Disrupted Moral Order: A Conceptual Framework for Differentiating Reactions to Loss and Trauma

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To discern what turns a child victim of war into a patient, categories relevant to a disrupted moral dimension were applied to play sessions of two groups of children. Both groups had experienced familial loss in the context of war but differed in their clinical status: 7 children (all boys), aged 3 to 10 years, had been referred for psychological consultation and 15 community-based children (9 boys), aged 4 to 6 years, had not been so referred. Both groups exhibited vulnerability and vigilance. Whereas community-based children re-enacted scenarios of parental loss, the loss of a rule-governed universe characterised the play of referred children. Roles of perpetrator, victim, and witness shifted rapidly as moral ambiguities permeated fragmented scenes. Retaliation fantasies were intense but attribution of blame uncertain. Ambiguity and secrecy distinguished parents' narratives in the referred group. The concept of disruption in the moral order as well as the social order was useful as a framework in distinguishing children of differing clinical status.

The present study attempted to differentiate between clinical and nonclinical reactions to trauma and loss. Specifically, we examined whether

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the concept of a disrupted moral dimension complements concepts related to trauma and mourning in differentiating between two groups of children who have experienced losses due to war; one group have been referred for psychological consultation and one group, not so referred.

The life-threatening events of war lead to a shattering of personal and social worlds (Ressler, Totorici, & Marcelino, 1993). The literature on the effect of overwhelming disruptive events other than war, such as sniper attacks (Pynoos & Nader, 1989), hostage-takings and kidnapping (Jessee, Strickland, & Ladewig, 1992; Terr, 1990, 1991), witnessing of mutilation and fatal accidents (Martini, Ryan, Nakayama, & Ramenofsky, 1990), or natural disasters (Galante & Foa, 1986) has underscored tension between avoiding and confronting the events. The child's coping mechanisms are thereby undermined. The impact of such disruptions includes re-enactment with modifications of the disruptive event(s), rage, vulnerability, fear of annihilation, psychic numbing, hypervigilance, and sleep problems (Terr, 1981).

The literature on children's reactions to the death of a parent also underscores propensity to denial (Bowlby, 1960; Mahler, 1961; Nagera, 1971) and rage (Wolfenstein, 1969) when confronted with painful emotions.

Although the impact of disruptions associated with war is being addressed in ongoing studies with immigrant children (Arroyo & Eth, 1985; Carlson & Rosser-Hogan, 1991; Kinzie, Sack, Angell, Clarke, & Ben, 1989; Rousseau, Corin, & Renaud, 1989) and children who are living in war-torn zones (Dubrow, 1995; Garbarino, Kostelny, & Dubrow, 1991; Rosenblatt, 1983), the effect of losing a significant caregiver has rarely been specifically addressed. When the impact of violent parental death in childhood has been studied, the death has been the result of homicide or suicide rather than war (Malmquist, 1986; Payton & Krocker-Tuskan, 1988; Pynoos & Eth, 1986). Retrospective studies with adults who lost their parents due to war as children have highlighted fears of separation, abandonment, and impending disaster as well as feelings of anger, guilt, emptiness, and lack of worth (Krystal, 1978; Vegh, 1979).

Although the relevant studies have yet to be conducted, Jensen and Shaw (1993) predict no difference between bereavement in wartime or peacetime. Others argue that some inner-city American neighbourhoods with high gang activity can be characterised as war zones (Garbarino, Dubrow, Kostelny, & Pardo, 1992). Wartime, however, is distinguished by devastation in the moral as well as the physical and social realms. Children lose not only family and community but also the world of shared assumptions, the world in which rules mediate relationships between people and events (Kestenberg & Brenner, 1986). A destroyed moral order in war includes such features as its human-induced nature (Ayalon, 1982), the confusion between good and evil, perpetrator and victim (Hilberg, 1992), the politically and socially

sanctioned killing of the parent (Kijak & Pelento, 1986), the ambiguity of the aggressor (Howe, 1986), issues of retaliation, vengeance (Danielli, 1995), and often secrecy. Mourning rites, funerals, and societal supports are often absent which renders assigning of meaning to the events more difficult.

The present research evaluated whether the conceptual framework of a shattered moral order along dimensions identified as relevant both in the literature and previous clinical work, differentiates the play and communication of children who were referred to a clinic and those who were community-based.

