A Critical Review of the Evolution of a Multi-level Community-based Children's Play Activity Programme Run by the Family Rehabilitation Centre (FRC) Throughout Sri Lanka

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This paper discusses one psychosocial intervention, a children's play activity programme, which has been run in a number of refugee camps within Sri Lanka since 1992 to the present. It is a multi-level intervention which works with children, their carers, health and education professionals and community leaders, some of whom later take over the running of the programme. The programme has changed and evolved in a number of ways as the result of participant feedback and evaluations. This paper discusses the intervention and its theoretical underpinnings. The play activity programme is one of a series of interlocking programmes run by the Family Rehabilitation Centre (FRC), a Sri Lankan non-governmental organization whose aim is to assist those affected by armed conflict in all areas of Sri Lanka irrespective of ethnicity, religion and political ideology. Objectives include promoting non-violence, ethnic harmony and the prevention of torture. The intervention is based on the FRC philosophy, which holds that well-being is multi-faceted and that psychological health is embedded in a matrix of well-being. A holistic or psychosocial model has evolved which views psychological health as being embedded in a matrix of factors. These may include social, community, spiritual, and socio-political issues. How an individual construes all these factors is likely to be important, particularly in the context of a civil war with a possible return to peace-time.

> *Those who are missing have children and their children's*
> *problems will be transmitted to the next generation*
> *and the following one also. It also will be a very serious*
> *conflict for many generations. That is what ought to*
> *interest you people who are psychologists.*
>
> The Mothers of the Plaza de Mayo, Argentina,
> in Kordon *et al*. 1988: 131.

Socio-political Context

For nineteen years, Sri Lanka was involved in civil war between the Sri Lankan government and the Liberation Tigers of Tamil Eelam (LTTE) who were fighting for an independent Tamil state in the north and east of the country. A cease-fire was agreed in February 2002 with an offer of autonomy for the north and east within a federal state. Regular detailed negotiations are continuing. In 2002, 236,000 internally displaced people returned to their homes, although uncleared

land mines, ambivalence about returning to homes which were abandoned ten or twenty years ago and lack of established infrastructures continue to deter many people from returning (UNHCR 2003). For a further discussion of the conflict see Dissanayaka (1995) or Somasundaram (1998).

As a result of military action and violence on both sides, approximately 68,000 men, women and children from all the ethnic groups have lost their lives (Refugee Council 2003). Thousands are missing (Amnesty International 2002) and many others have suffered injuries. The civil war uprooted 1.8 million people; one million Tamils fled to India and 800,000 people comprising all groups have been displaced within Sri Lanka (UNHCR 2003). There have been concerns about human rights violations by both sides.[1] UNHCR is involved in discussions with both sides of the conflict about the possible return of those displaced within Sri Lanka and those who fled to India. Within the Sri Lankan community a range of views exists about the issues and the conflict. The human costs of the war have been considerable: many people have lost family members, homes, livelihoods, land, a stable life, possessions, employment, community, hopes and plans and a view of how they imagined their future might be. UNHCR in their recent report on refugee children noted that 'The ability of the refugee community to respond to the needs of its children should be strengthened . . . (and) co-ordinating with other UN agencies, . . . and with NGOs' (UNHCR 2002: section VIII, point 26). This finding is in line with our objectives in establishing the play activity programme as detailed in the next section.

Developing a Collaborative Model of Working

Political violence and forced migration may have affected the displaced communities in a number of ways. In a population of approximately 19.5 million Sri Lanka has only approximately 33 psychiatrists and three psychologists, very few of them in the conflict zone. It is important, however to realize that these bare statistics fail to capture the range of local individuals, religious and community networks that provide important support for individuals, families and communities suffering psychological distress. In many areas, those identified as healers and helpers may be community or religious leaders, indigenous doctors, astrologers, teachers or other members of the community. These local helpers provide important psychosocial and practical support and may serve communities in ways that western-trained psychologists and psychiatrists cannot.

These healers or helpers are usually readily available and accessible to community members and may share an understanding of events. At the same time they are not associated with notions of mental illness or psychological difficulties which may be viewed as stigmatizing and to be avoided by the wider community. (See Somasundaram and Sivayokan 2000 for an overview of the use of traditional helpers and resources within the Tamil Community in relation to mental health concerns). The Sinhalese and Muslim communities also contain a range of helpers and resources and have also suffered from the war, although the authors found it difficult to find comprehensive studies based on these communities.

Because of the important role indigenous healers and resource persons play within their communities, they are invited to collaborate and participate actively in all FRC programmes. As well as making an extremely valuable contribution in helping individuals, these helpers are well-placed to assist in the re-establishment of communities and networks of helping and healing as people from displaced communities start to return and rebuild their lives and communities.

