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# Hope among refugee children attending the International School of Peace on Lesbos

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The study focuses on refugee children who live in a temporary transit camp on the Island of Lesbos in Greece, and attend a unique school, which, in the camp's temporary conditions, endeavours to provide the children with safety, security, and an adaptive learning experience. It examines hope among the refugee children by means of the Children's Hope Scale (Snyder, 1997), which was administered to 132 children aged 6-16 who attend the school. The general hope scores among the refugee children were similar to those found in other children's populations. Hope scores in the Adolescent group (aged 12-16) were lower than in the other groups, and highest in the Intermediate group (aged 9-12). Additionally, differences were found between groups of children from different countries of origin. The findings indicate that the Adolescent children are more aware of the difficulties and dangers entailed in fleeing, and of the price they have paid for leaving their homes and being cut off from their extended family and community. The findings highlight the school's contribution as a space, albeit temporary, where the children can function normatively as students

in a safe environment that enables new growth in cognitive, emotional, and social realms.

Keywords: refugee children, hope, salutogenic approach, resilience, School of Peace

### **Background: Refugee Children on Lesbos**

The Syrian civil war began in 2011 as an armed conflict between forces that were loyal to the Ba'athist government and President Bashar al-Assad, and insurgent forces that were opposed to him. Over time, the military conflict spread and Kurdish and Jihadist fighters, forces identified with the terrorist organization al-Qaeda and forces from other countries joined the conflict. It became this century's most violent conflict worldwide. According to the Syrian Organization for Human Rights, in 2018, the number of people killed in the conflict was estimated at 700000, in a country with a population of 22 million (UNICEF 2018). The UNHCR, the UN Refugee Agency, estimates that, as an outcome of the wars in Syria, Afghanistan and Iraq, 8 million people have fled from their countries. Most of the refugees are crowded in mass refugee camps in neighbouring countries, e.g. Lebanon, Jordan, Turkey, Cyprus, Iraqi Kurdistan and Greece. It is described as the biggest migration crisis in Europe's history since World War Two (Price *et al.* 2014; UNHCR 2016). According to UNHCR reports, although most of the refugees are Syrian, people are also fleeing from Iran, Kurdistan and Africa. Most live in extreme poverty (earning less than \$1.90 a day) and contend with food insecurity and overcrowded living conditions in the camps, unsanitary conditions and exposure to a violent environment (UNICEF 2018). Arranging the refugees' official immigration documents can take between 1 and 3 years. More than half of the refugees are under 18 years of age and, throughout the war years, over 2 million children have not attended school and have suffered from a lack of basic services.

Most refugees cross the narrow strip of water from the Turkish coast to Lesbos on the so-called 'Balkan Route'. The short distance from Turkey is the main reason for Lesbos being chosen by smugglers as a relatively convenient destination for transporting people by sea (UNHCR 2015; Krikigianni 2016). At the peak of the migration crisis, 50 boats arrived each day, carrying 1500 refugees. According to a UNHCR report, in 2015, more than 1 million people crossed the strip of water from Turkey to Greece en route to Europe, and one-third of them were children (UNHCR 2015).

In early 2016, the Balkan Route was closed and the Turkey–EU agreement led to a drastic drop in the flow of migrants arriving in the Greek islands. The islands became open detention centres where refugees stayed for months, and even years, in constant fear of being deported back to Turkey (Eleftherakos *et al.* 2018). Since the agreement with Turkey came into effect, the number of refugees arriving in Lesbos has dropped to between 50 and 100 a day. The refugees are placed in two big camps: Kara Tepe and Moria, near Mytilene (UNHCR 2016). The camps, which were initially intended for short-term stays and fast transfer, have become long-term detention facilities.

A diverse mix of nationalities can be found in the refugee camps on Lesbos. Half of the refugees are Syrian migrants ([ReliefWeb 2015](#)) but there are also hundreds of thousands of Kurds who fled from the terror of the Syrian regime after fighting broke out between al-Qaeda activists and the Syrian militia. Another group of refugees are from Afghanistan and the Dari-speaking countries, including Iran. As a result of the ruthless war between Iraq and Iran, and the fundamentalist Taliban regime, 3 million refugees fled to other countries ([BBC News 2018](#)). Besides war refugees, refugees from Africa also come to the transit camps. Their motives for migration are the poor living conditions on the African continent, genocide, oppressive regimes, desertification, natural disasters, poverty, a lack of access to advanced medical services and a lack of infrastructures.

