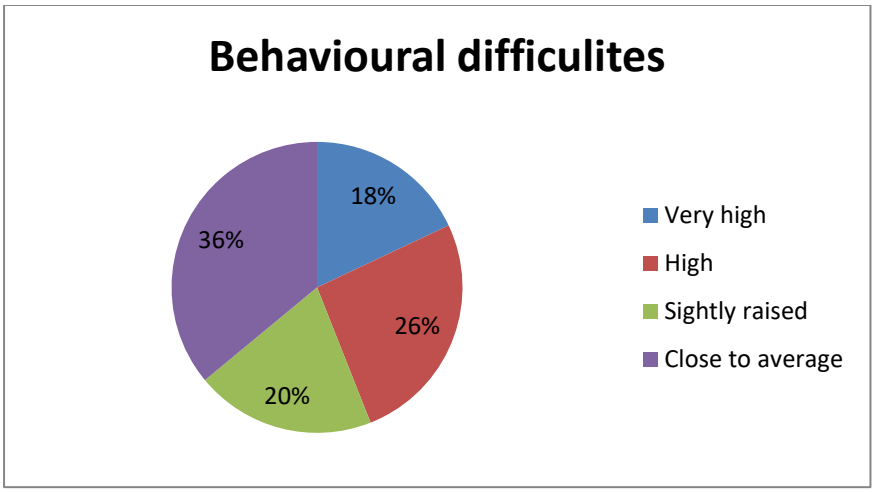


I noticed that the 'overall stress' placed on the children was significant and the majority was very high at 46%.



Again with 'Emotional distress' the scores came out to be very high for the majority of the children.

The earlier the occurrence in childhood of such events, triggering a subjective experience of total vulnerability and threat to one's life, the more serious the psychological and physiological consequences, with which one must reckon, will be. We are aware that these consequences become ever harder to treat, the longer a person is exposed to a traumatic state and the later treatment is begun. (Pattis Zoja, 2011, p. 40).

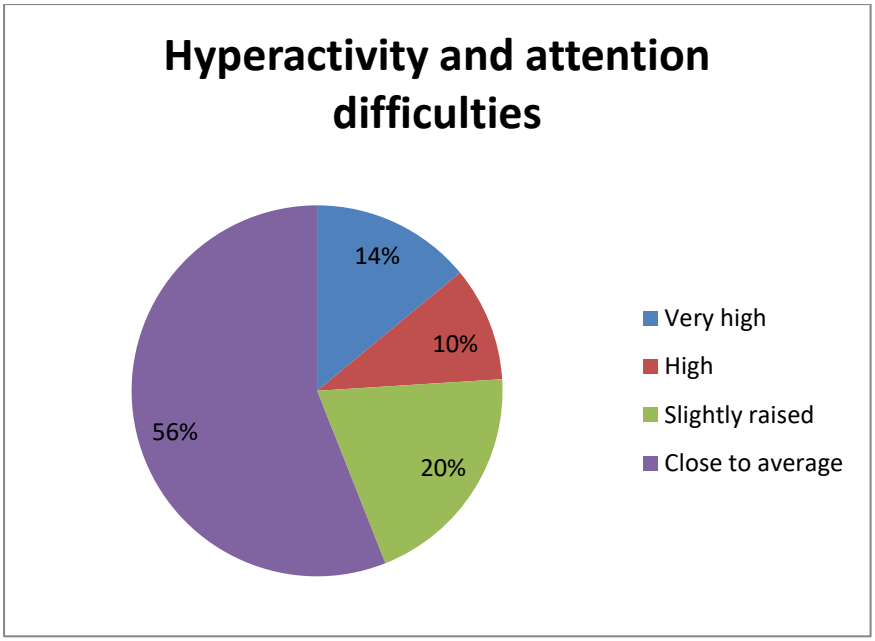


During my home visits I met many Mothers who told me their child was now “miss-behaving” or, being “naughty” since arriving in Jordan. Every time I asked whether this was the case when they lived in Syria, they told me that in Syria their child was always well behaved, but now they find it difficult to manage their child; especially their sons.