A full discussion of the debate surrounding the use of a bio-medical model which carries notions of mental health and illness, particularly in relation to Post Traumatic Stress Disorder (PTSD) and traumatic reactions, is outside the range of this paper. Suffice to say that the over-use of the term PTSD has, on occasions, encouraged the labelling of quite 'normal' reactions to 'abnormal' life-events, such as the trauma of war, as symptoms of individual pathology. Implicit in this, is the view that the individual sufferer is labelled as ill and in need of individual treatment by another person or team more qualified or experienced in dealing with these matters. This is not to say that there will not be individuals who are suffering from PTSD or traumatic reactions to being displaced and having lived through a violent and intense civil war.

Concerns at over-use of a clinical discourse in psychosocial interventions and a down-playing of social power, status and children's rights have been expressed by Veale and Donà (2002), based on their work in Rwanda. Other concerns have been raised about PTSD and its appropriateness as a diagnosis with non-western populations in war situations (Summerfield 2001; Bracken and Petty 1999), with the level of analysis frequently being assumed to be individual rather than community-focused (Papadopoulos 2002). The multi-level FRC programme has been aimed at a number of levels or with a variety of sub-groups making up the communities in which it was located.

The dominant PTSD narrative has on occasions marginalized an alternative discourse based on survival, strength and coping in the face of adversity and minimized the role of individual agency or meaning which can have particular significance in a civil war (Tribe 1998; Bracken and Petty 1999; Ahearn 2000). Explanatory health models and idioms of distress held by individuals and communities are likely to be multi-layered and defined by cultural and social meanings as well as by context (MacLachlan 1997; Tribe 2002; Bemak *et al.* 2003). An appropriate model would, therefore, appear to be one where those from the local community work collaboratively with FRC staff, sharing relevant skills and knowledge to develop contextually appropriate interventions to be carried out primarily by members of the community. A collaborative model was the one used in relation to the children's play activity programme. We attempted to embed the intervention through using the waterfall or cascade method, in which information and ideas shared or obtained by one group of people within the play activity programme were passed on to another group and thence to a third group of people and so on. This rendered the programme sustainable and assisted with transparency and openness, built capacity and enabled the community of children, carers and health/education professionals to own design and change their own programmes over time.

The Agency Context of the Family Rehabilitation Centre

A brief overview of the Family Rehabilitation Centre (FRC) is given in the abstract, relevant additional contextual information is that the children's play activity programme is one of a range of interacting programmes run by FRC. Other programmes include or have included those for war widows, military personnel, torture survivors and their families, youth exposed to armed conflict, families of the 'disappeared', displaced persons, detainees and ex-detainees, youth under rehabilitation, and direct victims of war, for example bomb blast survivors. As well as running the programmes mentioned, FRC is also committed to assisting individuals, families or communities through providing psychosocial help, which may include working in partnership with other agencies to provide resources, training opportunities and health provision.

The FRC team, including its board of directors, are drawn from all the different ethnic groups in Sri Lanka and most have many years' experience of working within the community and have earned acceptance accordingly. This has made it much easier for FRC to gain access to individuals, organizations and communities and to develop recognition and trust to carry out its work than might normally occur when working in a civil war situation. A number of our team are internally displaced themselves.

The Target Group for the FRC Children's Play Activity Programme

It was in response to the concerns of carers, parents and others about the effects on their children of living in refugee camps that the FRC established the Children's Play Activity Programme.

The Play Activity Programme has run continuously since 1992. Although events in the country meant that it had to be interrupted on two sites, the programme currently runs in nine locations throughout Sri Lanka. The play leaders undertake regular training sessions at the FRC headquarters in Colombo. The first training programme was run by workers from the Children's Rehabilitation Centre (CRC) located in the Philippines. The centres for the play activity programme have between one and eleven play leaders who run the play activity sessions. The senior counsellors and programme director of FRC provide ongoing supervision and support for the play leaders.

The FRC children's play activity project was started with the objective of working with children and their carers, who had suffered the experience of being exposed to armed conflict, violence, separation, displacement, loss of family members and economic difficulties and were currently living in refugee camps. Of the 800,000 internally displaced people in Sri Lanka one-third are children; some have been displaced more than once. Of the 2.5 million people who were living in areas directly affected by the conflict, approximately two-fifths were children under the age of 18 (UNICEF 2003). There are many thousands of 'widows' (whose husbands are missing, presumed dead as a result of the civil conflict) living in refugee camps, many of whom are still in their twenties and

thirties. As the civil war has continued for the last 19 years, children born in certain parts of Sri Lanka may have no experience of a life in peace time. Each individual will construct their own web of meaning about these experiences and this may be mediated by the matrix of factors mentioned earlier. The coping strategies used by some of these survivors are incorporated as an important component of the FRC programme. The programme uses a collaborative design to build in opportunities for participants to share information, strategies and narratives.

The FRC team developed over time, a multi-level play activity programme based on the research literature, community resources and skills, cultural and psychological knowledge or training based around a more radical model which maximized the considerable internal resources of the carers, health and education workers, the community and the children themselves. It might be described as an ecological intervention, as it drew upon a sharing of the survival strategies, skills and knowledge that the parents, community, education and health workers had used previously.