As stated earlier, the refugees on Lesbos are crowded into two big camps and they number between 20000 and 30000. The main risks they face are health-related: no vaccination programme, inadequate hygiene and sanitation, and overcrowding ([Hermans \*et al.\* 2017](#)). Providing a response to health issues in general, and mental health in particular, is especially complex, since the refugees on Lesbos come from different nationalities and cultures ([Médecins sans Frontières 2017](#)).

### *Refugee Children*

Children are a group particularly vulnerable to the difficult outcomes of refugeeism: displacement, compromised physical safety, exposure to the atrocities of war, walking hundreds of kilometres over mountains and crossing the sea under high-risk conditions. These harsh experiences have a significant impact on their health ([Fazel \*et al.\* 2012](#)). Respiratory and digestive-tract infections have been found in a large proportion of the children, and many of them are hospitalized in the only hospital on the island that provides emergency medical care ([Krikigianni 2016](#)). The medical aid provided to them by Médecins Sans Frontières (Doctors Without Borders) in collaboration with the Greek Ministry of Health and the Red Cross does not include preventive treatments, dental care and treatment for developmental problems and chronic diseases ([Trentacosta \*et al.\* 2016](#)). A study conducted by a group of researchers in a refugee camp in Australia ([Mares \*et al.\* 2002](#)) found that parents and children were frequently exposed to mental problems, which compound the trauma of being displaced from their homes. They are vulnerable, desperate, without financial means and with scant psychological support. The parents' depression and despair leave the children exposed to physical and emotional neglect in a degrading and hostile environment, and with high risk for developmental psychopathology ([Hermans \*et al.\* 2017](#)).

### *Resilience in Stress Situations: The Salutogenic Approach*

A great deal had been written in the research literature about the psychological and behavioural effects of exposure to stress situations. The term 'personal resilience' expresses the individual's ongoing efforts, after events have disrupted their

life (breaking the homeostasis), to efficiently resume past routines and good, normative life functions, and to face new challenges (Norris *et al.* 2009; Wiles *et al.* 2012). Bonanno (2004, 2005) defines personal resilience as the individual's ability to maintain an adequate functioning level during and after a crisis, while experiencing a sense of optimism, self-control and efficacy. Resilience expresses high psychological functioning when coping with negative events.

Conceptualization of resilience began in the 1980s. Antonovsky (1987), who developed the salutogenic approach, claimed that most people possess personal resilience qualities that enable them to recover quickly after a stressful event, to continue living their life and to maintain good physical and mental health. He proposed changing the research orientation from disease to health and from pathogenesis to salutogenesis, and to identifying the contributing factors to effective coping with stress situations. The salutogenic orientation focuses on searching for origins and assets for health and coping with stressful situations (Mittelmark and Bauer 2017).

After the 11 September 2001 attacks, the understanding that people react differently to the same stress situations, among other things, led a group of researchers headed by Hobfoll to discuss conclusions concerning treatment of disaster-affected populations (Hobfoll *et al.* 2007). The researchers identified five principles that make the greatest contribution to promoting resilience in any disaster: (1) promoting safety, (2) calming, (3) efficacy, (4) connectedness and (5) hope. One of the significant understandings to emerge is that a sense of hope is an important component for understanding how people cope in crisis situations. In the present study, we sought to examine hope as a salutogenic resilience resource in the reality of the refugee children on Lesbos.

### *Hope*

Hope is a cognitive–emotional resource that the individual draws on when anticipating a concrete positive goal (Snyder *et al.* 2003). The importance of hope in relation to refugees is described in a broad survey of articles by Sleijpen *et al.* (2016) on how young refugees cope with stress and adversity. The researchers found six sources of resilience: social support, acculturation strategies, education, religion, avoidance and hope. The power of thought as capable of leading individuals to take various actions to achieve aims and goals that could ameliorate their situation was investigated through the lens of different theoretical frameworks: Dispositional Optimism (Carver and Scheier 2000); Optimism/Pessimism Explanatory Style (Gillham, *et al.* 2000); and Hope Theory (Snyder *et al.* 1991). What is common to all the theories is defining the expectation of positive outcomes and behaviour on the way to achieving goals, with each one emphasizing a different component (cognitive, behavioural or emotional). In the present study, the theoretical framework chosen was Hope Theory (Snyder *et al.* 1991).