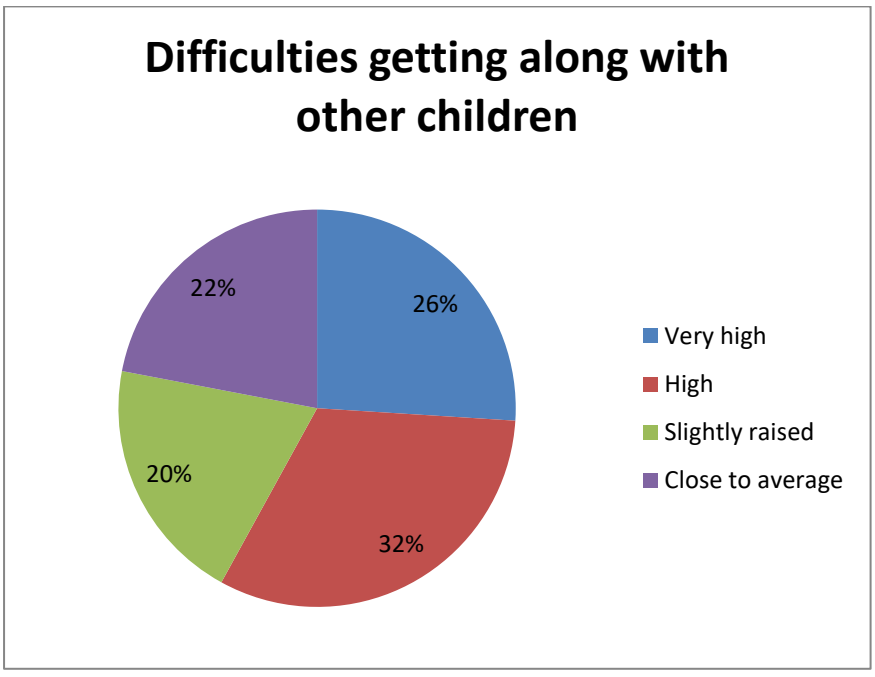
Another indicator that trauma may have occurred is heightened irritability. To qualify as an indication for possible trauma, the irritability must represent a substantial change from the child’s previous functioning”. (Goodyear-Brown 2010, p. 38).

Some of the children I met were not able to go to school. When I met the families I noticed how the TV was often on if they possessed one, and the children were watching adult news programs which reported on the conflict in Syria showing footage of bombings, destroyed houses, people who were injured etc. Coming from a country (United Kingdom) where the severity of news and imagery is very much censored, I was horrified at some of the pictures and wondered what ongoing effect it would have on the children. Some of these same children themselves commented that what they wanted to do was to go back to Syria and fight in the war.

The Mothers also frequently mentioned to me how their children were very anxious, wet their beds, were afraid to go outside, had nightmares and cried a lot. I was also told how the noise of airplanes, especially helicopters and fireworks resulted in the children hiding and crying, with their Mothers finding it difficult to comfort them.