Programme/Intervention Components

The broad objectives of the programme are to:

— identify the psychosocial needs of children exposed to armed conflict and provide interventions to promote healthy growth and development
— enable caretakers, parents, teachers and others interacting with children to identify those most at risk and to feel more confident in themselves and in working with those children to assist them

The programme aims to achieve this by:

— trying to provide a structured environment where the carers' feelings and concerns about their own situation and its effect on their children could be shared and ways of working with this considered;
— developing an intervention programme with local experts and identifying children with 'trauma' or stress-related difficulties;
— providing knowledge about the needs of children for healthy psychosocial development;
— developing the participants' skills on practical therapeutic play activities, carer or parent involvement and interaction plus other relevant interventions;
— developing skills among the play leaders/carers to conduct training programmes at a basic level using a cascade/waterfall methodology.

Systematic monitoring of the programme is undertaken and sustainability is constantly reviewed. The FRC team works alongside these adults to try and assist them in re-activating and regaining some of their emotional equilibrium

and coping skills, thereby increasing their psychological resilience and regaining their ability to care for and support the children.

An FRC medical team is usually available to provide any medical attention that is required. The programme also works directly with the children. It was felt important that no formal psychiatric diagnostic or labelling strategy was used on individual children as this was likely to be counter-productive and result in 'traumatized' children, and possibly their carers, being further stigmatized. The disadvantage of using diagnostic psychiatric labels on children was pointed out in Britain by Warnock (1978) in a government report which led to legislation, and is accepted by most organizations and researchers working with internally displaced children resident in refugee camps. This is not to say that we did not try to identify those children having special needs and difficulties resulting from their experiences of the war and displacement.

It is important to realize, however that the use of the terms 'stress' or 'trauma' in a lay context carries a different weight from their use as psychiatric labels and can provide a useful shorthand. It can describe a range of responses to difficult or traumatic life events without making any value judgement about the appropriateness of peoples' reactions. The use of a psychiatric diagnosis and label is viewed as stigmatizing in most countries but has a particular significance in parts of Sri Lanka, where views about heredity are different from those most frequently expressed in the 'west'. The possibility of secondary stigmatization in the context of civil conflict or war has been shown by Foster (1989) and Tribe (1999).

Initially the programme focused exclusively on the FRC team running therapeutic activities for the children resident in the refugee camps. However, following various programme evaluations, a major change has been that parents and carers were further involved in the programme and the FRC team's role became that of providers of advice, support and resources. A systemic community focus with an emphasis on wellbeing and functioning was therefore one of our fundamental organizing principles. A variety of theorists and practitioners from various positions within the fields of public and mental health, community work and education have advocated the importance of considering and harnessing existing community and cultural systems, rather than merely considering individual difficulties (Sarson 1974; MacLachlan 1997; Tribe 2003).

Interventions were conducted in three areas.

Play Activities

One level of the intervention involved organizing a range of structured child-centred play activities for children in refugee camps. These were held initially on a weekly basis. The role of play as a therapeutic or developmental activity is well documented in the literature (Winnicott 1971; Klein 1932; Segal 1979; McMahon 1992) and with displaced children after violent conflict or disaster in Colombia, Mozambique, El Salvador and Venezuela (Quiroz 2002). Play has been described as means of communication (Klein 1932) as a means of exploring and mastering

anxieties (Segal 1979) and as a means of using objects from the external world in the service of some aspect of their inner world (McMahon 1992). The play activities incorporated drama, story-telling, free play, art and dance as well as traditional games. Individual and group games and activities were incorporated into the programme, as was the opportunity for children to express their feelings about their lives and to decide in collaboration with carers what they wanted in the programmes. The focus was not only on life as an internally displaced child but on all aspects of their lives as well as on their potential future lives. All these play activities have been found to contain the potential for emotional processing, having a healing function and assisting with developmental tasks. Basic equipment for play such as pens, paper, and paints were provided by FRC.

The use of existing groups or communities in psychological work with children who have experienced traumatic events has been documented by Ayalon (1983), Galante and Foa (1986) and Yule and Williams (1990). These authors claim that boosting children's sense of mastery and coping skills, sharing feelings about the traumatic events and ways of problem-solving are important, though they do note the limitations of groups for some children. However, none of these authors was working with internally displaced persons. Given the traumatic experiences of many of the children resident in refugee camps and their primary carers, individual help may also be needed, and it has been organized within our programme.

Meetings with Carers

Another level of intervention involved meeting regularly with the group of carers and adult members of the community, and providing information and resources about child development, possible reactions to being exposed to civil war, traumatic events, family process, violence and loss. These meetings also provided an opportunity for the adults to speak of their own immense losses and the difficulties of living in refugee camps. (The women's empowerment programme, one of FRC's interlocking programmes, was another forum for mothers and female carers, and has been described by Tribe and de Silva 1999 and Tribe *et al.* 2004. The FRC extension or local offices were also available for support, advice and befriending.)

Meetings with Health and Education Workers

A third level concerned meeting regularly with health and education workers, providing them with information and increasing their understanding of and confidence in working with children exposed to political violence and loss.

