

## Original Research

### Drama therapy for children living in conflict zones with Post Traumatic Stress Disorder

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#### ABSTRACT:

**Background:** Traumatic events and armed conflicts have the potential to induce various mental disorders, with posttraumatic stress disorder (PTSD) being particularly prevalent among children. The study was conducted to study the drama therapy for children living in conflict zones with PTSD. **Materials & Methods:** The study comprised a total of 150 children, with 50 of them having experienced street fights, curfews, and conflict, while the remaining 100 children hailed from the same province but had not encountered such conflicts. A Student t-test and chi-squared test was employed for statistical analysis, and data collection and subsequent results analysis were conducted using SPSS software. The level of statistical significance was set at  $P < 0.05$ . **Results:** A comprehensive assessment was conducted on a total of 150 children. No notable distinction emerged in PTSD scores between the groups exposed to trauma and those who were not exposed. Additionally, within the exposed group, there was no significant divergence in PTSD scores between genders ( $P > 0.05$ ). **Conclusion:** Childhood trauma can have both direct and indirect impacts, making it essential to create intervention programs aimed at identifying, preventing, and treating PTSD symptoms

**Keywords:** drama therapy, conflict zones, children.

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#### INTRODUCTION

In the midst of war, images of children and families caught in the crossfire disturb and motivate action. However, as conflicts subside and media attention turns to the latest breaking emergency, little attention is paid to the longer-term mental health and psychosocial sequelae plaguing conflict-affected children and families. In general, mental health receives limited attention from policymakers and funding agencies, and it is rare for countries under conflict to emerge with a post-conflict development agenda that includes robust attention to mental health services. Evidence-based intervention principles are vital to adequately address the needs of populations affected by disasters and mass violence.<sup>1,2</sup> Experts have pinpointed the following five intervention principles as "essential elements" of immediate and midterm mass trauma interventions, which need to promote (1) a sense of safety, (2) calming, (3) a sense

of self-and-community efficacy, (4) connectedness, and (5) hope. Inadequate responsiveness to these issues is especially concerning in view of the body of research documenting increased risk of mental health problems in war-affected children and families.<sup>3-5</sup> War is associated with death, disability and invisible psychological injuries, many of which affect children and adolescents.<sup>6,7</sup> Post-traumatic stress disorder (PTSD) among children affected by war is well documented, and although this may be linked to conflict and war settings, other factors can contribute to adverse mental health experiences, including poverty and deprivation.<sup>8,9</sup> A total of 85% of the world's population live in one of the 153 countries currently classified as a low- and middle-income country (LMIC).<sup>10</sup> This majority accounts for 80% of all people globally with mental health challenges;<sup>11</sup> however, data on mental health prevalence and outcomes in these settings are lacking. Many children

and adolescents affected by war live in low-resource countries, where mental health services are unavailable or inaccessible.<sup>12</sup>

In the wars and armed conflicts of the past decades, children have been among the survivors who have been exposed to war or conflict-related violence. The United Nations High Commissioner for Refugees (UNHCR) recently stated that 43% of its population of concern are children under the age of 18.<sup>13</sup> Mental health experts are also becoming more aware that war and conflict-related event types are among those that may result in children developing disorders of the stress spectrum, including posttraumatic stress disorder (PTSD).<sup>14,15</sup> An increasingly important field of research addresses the wide-ranging negative sequelae that children and adolescents in modern post-conflict populations such as in Iraq, Kuwait, Bosnia, Rwanda, Croatia, South Africa and others may develop consequent to war and conflict violence.<sup>16</sup> Current research emphasis is now more than ever being placed on developing appropriate interventions that address the needs of survivors experiencing a range of symptoms after trauma exposure.<sup>17</sup>

Drama-based intervention is a creative form of psychotherapy that promotes psychological growth and transformation through the systematic and intentional use of drama and theatre techniques. The concept of role in dramatic context is taken as the central position in various multidisciplinary sources, such as dramatic ritual, which link drama to the treatment phase.<sup>18</sup> By playing a wide repertoire of roles, individuals have learned skills and gained exposure to different perspectives in order to function as both human and social beings.<sup>19</sup> Methods including theatre games, improvisation, psychodrama, storytelling, puppetry, role reversal, playback theatre, and theatre of the oppressed are employed to change the state of illness and crisis, which is the essence of drama-based intervention.<sup>20,21</sup> Hence, this study was

conducted to study the drama therapy for children living in conflict zones with PTSD.