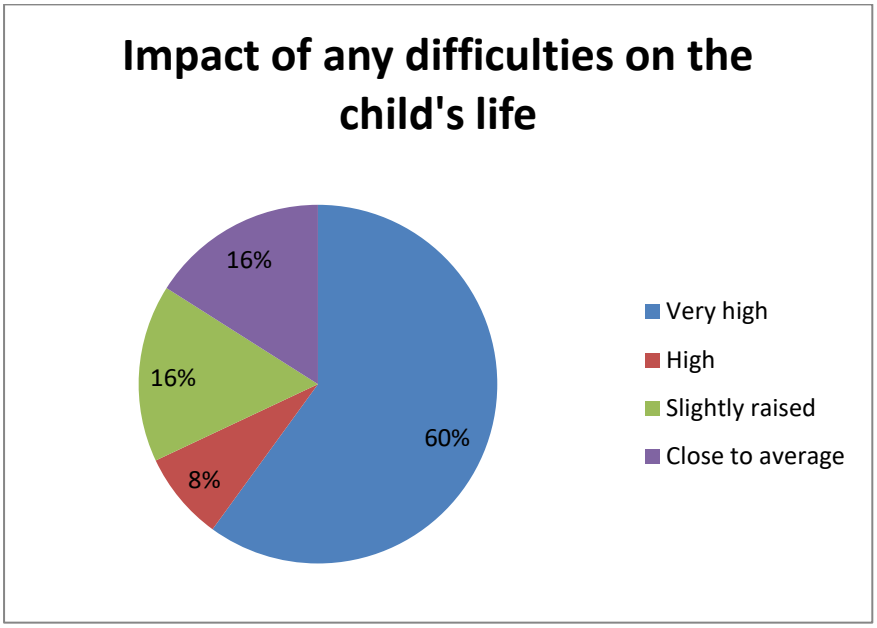
The majority of the children displayed average levels of hyperactivity and attention difficulties. Sadly, nearly all of the children I met did not attend any educational setting.



Many children mentioned to me during the home visits how lonely they felt and how they left all of their friends behind, and now were often too afraid to go outside. Parents also mentioned the difficulties they have had in settling into new communities.

Mercy Corps (2014) states on their website that:

> Jordanian host communities are trying to meet the needs of their Syrian guests, but they are struggling as scarce resources are stretched to the limit. Finite water supplies, lack of jobs, soaring food and fuel prices, increased housing costs and a strained municipal system have become tension points.
>
> (For more details see: http://www.mercycorps.org/helping-meet-needs-syrian-refugees-jordan)



From all the SDQ's gathered 60% said that the impact these difficulties are having on the children is very high.

Our bodies were not meant to contain the horrible atrocities to which we are so often exposed. For children who grow up in war-torn areas, land mines, explosive noises, and dismembered bodies are daily experiences that bring with them gruesome images, unholy smells, and terrifying sounds (Goodyear-Brown 2010, p. 24).

This to me is showing that the children could be suffering on a daily basis because of their past trauma.

Play Therapy a possible intervention

Webb (2007, p.48) states that: “Play Therapy is a helping interaction between a trained adult therapist and a child for the purpose of relieving the child’s emotional distress by using the symbolic communication of play”.

A trained Play Therapist provides various methods for the child to use during their sessions. Among them are:

- Drawing and painting
- Clay
- Creative visualisation
- Dance and Movement
- Drama / Role Play
- Music
- Sand Tray
- Puppets
- Story telling

In this section I would like to explore the relevance of Play Therapy focusing especially on children who have been displaced by war or crisis.

> Extensive exposure to neglect or abuse, experience of terrorism or war, survival of a disaster and subsequent loss of home, possessions, and/or family members are examples of repeated or chronic trauma experiences (Malchiodi 2008, p.4).

Play is a child’s language to communicate the same as adults might use words to express themselves.

> The primary purposes of Play Therapy are (1) to help troubled children express and obtain relief from their conflicts and anxieties symbolically through play in the context of a therapeutic relationship, and (2) to facilitate children’s future growth and development. (Webb 2007, p. 49).

Therefore, I believe <u>if</u> Play Therapy were to be offered to these children, who are clearly showing signs of trauma, we would not only help them come to terms with their past, but help them regain control of their future.

UNHCR released a press release on the 7th of January 2014 stating:

> GENEVA, 7 January 2014 – UNICEF, UNHCR, Save the Children, World Vision and other partners today called for governments, aid agencies and members of the public to become champions for the children of Syria and support a "No Lost Generation" strategy to protect a generation of Syrian children from a life of despair, diminished opportunities and broken futures.