All the activities were planned with a collaborative, information-sharing focus rather than an expert-led one, although formal workshops were also held, to try and build in group support and collaboration which would last beyond the FRC's initial intervention.

It is hoped that our programme helped sensitize parents and other adults to the potential psychological effects of their own experiences on their children and helped them develop strategies at the individual, family and community level if they chose to do so. In addition, it offered information and opportunities to discuss concerns with other carers or health and education workers and to learn what others have found helpful. Regular review, training and discussion sessions were provided at the play activity sessions held throughout the country. The sessions were aimed at improving sustainability of the project and ensuring consistent and regular feedback and evaluation of the programme.

Underlying Psychological Principles

The following section evaluates the underlying psychosocial and research literature which we found helpful in developing and refining the FRC play activity programme.

Psychological Effects of Living in Situations of Civil Conflict or War

Kastberg (2002), writing about internally displaced children, noted that creative solutions need to be found for many difficulties associated with displacement. We attempted to design an innovative programme which avoided labelling and valued community, culture and family life while also recognizing the importance of the ways events are individually construed and given meaning by people. This may have particular resonance in a civil war situation. Dawes and Donald (1994), and Tribe (1998, writing specifically about Sri Lanka) have noted that ideological commitment may be protective of well-being. In a civil war, events which might be labelled as 'traumatic' may be viewed as part of a wider political struggle or plan, or they may not. There have been martyrs and suicide bombers in a number of conflicts around the world, whose groups have attributed great significance to their acts in political or religious terms. Within a civil war commitments may become heightened or can become fragmented. Tribe (2002) describes the role of meaning and existential values in constructing a possible narrative or view about war and displacement. Parents and communities will influence how children interpret experiences. The role of hope and personal belief systems which might be spiritual, community or political in nature appear to be under-represented in the recent literature, although the role of social support as a mediating variable is increasingly recognized. For example Gorst-Unsworth and Goldenberg (1998) found that depressed mood among Iraqi asylum-seekers in Britain was related more closely to the presence or absence of an available support system than to a history of torture, thereby demonstrating the importance of social support networks.

Our work showed that social support and personal belief systems are immensely important in giving people the strength and determination to find a way to manage the difficulties associated with displacement, particularly if they view this as part of a wider process. Some people still felt the war and their displacement was a useless and damaging event, that no reparation could ever be possible or

meaningful and that they were merely victims or pawns in a wider war which was unnecessary or hopeless. Others had spritual or political belief systems which provided a framework around which they could structure meaning. Personal belief systems also appeared to give some people the ability to start planning a life after the war finished, now that the peace process is moving forward. Thus a range of views were held by the people accessing and developing the play activity programme.

Throughout our work we found it vital to be extremely sensitive to the wider context in the refugee camps and changing events in the civil war. Research backs up the need to be cognisant of the wider context and the role this may have on displaced people's feelings of well-being. For example, De Vries *et al.* (1994) working with the World Health Organization division of Mental Health as part of a large research programme, looked at the quality of life for Sri Lankan Tamil refugees (a specific sub-population) who had fled to India. Although these refugees were physically removed from the dangers of the conflict, they reported that events in Sri Lanka continued to play a major role in their present physical and psychological health, and that worrying about these loved ones caused anguish, negative feelings and health problems. The FRC team are all Sri Lankan nationals with occasional visiting staff from other countries. The team is therefore grounded in cultural norms, and team members have a variety of training and personal backgrounds which they draw upon in their work.

The research on what may loosely be described as protective and vulnerability factors as mediating variables for displaced and refugee children in relation to well-being (McCallin 1996; Loughry and Nguyen 2000; Ahearn *et al.* 1999; Punamäki 2000; Kastberg 2002) was used in the development and philosophy of our programme. It was indeed essential that any intervention was culturally located, resource appropriate and suitable to a changing civil war context. The importance of family and community support and the role of care givers in helping displaced and refugee children cope with the effects of living with stressful events are documented by a number of writers including McCallin (1996) and Tolfree (1996). This was why we decided on a multilevel intervention which worked with children, carers and health/education workers as we believed this would be the most effective programme strategy. In addition to the children's play activity programme, FRC was running a women's empowerment programme which worked specifically with widows and women whose husbands were missing.

Research by Laor *et al.* (1997) showed an association between the adjustment of children over five years of age with mothers' levels of symptoms, thereby suggesting that mothers or primary caregivers can act as buffers to stressful events. At FRC we were cognisant of this research but were aware that we were working in a different context and with a different population and could not generalize from this research. Moreover, part of our philosophy was to empower rather than label. We did not seek to examine any mother's symptoms or use only a bio-medical discourse to develop our programme but we did wish to empower mothers and carers to be available to their children and assist them with dealing with their displacement.

We found that parents or carers were often too isolated and struggling to cope alone with their situation to be emotionally available to their children. Harrell-Bond (2000) claims that refugee life with its enforced idleness can contribute to loss of self-esteem among parents. One of the artefacts of this isolation and rapid change in the life of the parents was that many displaced children had no structure to their day, and this was not helping parents and carers establish a structure or containing frame for their children (Gray 1994). The importance of providing a routine and structure for displaced children has been noted by Mahalinga (2002), while Nicolai (2002) has noted that structured learning activities can help children to continue growing, individually and socially. Our initial goal in establishing the play activity programme was thus to provide some kind of structure for children faced with nothing to do all day.