## MATERIALS & METHODS

The study comprised a total of 150 children, with 50 of them having experienced street fights, curfews, and conflict, while the remaining 100 children hailed from the same province but had not encountered such conflicts. All participants completed three assessments: the Child Posttraumatic Stress Disorder Reaction Index (CPTSD-RI), the Strengths and Difficulties Questionnaire (SDQ) for children and young people, and the General Health Questionnaire-12 (GHQ), which was filled out by their parents. The CPTSD-RI was designed to assess stress reactions in children and adolescents stemming from various traumatic experiences, while the SDQ was developed to screen for mental problems in this age group. A Student t-test and chi-squared test was employed for statistical analysis, and data collection and subsequent results analysis were conducted using SPSS software. One-way analysis of variance was conducted to compare participants' mean scores in three different groups of therapies. The level of statistical significance was set at  $P < 0.05$ .

## RESULTS

A comprehensive assessment was conducted on a total of 150 children. The evaluation encompassed an analysis of two groups, with a focus on factors such as age, gender, parental relationship status, and the employment status of the parents. These details are summarized below. No notable distinction emerged in PTSD scores between the groups exposed to trauma and those who were not exposed. When examining the scores obtained from the CPTSD-RI, an increase was indicative of potential issues in the functional domain. Additionally, within the exposed group, there was no significant divergence in PTSD scores between genders ( $P > 0.05$ ).

**Table 1: demographic variables**

	Study group (%)	Control group (%)	P -value
Age (mean)	13.1	13.5	0.1*
Gender			
Male	20 (40)	50 (50)	0.3**
Female	30 (60)	50 (50)	
Mother's occupation			
Working	8 (16)	6 (6)	0.05**
Not working	42 (84)	94 (94)	
Mother			
Alive	48 (96)	50 (100)	0.02**
Dead	2 (4)	0	
Father			
Alive	46 (92)	98 (98)	0.2**
Dead	4 (8)	2 (2)	

\*: student t-test, \*\*: chi-square test

**Table 2: Comparison of child posttraumatic stress disorder reaction index scores between groups**

	Mean		P - value
	Study group	Control group	
CPTSD-RI	32.8	37.4	0.07*

\*Student's t-test

CPTSD-RI – Child Posttraumatic Stress Disorder Reaction Index

Within the sociodemographic data form, the exposed group was questioned about whether there were children in proximity to the city's conflicts who had to temporarily vacate their residences. Among the exposed group, 18 children reported that they had to leave their homes temporarily. In this exposed group, an analysis was conducted to compare PTSD

symptoms, psychosocial challenges, and the General Health Questionnaire (GHQ) results of mothers who had experienced temporary displacement due to conflicts with those whose children did not leave their homes. Notably, among the children who had to leave their homes, there were significantly higher levels of PTSD symptoms, total difficulty scores according to the Strengths and Difficulties Questionnaire (SDQ), and GHQ scores for the mothers.

**Table 3: Scale scores in the study group**

	Study group		P -value
	Leaving home (18)	Not leaving home (32)	
CPTSD-RI	40.8	26.5	<0.001*
SDQ	13.4	11.9	0.001**
GHQ	3.0	2.0	0.02**

\*Student's t-test; \*\*Mann-Whitney U-test. CPTSD-RI – Child Posttraumatic Stress Disorder Reaction Index; GHQ – General health questionnaire; SDQ – Strengths And Difficulties Questionnaire

**Table 4: ANOVA results on the effect of three types of therapies on the reduction in PTSD symptoms**

Type of therapy	Mean	P -value
Drama	11.5	
Art therapy	15.6	
Music therapy	19.2	
Total	13.4	0.01