Many developmental and environmental factors (Rutter, 1990) mediate the bereavement of parental loss, including cognitive development, in particular, the capacity to integrate the concept of death (Speece & Brent, 1984) and ideological (Cairns, 1994) or cultural sanctioning of the separation or death (Minde, Minde, & Musisi, 1982). A powerful protective or risk factor mediating adaptation is the stage of grief of the surviving parent, whether he or she has remarried, and the child's relationship with the new parent (Elizur & Kaffman, 1983; Furman, 1986; Garmezy, 1983; Levy-Shiff, 1982). Protracted parental grief (Elizur & Kaffman, 1983; Kranzler, Shaffer, Wasserman, & Davies, 1990) has been shown to interfere with children's mourning. Similarly, children's difficulty in coming to terms with evil intentions may parallel parents' difficulties in addressing moral ambiguities. We anticipated that these difficulties would be expressed in the parents' narratives of war-related events in terms of ease of disclosure, ambiguity versus clarity and coherence, and explicitness versus secrecy.

METHOD

Participants

Two groups of children and their families who had experienced recent familial loss in war participated in the study; one group had experienced familial loss and had been referred for or solicited psychological consultation and one group had also experienced familial loss but had not been so referred. The first group will be subsequently called the referred group and the second, the community-based group.

Community-based Group. Children in the community-based group were selected using the following criteria: age (4 to 6 years), exposure to violent civil strife, the loss of a parent to violent death or disappearance due to war, and nonclinical status. They had not been referred nor had they solicited psychological help. Fifteen children (9 boys, 6 girls) and their families were recruited by members of local Central American communities. The children had emigrated from El Salvador, Nicaragua, and Guatemala, then at civil war. Approximately two years had elapsed since the parental

death or disappearance. The mean age of the children was 66 months. The families were primarily of Roman Catholic and rural origin. The children were reported by their parents as functioning well at school and with friends. Parents were assured that no information would be exchanged with any government or social agency. School reports were therefore not solicited. A separate study compared the play of the same 15 (9 boys) in the community-based group to 15 (8 boys) community-based children who had lived in war contexts and had not experienced the death or disappearance of a parent (Rafman, Canfield, Barbas, & Kaczorowski, in press).

Referred Group.   The referred group consisted of children who were drawn from a larger sample of children who had lived in war-torn zones and who had sought psychological consultation at a paediatric hospital in a metropolitan centre in Canada. The criteria for selection to the present study consisted of a child having witnessed or experienced within the last three years death and/or disappearance of a family member due to war.

The referred group consisted of 7 children (all boys), aged 3 to 10 years, who had emigrated from several countries at war, including Afghanistan, El Salvador, Guatemala, Israel, and Kuwait. There were no girls fitting the selection criteria who were referred to the clinic at the time of the study.

The absence of girls in our sample may reflect referral patterns to child clinics whereby boys are referred more frequently for emotional difficulties than girls, or it may be a chance occurrence. In the separate study comparing orphaned to non-orphaned children from war contexts (Rafman et al., in press), dimensions related to war that were examined were not found to be gender-dependent. We therefore thought it unlikely that the gender composition of the two groups would act as a confounding factor with regard to the dimensions relevant to war examined in the present study.

Procedure

Family interviews and play or diagnostic sessions were held with both groups. In the community-based group, families were recruited by members of the local Central American population. Parents and children were told that the purpose of the study was to learn about their experiences so that we could understand children and families in similar circumstances. They were assured confidentiality and signed consent forms were obtained.

Family Interviews.   Family interviews were conducted in the presence of the child in the child's home in 14 instances and once in a church. We asked questions to determine sociodemographic information, family constellation, actual work, school, and living situation. Families were asked about their reasons for coming to Canada, whether they had lived in violent war

situations, and the circumstances of a parent's death or disappearance. The surviving parent was asked whether the child had been told about the death or disappearance and at what age. The parent was also questioned about whether he/she had entered new relationships and whether the eventual return of the spouse was still anticipated.