I am a firm believer of providing education for all children. However, I have also become increasingly aware of the effects trauma can have on children which influences their ability to learn.

Malchiodi (2008), Cozolino (2006) and Badenoch (2008) all talk about the importance of knowing how our brain works and what happens in it.

Our human brain consists of three main parts: the brain stem, the limbic system and the cortex. The limbic system, which is also referred to as the emotional brain, consists of the hypothalamus, the amygdala, and the hippocampus.

Trauma reactions are believed to occur when responses of the limbic system used to mobilize oneself in the face of personal threat are not utilized in a productive way. Essentially children who experience an event such as physical abuse, disaster, terrorism, or any other distressing experience may go into what is considered a "survival mode" (Malchiodi 2008, p. 7).

Gerhardt (2004, p. 62) states that "if stress persists, and high levels of cortisol remain in the body over a long period of time, then it can begin to have a damaging effect on other parts of the body". This is why Gerhardt (2004) also talks about the connection between continued exposure of cortisol and the impact it can have on the immune system, the hippocampus (which is responsible for learning) and the destruction of cells.

Cozolino (2006, p. 86) states that "Emotionally stimulating interactions generate brain growth, whereas dysregulated affect and prolonged stress result in neuron loss throughout cortical-limbic circuits".

I believe Play Therapy can have a positive impact on brain development as it can be seen as an emotionally stimulating interaction as described by Axline (1974, p. 16) who states that "Since play is his natural medium for self expression, the child is given

the opportunity to play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment, confusion".

Turner (2005, p.140) also states that "through the active physical engagement with the sand and symbols, neurobiological structure growth may be triggered, mending wounded areas and allowing the natural progressive process of brain development to continue".

There are different approaches in Play Therapy such as; directive and non-directive, or a combination of both. I would like to research further, if I were to set up a Play Therapy facility in the Middle East, what would be more effective; directive or nondirective therapy or a combination of both. However, at the moment I agree with Webb (2007, p.52) who states that "in view of the lack of agreement (and lack of conclusive empirical research findings), it seems understandable that few child therapists currently rely on a *purely* directive or *purely* nondirective treatment approach".

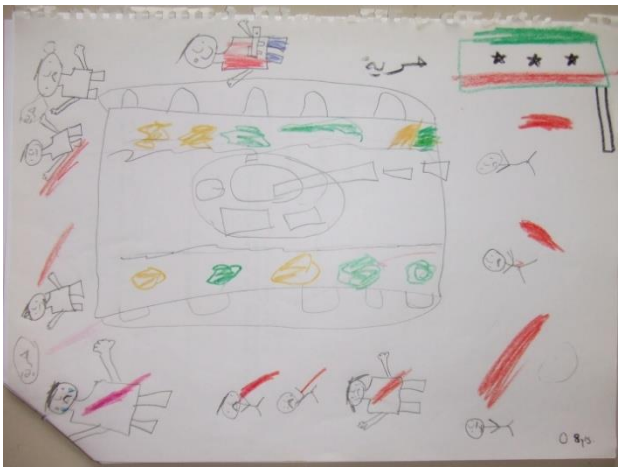
This conflict has now entered its third year and many of the children have been living in host countries such as Jordan for many months. I believe therapeutic intervention is vital and the children I met, in my opinion, were desperate to express themselves.

Whilst visiting Jordan and visiting the families, I noticed that the children were very keen to draw and sometimes drew pictures which represented the things they had seen, or, the nightmares they are having now. Once they had finished drawing they often came to show me their pictures telling me what they had drawn. I was fully aware that the children could become re-traumatized, by talking to me about their pictures, as this was not a therapeutic environment. It was for this ethical reason, I never asked the children to tell me about their drawings.

By offering Play Therapy sessions an opportunity would be provided for these children to express themselves in a safe way with a trained therapist. Malchiodi (1998, p.133) states how "children use art expression to express trauma and associated feelings of grief, mourning and loss and often master trauma through play activity or artistic expression".