## DISCUSSION

It is not surprising to think that, among the factors affecting PTSD development in children, the importance of family is great. Therefore, parental and familial factors have been investigated in studies. It has been stated that the family cohesion and positive family environment of children who are exposed to war/conflicts could be protective from the effect of trauma.<sup>22,23</sup> Furthermore, the presence of PTSD in parents is also a risk factor for PTSD development in children.<sup>24,25</sup> Factors such as environmental medium, the physical and mental status of parents, parent-child emotional interaction, and the social support of the family may be considered effective factors in determining the difficulties in posttraumatic period. Hence, this study was conducted to study the drama therapy for children living in conflict zones with PTSD.

In the present study, a comprehensive assessment was conducted on a total of 150 children. The evaluation encompassed an analysis of two groups, with a focus on factors such as age, gender, parental relationship status, and the employment status of the parents. These details are summarized below. No notable distinction emerged in PTSD scores between the groups exposed to trauma and those who were not exposed. When examining the scores obtained from the CPTSD-RI, an increase was indicative of potential issues in the functional domain. Additionally, within

the exposed group, there was no significant divergence in PTSD scores between genders ( $P > 0.05$ ). A study by Eyuboglu M et al, a total of 482 children were included in the study. Two hundred and eight of those children were from Derik district, where street fights, curfews, and conflict have been experienced, and 274 of those children were from Yeşilli district, where no conflicts have been observed despite being in the same province. All children filled out the child posttraumatic stress disorder reaction index, the strengths and difficulties questionnaire (SDQ), and parents filled out the General Health Questionnaire-12 (GHQ). All children showed moderate PTSD symptoms; however, no significant difference was observed between the two groups. In the exposed group, children, who had to leave their homes for a while due to conflicts, had worse PTSD symptoms, higher SDQ difficulty scores, and parents' GHQ scores. It was determined that being a female having high maternal GHQ scores and leaving home due to the conflicts significantly increase the risk of occurrence of trauma symptoms. Findings suggest that children are susceptible to the direct and indirect effects of trauma. It is crucial for intervention programs to be developed for the detection, prevention, and treatment of PTSD symptoms to be applied to all children, regardless of exposure type, in areas affected by conflict.<sup>25</sup> Drama therapy is applied to children and adolescents with psychosocial

problems. Drama therapy is an experimental form of treatment which methodologically uses drama and theatre processes to achieve psychological growth. Although in clinical practice, drama therapy has been applied successfully, little is known about how and why drama therapy contributes to a decrease in psychosocial problems. A systematic narrative review was performed to obtain more insight into this issue. Eight databases were systematically searched. Ten out of 3742 studies were included, of which there were four random controlled trails, three non-controlled trials, and three pre-and post-test design studies. They identified the results, drama therapeutic means, attitude, and mechanism of change. Positive effects were found on overall psychosocial problems, internalizing and externalizing problems, social functioning, coping and regulation processes, social identity, and cognitive development. An adaptive approach was mentioned as the therapeutic attitude. The means established contribute to a dramatic reality, which triggers the mechanisms of change. These are processes that arise during treatment and which facilitate therapeutic change. They found ten supposed mechanisms of change to be frequently used in all studies. No direct relations were found between the results, drama therapeutic attitude, means, and mechanisms of change.<sup>26</sup>

In the present study, within the sociodemographic data form, the exposed group was questioned about whether there were children in proximity to the city's conflicts who had to temporarily vacate their residences. Among the exposed group, 18 children reported that they had to leave their homes temporarily. In this exposed group, an analysis was conducted to compare PTSD symptoms, psychosocial challenges, and the General Health Questionnaire (GHQ) results of mothers who had experienced temporary displacement due to conflicts with those whose children did not leave their homes. Notably, among the children who had to leave their homes, there were significantly higher levels of PTSD symptoms, total difficulty scores according to the Strengths and Difficulties Questionnaire (SDQ), and GHQ scores for the mothers. Another study by Betancourt TS et al, an overview of peer-reviewed psychosocial and mental health interventions designed to address mental health needs of conflict-affected children, and to highlight areas in which policy and research need strengthening. They used standard review methodology to identify interventions aimed at improving or treating mental health problems in conflict-affected youth. An ecological lens was used to organize studies according to the individual, family, peer/school, and community factors targeted by each intervention. Interventions were also evaluated for their orientation toward prevention, treatment, or maintenance, and for the strength of the scientific evidence of reported effects. Of 2305 studies returned from online searches of the literature and 21 sources identified through bibliography mining, 58 qualified