The Play Session.   Toys provided were representative of those used in diagnostic play sessions including family figures, soldiers, animals, both wild and domestic, fences, vehicles, creative, and construction materials. One hour was allocated for the session. The interviewer, the same for all the children, had been trained in reflective nondirective play techniques. The interviewer recorded the session in as much detail as possible.

Similar procedures were carried out with the referred children and their parents but in the context of a clinical consultation in a hospital setting. An initial interview was held with the family in the presence of the child followed by a diagnostic play-therapy session with the child alone.

Content Analysis

A classification system reflecting a moral order concerned with issues of good and evil, vengeance and retaliation, and the role of perpetrator, victim, and witness was developed. Two child psychotherapists independently read the written transcripts of the play and therapy sessions of the community-based group and the referred group and judged the sessions along the classification system developed for the study. One coder was aware of the clinical status of the children. Our coding system contained both qualitative and quantitative features. A dimension was deemed to be present/absent only if both judges independently coded its presence/absence. Qualitative features coded included clarity/ambiguity, coherence/fragmentation, and intensity. Statistical analyses were not carried out because of the small number of children studied.

Vulnerability and vigilance. The category of vulnerability and vigilance was coded if impending disaster or the need to be vigilant was a major preoccupation in the verbal or symbolic content of the child's session. Examples in play included warning or preventing toys/figures in the play not to stray too far away or instructing them to stay close.

Re-enactment of trauma in play. Judges coded whether the child portrayed the circumstances of the loss and/or an aspect that modified these circumstances. The following are examples of play segments in which children were considered to have depicted a version of the way their parents died or their bodies were discovered. One child represented two figures, male and female, as two sick people lying face down side by side. In the

family interview, the father related that the child's mother and uncle had been found murdered and lying face down, hand in hand, by the side of the road. Another child portrayed an accidental collision between a jeep and a white horse. "The horse has a broken foot but no blood", he announced. His father was murdered and his bloody and mutilated body was viewed by his family. A third child's depiction of a partially buried horse with its feet in the air was similar to the position of his father's body when discovered.

Fragmentation and incoherence. Judges coded whether the child's play was coherent or fragmented. The symbolic play was coded as fragmented when it was disjointed and did not readily permit the discernment of a play scenario.

Moral order. What constitutes acceptable behaviour and moral responsibility are developmental issues in the age group studied. Nonetheless, the context of war may accentuate and render them even more problematic. Good and evil, murderous and violent acts are not only projections of the child's aggression, they are real acts committed against loved ones. What would have been internal desires and fears in a context of peace have become external realities, and external horrors can be seen as a potential result of one's own actions. Furthermore, unlike homicide or suicide, killing in war has collective and political sanction. Judges coded whether the moral dimension was a major focus of the child's play. Play sessions were examined to determine whether the child represented the conflict between good and evil as an issue in the external world and whether his/her verbal and play representations displayed difficulty in coming to terms with issues of good and evil, the identity of the perpetrator of the crime or who should be punished.

Perpetrator, victim, bystander, and witness. The child is often an ignored witness of acts of destruction in war. Most frightening is the child's perception that he/she may have committed or been responsible for the act. Children wondered if they were the guilty ones. For example, one child was the sole witness of his grandmother's murder. Family accounts were ambiguous; in some, the murderer asked the child for the knife. The child's constant preoccupation was that the murderer would murder him, or that as fantasised perpetrator he was the one who should be punished. Judges coded whether representations of perpetrator(s) and/or victim(s) were clear or ambiguous.

Retaliation. In the context of war, the desire to avenge an attack on a beloved protector is hampered by the organised power of the adversary. The verbal and symbolic content of the child's session was coded for presence/absence of issues related to retaliation and vengeance. For example, one child played at building intricate explosive devices, violently lethal to unsuspecting victims.

Coding of the Family Interview

The interviews with the parents in the referred and community-based groups were compared. Two therapists and a graduate psychology student independently evaluated the narratives. The narratives were judged for characteristics of: (a) ease of disclosure vs. discomfort; (b) explicitness vs. secrecy; and (c) coherence vs. ambiguity. A dimension was deemed to be present/absent only if all judges independently coded its presence/absence.

RESULTS

Themes in the Referred and Community-based Parental Loss Groups

Table 1 presents the predominant themes of the two groups of children.