When the civil war in Sri Lanka was raging unpredictability was ever-present as the theatres of war often shifted and people lived in constant fear of untoward events. Hence within the play activity programme the theme of unexpected attacks and bombings was frequently presented by children either through games, drawings or drama. Punamäki (1996) and Terr (1991) have both noted that unpredictability and chronic stress may pose challenges to the developing child. We wished to try and assist children, families, health and education workers to find some ways of dealing with this. We tried to design the programme to provide such prophylaxis. We provided a space where the children and their carers could talk about their fears if they chose to do so. The children also often described or used one of the creative play activities to act out the fantasies of revenge which many of them held and which frequently involved them winning the war for 'their side' in a heroic manner.

We also found that we had integrated the seven principles advocated by the International Save the Children Alliance (1996) on the promotion of well-being among children affected by armed conflict and displacement into our programme. We did this in response to our field and community work experience, and were not aware of these principles at the beginning of the programme in 1992. This perhaps illustrates how people involved in grass-roots work over a long period of time, and unable to carry out extensive research, can be attuned to principles of good practice as they discover what works and is important to their community.

The ISAC principles are to

— Apply a long-term perspective that incorporates the psychological well-being of children
— Adopt a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development
— Promote normal family and everyday life so as to reinforce a child's natural resilience
— Focus on primary care and prevention of further harm in the healing of children's psychological wounds
— Provide support as well as training for personnel who care for children
— Advocate children's rights.

We did not specifically advocate children's rights as such, although by working with children, carers, health and education workers we were assisting to put their needs on the wider agenda by recognizing they had rights and increasing their visibility and recognizing them as an important part of the community. FRC has access to groups such as Lawyers for Human Rights (LHR) and other legal and human rights organizations in Sri Lanka and we often had university students undertaking an internship with us. It was therefore possible for us to refer a parent for legal advice and support.

Harrell-Bond (2000) cites anxiety, depression, domestic violence and substance abuse as increasing in parents resident in refugee camps. Given that many adults were struggling to meet their own or their family's basic survival needs, childrens' play and psychological well-being may not have been top of their agenda. This was another reason for running a multi-level intervention. Refugee camps are often crowded and frightening places and personal space and territory can be difficult to locate. Family secrets can develop, and issues of guilt and loss may not be openly shared in such an environment. This had implications for discussing private matters with individuals and families and ensuring that confidentiality was maintained. As mentioned elsewhere (Tribe 2004) trust between individuals can become compromised in civil wars and particularly in refugee camps. The politics of war over many conflicts shows that information is often withheld or incorrect information used as psychological propaganda (Calder 1991; Tribe 1999).

Harding and Looney (1977), Minde and Minde (1976) and Friere (1989) all claim that family members and other carers of refugee children tend to overlook problems, while Ferguson and Cairns (1996), working within the civil conflict in Northern Ireland, found that residence in an area with high levels of political or ethnic violence may negatively affect moral development in children and adolescents. We also had to consider that we were not working in Northern Ireland but within a community with some different ways of labelling and dealing with emotional distress. At FRC we were cognisant of the research findings mentioned above but tried to approach the project with an open mind, given the stigmatizing and patronizing effects of assuming that carers and family members would overlook problems or that we would automatically find under-identified problems or a lack of moral maturation. Part of our philosophy was to try where appropriate to normalize and increase understanding of the very 'normal' reactions of families to extremely abnormal events. We also viewed it as important to help the children and carers to build on their own strengths and resilience in collaboration with trusted adults. This, we believe, is in line with the strategy of Save the Children (1996).

McWhirter (1988), writing about Northern Ireland, has noted how children exposed to high levels of violence and traumatic experiences in an ongoing war situation, may develop skewed reactions, with 'abnormality' becoming 'normality' and habituation occurring. Our previous work over many years at FRC had suggested to us that this might be a functional and protective strategy for children and adults in the protracted war situation in Sri Lanka. Also, we felt unable and

unwilling to act as moral guardians by trying to define what is a normal reaction to civil war and displacement to a refugee camp. How each child construes these events is likely to be determined by the 'lens' through which they view them, by for example personal experiences and the views of care-givers and the wider community to which they see themselves belonging. Also, many children and families may cope successfully with the difficulties associated with becoming an internally displaced person in a civil war. Many children, families and communities are able to activate internal resources and survival strategies which they had not previously needed (Tribe 2004). The FRC programme tried to facilitate this process and assist individuals and the community themselves as described earlier in this paper. One way we did this was by attempting to preserve family bonds through working with children, parents, health and education workers and other interested parties, offering some activities and space for the difficulties to be aired, discussed and shared. Family unity (where possible) when working with displaced children is generally viewed as one of the best methods of protection and assistance for them (Kastberg 2002).