Snyder (2002) defined hope as the individual's perceived capacity to create pathways towards desired goals and to motivate themselves by means of

agency thinking. In other words, hope is goal-directed and, as a resource, it strives to draw on the past in order to influence the present and future. Hope draws on sources of knowledge and positive emotions, which are themselves conditional upon stable development of childhood, environment, education and values. For the individual to be able to draw on positive experiences, they actually have to have had such experiences. Sense of hope reflects an active mental process that is aroused in order to cope with threat. Hope engenders anticipation and is consequently also action-directed. Optimism is a learned trait, and it becomes stronger when the individual challenges exaggerated catastrophic thinking, substituting it for realistic aspirations and fact-based thinking, which does not ignore the problems, but can also anticipate their resolution (Levi *et al.* 2012). Hope is associated with an inner sense of mission and belief that life can resume its regular course. Hope begins developing at birth, through the nuclear self, and enables the individual to successfully cope with their developmental stages in the course of their life, and with the transition from one stage to the next (Erikson 1968). Snyder *et al.* (1997) developed an operative model to measure levels of hope and the individual's mental process (cognitive and emotional) in setting goals and pursuing them.

The present study draws upon Snyder's (2002, 2003) theoretical approach, which is based on viewing hope as goal- and process-directed, and from Staats (1989), and Sagy and Adwan (2006), who view hope as a resource for developing subjective personal abilities that are not only influenced by inner, intrapsychic factors, but also by objective external circumstances, namely the living conditions imposed on refugee children.

The question of whether hope is a component of resilience or a mediator of resilience depends on the theoretical approach on which the study is based. In some of the theories, it is a variable of resilience and, in others, a mediating variable. Under the difficult conditions in which the current research materials were collected, no additional variables (e.g. coherence) could be achieved, thus the decision to investigate hope as a resilience variable based on the approach of Hobfoll and colleagues, who regard hope as one of the five variables of resilience. The choice of hope as a variable of resilience was also partly due to the fact that, for this variable, there is a tool for measurement. The Hope Scale (HS) (Snyder *et al.* 1991) evaluates the determination to achieve goals and the ability to create possibilities (pathways) for achieving those goals.

### *The International School of Peace*

The International School of Peace (ISOP) was established on Lesbos in 2017 at the initiative of graduates from Jewish and Arab youth movements. The school is situated outside Moria refugee camp and the children are transported to the school and back every day. The educational programme consists of 35 weekly hours and is adapted to the children's level and in accordance with their native language: Arabic, Persian, Kurdish and French (Congolese children). The classes are divided into three age groups: Young (9–6), Intermediate (9–12) and

Adolescent (12–16). The structure is not rigid, since, in some cases, adolescent children have not yet commenced their schooling due to ongoing war, and they are placed in accordance with their scholastic level. All the teachers at the school are members of the refugee community. Members of the delegation of youth-movement graduates from Israel coordinate all the elements the school's operation and serve in professional and organizational support roles to facilitate the local teachers' work and the school's operation.

ISOP endeavours to provide a safe, protected space for the children—a space that is not influenced by the environment and is run in accordance with values that are congruent with the youth movements' educational approach (Dror 2007). The school setting provides the children with a certain sense of order and organization in their chaotic world. At the school, they have an opportunity to return, at least temporarily, to their 'role' as children. Care for the children does not end with pedagogical aspects alone. The school also provides a response for their basic needs, e.g. serving a light breakfast and a hot midday meal every day; maintaining a safe, violence-free environment; and at times helping with clothing or responding to the children's physical feelings and emotions.

The school operates in the spirit of democratic and non-formal education principles. The greatest investment is made in developing the children's inner strength in order to cope with the complex situation they face, while promoting areas of learning and expanding their education. Considerable emphasis is placed on strengthening each child's sense of belonging—to their homeland, culture, language and family—in order to mitigate the experience of displacement as much as possible. The educational staff work in the spirit of democracy, emphasizing human equality, intolerance of violence, acceptance of the other, gender equality and social leadership. While these values reflect a Western liberal worldview, the heritage and identity of each refugee's country of origin and community are not neglected.

The study described in this article examined the ability of refugee children attending ISOP to develop hope for the future. These attitudes can constitute a basis for healthy adjustment that manifests in optimistic outlooks despite their traumatic experiences, and the difficult living conditions and uncertainty that are still part of their life.