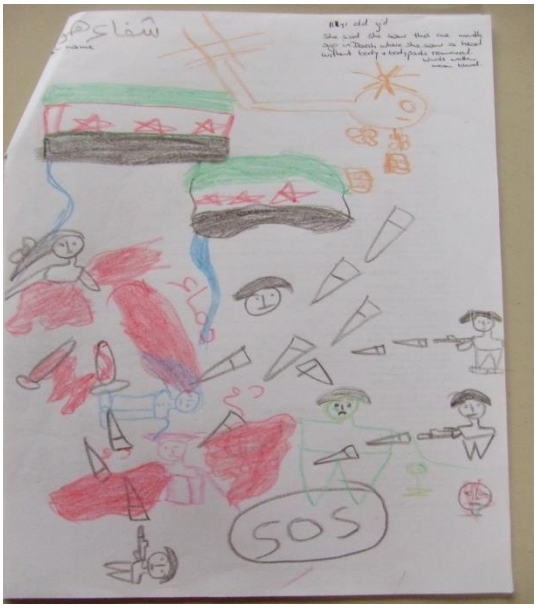
I would like now to look at some of the drawings the children had made in more detail. I have only provided the children's first initial and age in order to protect their identity.

This picture was drawn by a boy ‘O’ who was 8yrs old.



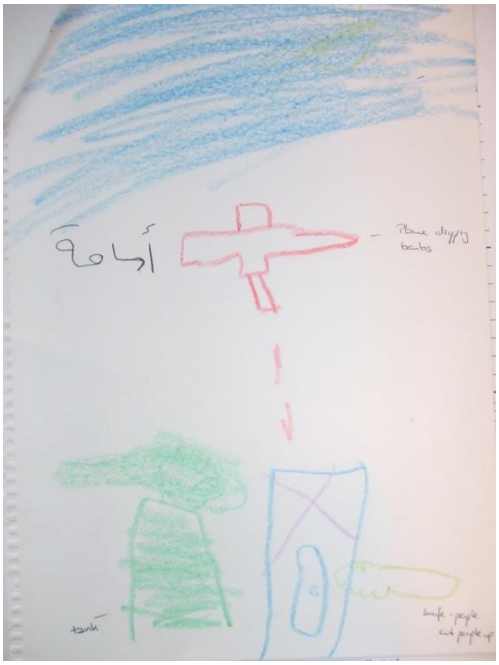
His SDQ score indicated that he might be suffering from high overall stress and high emotional distress. His mum mentioned that he was angry and hyperactive in their current temporary accommodation. ‘O’ completed this drawing of an army tank and dead people whilst I spoke to his mother. ‘O’ told me that it represented a nightmare that he kept having. He talked about the person at the top of his drawing and how he (the person in the drawing) was the bad one shooting everyone (this is the person with a smile on his face). It also includes mothers (who were crying) with their children. In addition, there is much blood (pointing to the red marks). His mother explained how they had not received any help for him.

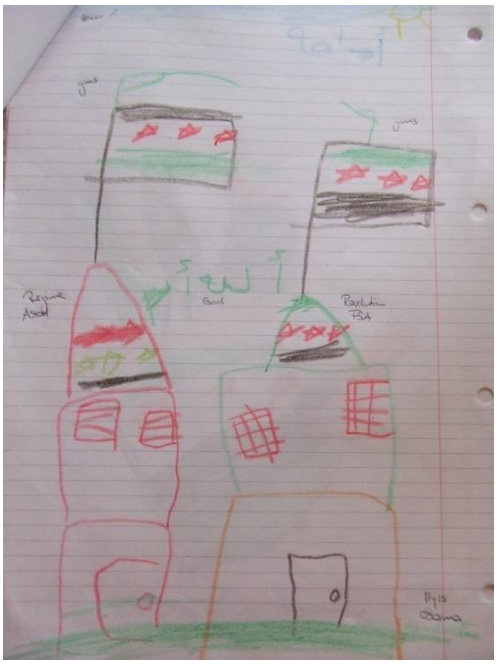
This next picture was drawn by a girl aged 11yrs.