Disruption of Family

Separations of family members or disruption of family life may have occurred prior to flight into a refugee camp in Sri Lanka. As noted in the introduction, 68,000 people have lost their lives and many are missing. Rutter (1974) claims that separation or disruption may lead to a failure to develop appropriate bonds with carers. Given the circumstances of the lives of many of the displaced children it is hard to know what 'appropriate' bonds might be. However, stable and cohesive family structures have been found to be protective in some situations (Loughry and Nguyen 2000; Punamäki and Suleiman 1990; Kallarackal and Herbert 1976; Ahearn *et al.* 1999). Parents may be unable to provide good enough parenting through being traumatized themselves (Melzak 1991). That children may be at risk if the parents suffer adaptive difficulties, has been noted by a number of authors including Barankin *et al.* (1989); Rumbaut (1991). The experiences of many Sri Lankan internally displaced persons may place family life at considerable risk of disruption. Losses may include loss of home, family members, community, livelihood, regular schooling and health care facilities as well as a range of psychological losses associated with these changes, for example a view of how their future would look, and existential losses. Although the peace talks are going well, and many individuals and families displayed enormous resilience in the face of adversity, this may not be the case for all families. Ager (1992) has noted the importance of family integration, kinship support and personal ideology as components of adaptive experiences for vulnerable refugee children. Within the FRC programme we tried to reactivate supportive structures for the children by working with carers, parents, families, community leaders and health and education workers, for example having parents and carers take over the running of the play activity programme, and holding sessions exclusively for parents and carers which focused on their children's needs and parenting issues,

as well as the needs and dilemmas of parents. We also tried to work with relevant members of the wider community who might influence issues such as the health and education needs of the children. We offered training sessions and workshops and tried to make the wider community aware of some of the dilemmas faced by the families and how they might assist.

We also found that many parents found it extremely difficult, if not almost impossible, to tell their children that a relative was missing or dead. This was because they themselves were unsure about the whereabouts of relatives, particularly in a situation of a civil war where people do go missing and information is often inaccurate, scarce or unavailable. The United Nations Working Group on Disappearances (2001) reported 11,682 disappearances in Sri Lanka which remain unclarified.

Many parents/carers felt that talking about the loss of a relative would in some way make it happen; they felt it much safer not to voice this to their children although it could be mentioned to other trusted adults. This was also an attempt at good and protective parenting, as to have voiced fears about the relative not returning would lead to grieving when the relative might still be alive and might have forced the parent to confront this possibility themselves. Many parents developed narratives which contained a number of options and opportunities and appeared to serve a function of keeping hope alive and protecting them from confronting this enormity. The construction of narratives or life stories can have a protective function by allowing the opportunity to author or re-author their own situation or history in a particular way. It is increasingly used as a form of therapy, as a means of offering people the opportunity to develop a different perspective on an event or life story. Gergen (1998) among others has written about the important role of narratives in developing and constructing a reality, while their role in making sense of personal experience has been noted by Sugarman (1996). As well as individual narratives, families and communities may also develop collective narratives which construct a view of current or future events based on their own views and constructions of events which can provide a protective function or act as a coping technique.

Unfortunately many of the studies concerned with refugee children and immigrants have focused exclusively on difficulties (Burke 1982; Grahams and Meadows 1967; Coelho 1988). However, more recent research has emphasized the considerable resources which children and their carers may exhibit at times of immense stress (Melzak 1991; Loughry and Nguyen 2000; Tribe 1999, 2002).

When children and parents are separated or when parents change psychologically under stressful events, such as being exposed to political violence and forced to live in a refugee camp, children may have to deal with this change. This may be through dealing with a changed parent and sometimes the loss of a belief in a parent who could deal with all eventualities. The latter belief is claimed to be an essential one in a child's normal development (Melzak 1991). This may lead to 'magical thinking', frequently associated with a belief by a child that they were in some way to blame for the change in the parent. It may also lead to a lack of clarity for the child in separating feelings appropriately; for example, feeling bad

may lead to an internalized belief that they are bad, and to blame. Children may find their parents are less available to them, owing to the strains upon refugee and displaced parents. It has been suggested that more rapid acculturation may occur for children than adults, and that this may disturb the dynamics of the family system. For children, acculturation may precipitate changes in traditional values and practices (Lalonde and Cameron 1993). Discussion and coverage of all these issues was built into the FRC programme.

Life in Refugee Camps

Of relevance to children living in refugee camps in Sri Lanka are studies conducted around the world that have found that successful adaptation to school is significant (Cochrane 1979; Kallarackal and Herbert 1976). A recent report by UNHCR notes that 'education is not only a fundamental right, but it is also an important protection tool . . . Education must, therefore, be available throughout the displacement cycle' (UNHCR 2002: section V, point 18). Children resident in refugee camps in Sri Lanka often find that local schools do not wish to accept them, as internally displaced children are frequently viewed as stigmatizing for the school, and therefore their days have very little structure. This disruption to socialization agencies, such as schools, religious meeting places and hospitals, in addition to a possible breakdown in the previous types of interaction with parents, may have adverse effects on children (Ahearn *et al*. 1999). Education is highly prized in Sri Lanka, and parents in refugee camps will often go to enormous lengths to ensure that their children receive some education.