for full review, with 40 peer-reviewed studies included in the final narrative synthesis. Overall, the peer-reviewed literature focused largely on school-based interventions. Very few family and community-based interventions have been empirically evaluated. Only two studies assessed multilevel or stepped-care packages. The evidence base on effective and efficacious interventions for conflict-affected youth requires strengthening. Postconflict development agendas must be retooled to target the vulnerabilities characterizing conflict-affected youth, and these approaches must be collaborative across bodies responsible for the care of youth and families.<sup>27</sup> In a study conducted in the Gaza Strip, it was demonstrated that children whose houses were destroyed by bombardments exhibited PTSD and phobic symptoms more often than children in nonbombardment areas.<sup>28</sup> In this study, it was determined in accordance with this finding that the PTSD development was more frequent in children who had to leave their homes. It is possible to think that children's leaving home, where they feel confident, accelerates the development of trauma-related symptoms. However, it should not be forgotten that families who have to leave their homes in areas where there is an intense conflict are exposed to more violent conflict than others. Therefore, it is difficult to determine whether leaving home or being exposed to a violent conflict increases the symptoms more. The fact that children living in refugee camps exhibit more PTSD symptoms than children living in rural and urban areas shows the effects of the negative changes in the routine lives and importance of home of children in the posttraumatic period.<sup>29,30</sup> Drama Therapeutic Means The drama therapy means are the forms and techniques of drama therapy that were applied during the drama therapy sessions. Two studies mentioned dramatic reality as a means where children and adolescents create a fictional reality based on their imagination or based on personal stories and dramatic reality as a projective technique where the children and adolescents project inner feelings on dramatic representations.<sup>31</sup>

Three studies applied projection as a means in different forms such as dramatic projection, projective techniques, symbolic play as a projective technique where the children and adolescents project unconscious inner feelings at a safe distance and verbalize how they felt.<sup>32,33</sup> Role playing was also mentioned as a projective technique in one study. This is where the children had the opportunity to empathize with the role and project their ideas about how their feelings. Storytelling, symbolic play and pairs techniques were also mentioned as a reflective technique where the adolescents reflect on their points of view and feelings.<sup>34</sup> Storytelling was also mentioned in three other studies. One study used storytelling as a technique to create a symbolic and safe distance from reality.<sup>35</sup> Another study mentioned storytelling as a means that was used to share strong

emotions and subsequent relief.<sup>36</sup> One study used storytelling focusing on group play and social interaction. In this study, movement, voice, role play, and pantomime were used focusing on group play and social interaction. Madsen<sup>37</sup> exposes the antipathy of art-as-a-survival-tool. Her forensic narrative describes how blaring continuous music and sound effects were used to disorient and destabilize the Branch Davidian religious sect in Waco Texas to a point of complete debilitation that ended in a siege of fire with the entire human community inside. But a more benign article by Bergh and Sloboda<sup>38</sup> warns about the potential negative outcomes where the misuse of music by culturally incompetent musicians could unintentionally generate a conflict, rather than a resolution in post-conflict regions. By exposing both the life-enhancing and the destabilizing affects of music, the articles support Dissanyake's claim that there is an existential connection of art to humankind – embedded in a biological template that is inexorable to life.

## CONCLUSION

Childhood trauma can have both direct and indirect impacts, making it essential to create intervention programs aimed at identifying, preventing, and treating PTSD symptoms. These programs should be accessible to all children in conflict-affected regions, regardless of the specific type of trauma they've experienced. Drama therapy was more effective in reducing PTSD symptoms.

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