The girl showed me this picture whilst telling me how this was what she saw in Darraa, Syria. She explained how she saw a helicopter dropping bombs on people, how there was blood everywhere, how she saw maimed body parts in the street including a decapitated head. Her SDQ score indicated high overall stress, high emotional distress and how the impact of any difficulties on the child's life is very high.

These pictures were drawn by an 11yr old boy. He had a very high SDQ score for overall stress and emotional distress including a very high score for the impact of the difficulties on the child's life.





The child drew two pictures. In the first picture, the child clearly drew a plane and said “it’s dropping bombs”, a house with a knife next to it which the child said was, “to cut people up” and a green tank next to it.

In the second drawing, the child drew two houses saying, one is “Regime Assad” and one, “Revolution FSA”. He pointed to the top of the houses and said “these are the guns which they used to fight each other with”. His mother told me that this boy wants to go back to Syria and fight in the FSA and how he keeps telling her that “they took our house and everything. We need to fight”. This family has been in Jordan for one year. The Mother also explained how this child gets very angry quickly and is wetting his bed at least one a week.

Goodyear-Brown (2010, p.32) states that “for the child who has been potty trained form six month or more, sudden regression can be a red flag that the child is having a traumagenic reaction”.

Many mothers told me that because of the lack of water allocated to them it was a real problem if their child was wetting themselves or their bed on a regular basis, as they just do not have enough water.

All of the families I had met expressed a real desperation for help for their children. Some cynics might say, “they should have stayed in the refugee camps”. However, I am not here to judge but, instead feel it is my role to point out how Play Therapy could help these children, which in turn might then help the whole family.

Webb (2007, p.46) states that “the play therapist not only helps to bring about relief of clinical symptoms (important as this may be to parents and child), but also works toward removal of impediments to the child’s continuing development, so that the prospects of the child’s future growth are enhanced (O’Connor,1991; Webb, 2003; Crenshaw,2006)”.

This then logically brings me to consider how Play Therapy could be set up. Having spent two weeks in Jordan, I am very aware that there might be a big cultural difference between conducting Play Therapy sessions in the West and in the Middle East. With this in mind, I continue to explore possible options and the things in my opinion that would need to be taken into consideration.

There are many issues to be considered in play therapy with refugees. These include (but are by no means limited to) traumas from the past, cultural and language differences, fear of rejection by host country, racial abuse, poverty, and possibly detention or imprisonment until refugee status is defined. (Webb 2007, p.437).

I am reminded of the Eight Principles mentioned by Axline (1947) which present the foundation for many play therapists. I firmly believe that it is vital to accept the child as they are, building a positive rapport and establishing a safe space for them to express themselves freely without being judged regardless of their culture, race, religion or things witnessed or experienced.

Goodyear-Brown (2010, p. 52) states; “parents become a secure base for their children by accurately responding to the moment-to-moment needs of the children. This same process of attunement is imperative for child clinicians to become a secure base for the children in their care”.

It could be argued that children, who had to flee their home country and now live in temporary accommodation, might not be able to feel as safe. I would like to point out that the children I have visited, and for whom I have written this proposal, are now living in a country which is not at war and have been in that country for several months; and maybe many more months/years to come.

I would agree with Malchiodi (2008, p. 230) that:

A lasting sense of safety is one that is sustained over time through treatment experiences in which the child is able to summon trauma memories while simultaneously engaging in newly generated experiences of groundedness, trust, and self-efficacy (Carbonell &Parteleno-Barehmi 1999).