Vulnerability and vigilance. Children exposed to war in both parental loss groups (community-based and referred) expressed intense vulnerability, both verbally and in their play. Expressions of imminent danger were accompanied by vigilance. The need to stay close to home and the fragility of home were constant preoccupations.

Re-enactment of trauma in play. Most of the children in the community-based group referred to death or disappearance verbally or in play. The manner and context of the parental death or disappearance was re-enacted by 10 of the children. At times, the parent was transposed to another time or place. Most often the circumstances of the death were modified in order to reduce, mitigate, or undo not only the finality of the death but also the extent of mutilation and intentional harm involved. The children, however, could not sustain the play scenario for long. After re-enacting the loss, all abruptly terminated the session. They did not re-enact past interactions with the lost parent.

TABLE 1
Differences in the Themes of Community-based and Referred Children for Whom a
Family Member has Died or Disappeared in War

Themes	Clinical Status	
	Community-based Group (n = 15)	Referred Group (n = 7)
Traumatic events	Re-enactment with modifications	Partial version
Family composition	Predominant theme, disrupted	Not major focus
Moral order	Not predominant theme	Major focus, disrupted
Child's universe or story	Coherent structure	Fragmented portrayal
Perpetrator, victim, witness	Clearly identified	Ambiguous
Retaliation fantasies	Not predominant theme, rare	Frequent and intense
Vulnerability and vigilance	Intense	Intense

The re-enactment of the death, a conspicuous leitmotif in the play of the community-based children, was far less salient for all children in the first session of the referred group.

Fragmentation and incoherence. In the community-based group, all the children constructed clear scenarios, although they were unable to sustain the play or re-enact interactions with the lost parent. Their scenarios, as representations of their inner world, retained coherence. On the other hand, for the referred group, reconstructing the world was the problem; their play motifs or scenarios lacked coherence and continuity. Disjointed, fragmented scenes, which did not readily permit the discernment of a motif, comprised much of the play sessions for most of the children in this group.

Moral order. The references to good and evil in the community group were seen not so much as issues in the external world but rather as reflections of the children's internal conflicts regarding their judgement of themselves or as projections of their own aggression, desires, and fears.

In the referred group, moral dilemmas imposed by external conflicts posed constant threats and governed the content of much of the play. The reality of intentional evil as emanating from the outside and not only one's own aggression preoccupied the children in the referred group. The assigning of good or evil was a predominant theme. One child drew the flags of seven countries involved in the war in his country of emigration. He was preoccupied with which countries were friends and which were enemies. He tried to decide who could be trusted, who had betrayed, and what were the determining criteria.

Another child's play was conflicted, disjointed, and abrupt. Interspersed with farm and domestic scenes, brief portrayals of subversives who sowed terror occurred. One always had to beware of "stoolies" or informers and it was not possible to trust even oneself. Disjointed scenes of policemen and criminals, traitors, and spies shifted rapidly. In one child's play, policemen were ambiguously portrayed as evil. They tried to kill prisoners whose guilt was unclear. Those who killed did not know why they were in prison. The child stated, "Their doubles (that is, people who resembled them) actually did the killing", and "The police sometimes identify the wrong people".

Perpetrator, victim, witness, and bystander. The roles and perspectives of perpetrator, victim, witness, and bystander were far more confused and intertwined in the referred group than in the community-based group. Here again, the differences were qualitative as well as quantitative. For the child who had witnessed his grandmother's murder, rage *at* the murderer became confused with the rage *of* the murderer.

Retaliation. In the referred group, the vengeance fantasies of the child were commensurately horrific with the actions of the perpetrator. Only thus could the child feel strong enough to retaliate. Children attained and surpassed the organised power of the adversary. In contrast, only two

children in the community-based group expressed themes of retaliation and vengeance. Furthermore, when present, the vengeance or retaliatory fantasies were of lower intensity.

The Narrative of Loss by the Surviving Parent

The surviving spouses in the community-based group had informed their children of the parental death and the circumstances of the loss. They clearly and openly recounted the traumatic events and readily related, in the child's presence, the reasons for emigration and the circumstances of the other parent's death. They displayed neither discomfort nor reluctance in discussing the disappearance; moreover, they explicitly told their children not to await the parent's return. There was no taboo of silence. As with their children, vengeance, blame, good, and evil were not major issues in their narratives.