We tried to structure the play activity programme to include the following psychological principles which have all been shown to be helpful to children in situations of political violence and conflict:

— The maintenance of boundaries and routine (Garbarino 1992). The play activity programmes were always run at the same time and same place in the refugee camp.
— Opportunities for children to find explanations for what had happened to them through active discussion and emotional processing with the people running the play activity programme.

Harrison (1941) and Pritchard and Rosenzweig (1942) detailing one of Anna Freud's cases, argued for the existence of anticipation neurosis. This loosely refers to the view that children who have lived in fear of attack in a war situation may be more adversely affected than those who actually experienced a bomb attack or similar event. The reason for this is that they are in a state of heightened vigilance and constant anticipation of an event over which they have no control. Whether or not this should be labelled neurosis or merely describes a normal reaction to a potentially terrifying event is beyond the scope of this article. For a child in a refugee camp in Sri Lanka there was a constant fear that another attack would occur, as soldiers from both sides of the conflict might target refugee

camps for political ends. In the FRC programme we attempted to provide a forum for open discussion of these events as described above. Rutter (1983) found a link between stressful life events in childhood and later mental health problems. A link between PTSD symptoms, anxiety and depressive disorders and overly aggressive behaviour has been associated with the degree to which the children observed or experienced violence and terror (Espino 1991; Tsoi *et al.* 1986). Poverty, lack of shelter and inconsistency in care have all been found to be linked to poor mental health. Conditions in refugee camps in Sri Lanka are often difficult, with few facilities, overcrowding and associated problems (Sivayogen and Doney 1991). Within our programme FRC attempts to provide some structure and containment for children, carers and health/education workers to use should they wish to do so, in an attempt to provide a safe place for working through and discussing feelings and difficulties.

Alternatively children often become the objects of parents' over-idealization and expectation in the new environment of a refugee camp. They may believe their own lives 'are over' and this in itself can be stifling and abusive to children (Tribe and de Silva 1999). There are a number of studies focusing on children exposed to war that have identified emotional disorders and cognitive impairment. Arroyo and Eth (1995), and Pynoos and Nader (1993) claimed that refugee children suffering from PTSD may exhibit behaviours such as repetitive unsatisfying play on themes which appear related to the traumatic experiences. Confused and disordered memories of events, imitation of violent behaviour and pessimistic expectations regarding survival may also be in evidence. When undertaking the play activity programmes in Sri Lanka the recurring games played by or drawn by children relate to violence, war, guns, revenge and loss. This is the largest part of their reality, and is worked with in the play activity programmes.

Research into cumulative traumata has claimed that war, repression and personality change in parents may affect the development of a child in a number of ways, including causing various developmental delays and regression to an earlier developmental stage (Barocas and Barocas 1979). This however is likely to be affected by lack of attachment figures (a child's early care givers, with whom they established primary emotional bonds), and a total lack of predictability in their environment may not bode well for children's psychological wellbeing in refugee camps. There is also significant evidence that refugee children who have survived exposure to danger, or extended periods of deprivation, trauma and war violence, are at heightened risk of developing psychological disturbance following resettlement (Allodi 1980; Friere 1989; Kinzie and Sack 1991). One of the underlying reasons for establishing play activity programmes was to enable us to identify children who might require further help, and to be able to offer assistance to parents.

Civil Conflict and Disruption to Community

Situations of civil conflict or war generate a variety of explanatory accounts and meaning (Richards 1996; Calder 1991). Interpretation of events is likely to be mediated by a number of variables, including family, community, socio-political,

spiritual and other beliefs. Davies (1997) claims that the literature on the psychological effects on civilians of wartime experiences is sparse. As stated elsewhere (Tribe 2002), the issue of whether or not to use the diagnostic category of PTSD is a complex issue and may in itself, be largely irrelevant to the people forced to live in refugee camps. Summerfield claims that 'Post-traumatic stress disorder is an entity constructed as much from socio-political ideas as from psychiatric ones' (2001: 95).

However de Silva (1999), writing about cultural aspects of trauma, has detailed similarities in traumatic reactions found across varying cultures. In addition, it might be argued that most people resident in refugee camps were not in a post-traumatic situation, but in a continuing traumatic situation, given the constant threat of violence. Although the peace talks appear to be going well and armed hostilities are in abeyance, the future is still not clear. As mentioned earlier, many people are unable to return home yet and most cannot be certain of what they may find. Apart from the lack of infrastructure and unexploded landmines, in some areas many homes have been destroyed, damaged or taken over by other people.