I firmly believe that in order for the child to be able to deal with their trauma in a safe way, an holistic family approach should be considered. In an ideal world this could be achieved if a Play Therapist works as part of a team which includes: counsellors, family therapists, & community workers etc. This in my opinion would not just benefit the families, but also provide support for the Play Therapist and the other members of the team as they would be able to draw support from each other. Through this a thorough assessment could be carried out with the whole family in mind which could include, the SDQ questionnaires and parent interviews alongside other assessment tools. As part of such a team, child protection policies, health & safety risk assessments, confidentiality policies/clauses and others can then be established in an effective way.

Marsh (2010) provides vital information for anyone considering working in the region. Here are some of the things I learned (pp.46-59) prior to travelling to Jordan and I believe are important:

- "Never refuse any gestures of hospitality or generosity". This was at times very hard for me as the families often offered us food and drink even though I knew they had only a minimal amount for themselves. If I were to offer Play Therapy, I would need to also give thought as to how I would establish the therapeutic boundary with these cultural differences in mind.
- "The left hand is considered dirty throughout the Middle East". Therefore, do not shake a person's hand using it.
- "The soles of your feet are considered dirty and should never been seen by another person". Many practitioners who work with children will be aware of how often we sit with children in a way which exposes the soles of our feet. During the many family visits in Jordan, where we always sat on the floor, I felt it was very important to be aware of this and sit in an appropriate way which would not cause offence.
- "Friday is the holy day of Islam" and I would therefore never visit a family or conduct any type of session on a Friday.

Another thing to give consideration to is which material/toys to use. Animals such as: snakes and camels, as opposed to penguins and a red robin for instance. The same might be true of religious symbols which would also need to be thought about. The main reason for this is because The Middle East is predominantly Islamic.

Some of the families the therapist might come into contact with may not speak English so the need for an interpreter therefore arises. Both Alayarian (2007) and Webb (2007) look at things a therapist needs to be aware of when having an interpreter present. These are such things as: having a qualified interpreter who has knowledge of the counselling process, confidentiality, how the content of the session might impact the interpreter; whilst at the same time realizing that interpreters might be able to provide a wealth of understanding about the cultural aspects of the child's play.

Clinical Supervision, in my opinion, is one of the keys in providing effective Play Therapy intervention, not just for the therapist but also for the interpreter. This should be considered in addition to the support received from working as part of a therapeutic team mentioned earlier. Any therapist working with this client group should also be open to having personal therapy themselves as they might be in danger of suffering secondary traumatisation.

Conclusion

At the start of this paper I listed a number of objectives. The first of these was to highlight the impact the crisis is having on the Syrian refugee children. In the two weeks that I spent in Jordan meeting Syrian refugees and particularly the children, it became abundantly clear to me that the current Syrian conflict has and is continuing to have a devastating effect on the emotional wellbeing in these young lives. As the conflict has continued and more refugees have crossed the border, more and more strain has been put on the facilities available to help them. These people have lost everything, have witnessed horrific atrocities and have been psychologically damaged if not physically hurt in many ways. In particular, it is evident that it is the young who have suffered the most. The time I spent with these Syrian children and families has had a profound effect on me and I hope in some way this paper might be a catalyst for introducing therapeutic intervention, such as Play Therapy, in the future.

My second objective was to analyze the SDQ scores of the children that I visited. I have represented these scores pictorially with the use of pie charts. These pie charts clearly demonstrate a number of key points. It is not my intention to discuss again what these pie charts suggest however, I would like to draw your attention to the one pie chart which I think makes the most significant statement about the probable need for Play Therapy. It is the pie chart referring to 'Emotional distress'. From this pie- chart it is self-evident that nearly every other child included in the study was displaying very high emotional distress. It can also be said, that of the remainder, only 20% displayed a level of emotional distress near to the norm. Further, 28% displayed a high level. It can therefore be seen that nearly ¾ of all the children that I managed to survey would justify having therapeutic intervention.