Secrecy and ambiguity characterised the narratives of parents in the referred group. Frequently, families avoided discussing the context of familial loss. Sometimes the event was noticeable by its absence; at other times, distance was maintained through ambiguity.

The parents may maintain ambiguity and secrecy because of their own inability to understand the events. The family of one child expressed sharp disappointment with the perceived betrayal of those previously viewed as allies. Their inability to comprehend a nation's change of allegiance paralleled the child's difficulty in determining which of the seven countries, whose flags he had drawn, was good and which was evil.

Another child's father had difficulty providing coherent explanations with regard to the killing of a grandparent. The narrative was replete with hidden identities and camouflaged ideologies which paralleled his son's play of "stoolie" or informer. As family members presented varying accounts of the grandmother's death, the event became less coherent. Family members also found it difficult to integrate the experience and resolve issues of good and evil.

DISCUSSION

Consistent with the literature (Fanon, 1963; Hilberg, 1992), both the community-based and the referred children expressed vulnerability regarding potential dangers. It is difficult to be freed of the legacy of hypervigilance following the overwhelming events of war.

For the community-based children, experiencing the violent death or the abrupt disappearance of a caregiver appeared to be the determining trauma. Symbolic expression in play remained focused on parental loss. Although the theme was difficult to sustain, its persistent reappearance suggested the child was confronting or trying to come to terms with an as yet unintegrated

loss. Although the community-based children enacted parental loss in play, impairment of their daily functioning was not reported. Parents described the children as doing well at home, school, and with peers. The clinical investigator who conducted the play interviews did not note any behavioural disturbances.

The moral dimension was perceived to be relevant and clarified the meaning of apparently disconnected play in the referred group. In this group, play was not focused on the re-enactment of the manner of the parental loss nor on memories of the parental relationships. Rather, an ordered universe, as exhibited in the play, has been devastated and only fragments remain. The children's fragmented inner and outer world was reflected in fractured speech and play.

For the referred group, the fractured moral relations, rather than the fragmented social relations, have become the story. The thread that linked the seemingly disparate pieces was the child's attempt and difficulty in coming to terms with issues of good and evil, of who committed the crime or who should be punished. The organised and sanctioned nature of violence in war made it difficult for the child to identify the aggressor or to attribute blame. The meaning of the play became understandable in the light of the struggle to reconstruct a moral universe. The children's difficulty in comprehending a fragmented moral universe paralleled the surviving parent's difficulty in recounting traumatic loss. Ostensibly imposed to protect the child, ambiguity and secrecy can serve to protect the parent from the pain of remembering the trauma (Hoxter, 1986).

In future research, it would be important to determine whether these categories could be reliably applied to a larger number of children and whether gender differences exist. The role played by the child's understanding of death, his or her experience of death, developmental features, proximity, intensity, and frequency of events are all important and require more studies targeted to these questions. Whether the family's culture or ideology sanctions the war-related events may also be critical. The effects of parental loss due to war in the children's native land should also be studied to take into account the possible effects of immigration and change in culture.

The moral dimension may be relevant to contexts other than war-related events. Many disruptive events, such as inner-city violence, parental suicide, and chronic or terminal illness, may challenge the child in terms of assigning meaning.

The perspective of this study has implications for the conduct and goals of therapy with children who have experienced familial loss in war. The features of war that preoccupy the child cannot be presumed beforehand and may differ from what the adults anticipate. Reconstructing the story or narrative is increasingly seen as critical to the therapeutic process. This

process may be rendered difficult with children who have lived in contexts of war. The referred children's re-enactment of war-related events was modified, partial, and fragmented. They could not fit the events they had witnessed or experienced into play scenarios or a rule-governed universe. Their ordered universe, once taken for granted, is shattered and, in their play, it is continually shattered. Recognising that the play fragments are the child's story is essential to validating the child's experience and beginning the therapeutic process. When adults experience difficulty reconstructing their history or the traumatic event, the child's conflicts may be compounded.

For the child and therapist, to comprehend and reconstruct the world involves confronting fragmentation and moral issues as well as issues of trauma and loss. In the study of children's reactions to war, the historical meets the clinical (Felman & Laub, 1992) and the moral meets the psychological.

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