There was nothing we could do to stop the civil war and its aftermath, but we hoped that the play activity programme might help the carers and children develop some level of consistency and insight which might act positively as mediating and protective factors in response to the difficulties which the civil war had caused them to experience. The function of play as a therapeutic medium has been discussed earlier in this paper. It has been claimed that the larger the size of the ethnic community, the easier it will be for an immigrant to establish a social network. However, it seems likely that this research, in line with most research has been conducted among the small minority of refugees who reach western receiving countries. Only 17 per cent of refugees reach the west. The rest move across national borders into neighbouring countries. The possible fractionalization of communities in Sri Lanka may also lead to problems for those who are seen as different politically or religiously. Within a Sri Lankan refugee camp which has come into existence because of the ongoing civil conflict and contains refugees from both sides of the conflict this may be exacerbated significantly. Earlier in the civil war, refugee camps contained people from across the ethnic divides; they now tend to host one ethnic group only. We attempted to assist in the building of bridges across communities, focusing on commonalties of experiences such as parenting and childcare, and to help build social support systems for children and parents. The role of social support as a mediating variable in response to trauma has been noted by various writers. We believed that our work with communities of parents and carers might activate this group as a social or community network, and work towards reducing isolation and increase understanding of normal reactions to abnormal events. We attempted to build in group support and collaboration as part of the underlying philosophy of our intervention as described in detail earlier.

Garmezy and Rutter's (1983) work has been extremely useful in refining our understanding of protective and risk factors relating to children's adjustment and well-being. It used to be assumed that children who had suffered migratory stress

would be at increased risk of disturbance and would exhibit this. Research has subsequently shown us that this is an oversimplification, and that there is a range of responses to similar traumatic experiences (Cochrane 1979; Ekstrand 1981; Kallarackal and Herbert 1976; Tsoi *et al.* 1986). Our understanding of the mediating factors is still relatively unsophisticated. Hicks *et al.* (1993) suggest considering these factors in relation to: characteristics of the child, aspects of the family system and circumstances within the broader community and its social institutions. The FRC play activity programme through its multi-level nature attempts to work with children, their families and communities and to strengthen social institutions in line with research findings. Our programme attempted to have a protective function and address all these characteristics through the range of activities and community involvement.

Follow up and Evaluation

The programme has been successful in that play activity programmes are now run regularly in nine refugee camps, led by parents or carers resident there. FRC staff have been able to use their limited resources far more effectively in becoming supervisors, supporters and mentors rather than being the ones to undertake the play activities. Other local childcare experts have become involved and contributed to the programme in various ways as it developed, and was widely seen to be effective. A multi-level inclusive programme was one of our aims when we first designed the intervention. This aim appears to have been realized. Many more parents and carers have undertaken the play activity training and been active in the groups. Reports from children, carers and health and education workers have been encouraging. They have stated that the programme has allowed them to share experiences and coping strategies in a structured and supportive environment, and increased their sense of community and knowledge and understanding of the psychosocial needs of their children. Some of the carers and parents reported that being able to share their own worries and difficulties in coping with life as a displaced person with child care responsibilities during the conflict and since the peace talks had greatly helped them in dealing with their situation and with their parenting. The latter formed part of our organizing principles which again appears to have been achieved.

It appears that intervention has resulted in a much better understanding of the possible effects of the difficult events on children, ways of recognizing them, working with them, and the possibilities for onward referral. Given fears about 'madness' described earlier, the 'normalizing' of responses throughout this programme has appeared to be highly beneficial. Self reports from parents, carers, play activity leaders and other workers have all reported an improvement in child/adult interactions among those attending the play activity training.

No psychometric measures were taken to evaluate the project, because we wished to avoid any labelling and because issues of trust and obtaining information in a civil conflict situation frequently become problematic (for a further discussion see Tribe 1999). People become extremely suspicious of information that is

obtained from them and concerned about how it may be used. To collect it merely for research appeared unethical. It is also possible the refugee camp authorities would not have given permission for such research to be undertaken. The authors are well aware that a formal evaluation would have enhanced this intervention.

As described earlier, we attempted to embed the intervention through using the waterfall/cascade method, to ensure that the programme was sustainable. The original FRC staff ceased to be organizers and facilitators, as was the case when each programme started, and became available only as trainers, supervisors and resource people. This also meant that each play activity started to belong to the refugee camp in which it was located, and that programmes came to differ as they incorporated the creativity and ideas of local children, carers and local education and health workers. In addition, each refugee camp developed an ethos of organized play activity as part of its culture. They provide a place for children to share their experiences and play, and for their carers and parents to share knowledge and understanding with each other, FRC staff and the health and education workers, as well as offering social support and activities.

In summary, the children's play activity programme attempts to work as a sub-system within the FRC system, and is supported in its aims by the women's empowerment programme, programmes for youth and the range of services offered by FRC and other agencies. It is hoped that in the longer term, when the war is completely over, the programme will have provided something useful which may assist individuals, families and communities with the transition to 'ordinary' peace time life.

Acknowledgements

1. See 'Disappearances' in Sri Lanka entries of Amnesty International Annual Reports for the years 2003, 2002, 2001, 2000, 1999, 1998, 1997 (ASA 37/004/3003; 37/002/2003; 37/012/2002) www.amnesty.org/library/index; *Sri Lanka Monitor* **101**: 1–4 http://www.gn.apc.org/refugeecouncil

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