I have looked at the theory of Play Therapy and have explained in straight forward terms why the theorists would endorse the use of Play Therapy with these traumatized children. In particular, the assertion made by Webb (2007) that the play therapist is able to bring relief of clinical symptoms to the child is a convincing one. The removal of psychological impediments with the use of Play Therapy has the benefit of giving the child the best possible spring board for future development when having suffered historic trauma.

Clearly, the last objective about the relevant factors which need to be considered when setting up Play Therapy is the most problematical. Clearly the relevant issues that I have talked about such as the need for being part of a wider group of professionals, the use of interpreters and ensuring a safe environment for the child are just a few of the many practical measures which would need to be put in place together with the relevant policies and structures.

I would therefore conclude without hesitation that an urgent window of opportunity now exists to help these Syrian refugee children before it is too late. The indications from this research provide a compelling case for the introduction of Play Therapy to begin to alleviate the continuing psychological distress being inflicted on these children, and I have explained how it might be applied. It is one tool of many possible therapeutic interventions which would provide real and tangible improvement in the well-being of the Syrian children.

Appendix (A)

Definition of refugee:

> Persons who have achieved formal “refugee status” (i.e., who have been recognized by the government of their host countries as refugees) and to persons who are seeking such status but have not yet formally attained it. The United Nations (1951), in its ‘Convention Relating to the Status of Refugees’, states that to be recognized as having refugee status, a person must have left his or her own country or be unable to return to it, “owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.” Webb (2007,p 426-427)

Appendix (B)

SDQ's with attached parental consent forms and Data score sheet to be provided with final hard copy file submission.

Reference List:

Alayarian, A. (2007) Resilience, Suffering, And Creativity. The work of the Refugee Therapy Centre. London: Karnac Books Ltd.

Axline, V. (1947) Play Therapy. Boston: Houghton Mifflin.

Badenoch, B.(2008) Being a brain-wise therapist. New York: W.W. Norton & Company, Inc.

Cozolino, L (2006) The Neuroscience of Human Relationships. New York: W.W. Norton &Company, Inc.

Gerhardt, S. (2004) Why love matters how affection shapes a baby's brain. Hove: Routledge

Goodyear-Brown, P. (2010) Play Therapy with Traumatized Children A prescriptive approach. New Jersey: John Wiley & Sons, Inc.

Malchiodi, C. (1998) Understanding Children's Drawings. New York: The Guilford Press.

Malchiodi, C. (2008) Creative Interventions with Traumatized Children. New York: The Guilford Press.

Marsh, D. (2010) The Middle East Unveiled A cultural and practical guide for a western business professionals. Oxford: How to Books Ltd

Mercy Corps (2014) Helping meet the needs of Syrian refugees in Jordan
Available at: http://www.mercycorps.org/helping-meet-needs-syrian-refugees-jordan
Accessed on: 13th February 2014

O'Callaghan, D. / Unicef Ireland
Donncha O'Callaghan visits Lebanon to help highlight plight of Syrian refugee children
Available at: http://www.unicef.ie (Accessed: 2nd March 2014)

O'Connor, K. J. (1991) The play therapy primer: An integration of theories and techniques. New York: Wiley.

Pattis Zoja, E.(2011) Sandplay Therapy in vulnerable communities, A Jungian approach. Hove: Routledge

Turner, B. A. (2005) The Handbook of Sandplay Therapy. California: TEMENOS PRESS

UNHCR, The future of Syria. Refugee Children in Crisis
Accessed 28th February 2014
Available at: http://unhcr.org/FutureOfSyria/call-to-action.html

UNHCR (2014), Urgent call for massive investment to prevent lost generation of Syrian children. Press release.
Accessed 7th January 2014
Available at: http://www.unhcr.org/52cba9099.html

Webb, N. B. (2007) Play Therapy with Children in Crisis. New York: Guilford Press