### **The Present Study: Aims and Research Questions**

The refugee camps provide fertile soil for the emergence of crime gangs, and for domestic violence and abuse. Children are the most vulnerable group to various forms of exploitation, from child labour to sexual violence, and recruitment of minors into armed groups and crime organizations (Harvey *et al.* 2013; Berti 2015). Children of school age have been cut off from all their normal life routines. These are the children of the 'lost generation' whose childhood has been trampled under devastating, life-threatening events.

The aim of the present study is to examine hope among refugee children who have been living in a transit camp for an extended period of time (from a few months to 2 years). The question of whether the children's harsh experiences influence their

perceived level of hope is central in assessing their psychological resilience. Another question we sought to examine is the connection between the children's age and their level of hope. With reference to differences in hope levels between children from different countries of origin, we hypothesized that children who had been more exposed to war situations, loss and real threat to their life would find it difficult to develop high levels of hope. Thus, migrant workers from Congo and children from Iran, whose parents left due to a political threat, would display higher levels of hope than Syrian children who came from areas of military conflict.

## **Methodology**

### *Research Genre*

Because of the many different languages spoken by the children attending ISOP, we administered short questionnaires that were translated into the various languages. Due to communication difficulties, the need to receive assistance from refugee teachers from the children's countries of origin in mediating the questionnaire-administration process, and the physical difficulties entailed in the process itself, the scope of the qualitative questionnaire was limited in terms of the amount of information we might have been able to collect under different conditions.

The study focused on three areas:

1. The levels of hope among refugee children living in a transit camp for an extended period of time (a few months to 2 years) and attending an international school.
2. The connection between the children's age and their level of hope.
3. The children's level of hope in the context of different countries of origin.

We hypothesized that children who had had greater exposure to war situations, loss and real threats to their life would find it difficult to develop high levels of hope (Gilman *et al.* 2006; Merkaš, and Brajša-Žganec 2011).

We also hypothesized that the older the children, the lower the level of hope due their growing understanding of the complexity of their situation as refugees and their and their families' unknown future. We hypothesized that, among children who had come from war zones and witnessed harsh scenes, the ability to feel a high level of hope would be even more impaired.

### *Participants*

The sample consisted of 132 refugee children (70 boys and 62 girls) attending ISOP on Lesbos, divided into three age groups in accordance with their classes at the school: Young, aged 6–9, 49 (37.1 per cent); Intermediate, aged 9–12, 49 (37.1 per cent); and Adolescent, aged 12–16, 34 (25.8 per cent).

The participants' classes are divided according to country of origin and language, and the questionnaire was administered to the students in the different classes in



accordance with the language of study in each class. Altogether, 70 Dari-speaking students (53 per cent), 9 students from Congo (6.8 per cent) and 53 Arabic-speaking students from Syria and Iraq (40.2 per cent) participated in the study.

### *Research Tool*

The Children's Hope Scale (CHS) developed by [Snyder et al. \(1997\)](#) is one of the most commonly used measures for children's self-reported motivation for the future. The CHS is a six-item self-report measure and is suitable for children of up to 16 years of age. The statements are presented in a Likert-scale format comprising six responses (from 1 = None of the time to 6 = All of the time), with an overall score ranging from 6 to 36, a higher score reflecting a higher level of hope. Studies conducted in Mexico, Indonesia, South Africa and among young Native Americans, and which translated the CHS into non-English languages, indicated good psychometric characteristics (e.g. [Haroz et al. 2015](#); [Shadlow et al. 2015](#); [Savahl et al. 2016](#)). A study conducted by [Hellman et al. \(2018\)](#) re-examined the generalizability, reliability and internal consistency of the CHS. The findings showed very high reliability and the researchers assert that it can be used with great confidence.

In the present study, the CHS questionnaire consisted of six items referring to the participants' level of hope, expressed in thinking and emotion. The items were divided into two subscales: goal-directed thinking (odd-numbered items: 1, 3 and 5, e.g. 'I think I am doing pretty well') and process-directed thinking (even-numbered items: 2, 4 and 6, e.g. 'I can think of many ways to get the things in life that are most important to me'). Hope scores were calculated by computing the means of responses to the six statements.

The first part of the questionnaire consisted of the participants' personal details and was not completed by all of them. We had to be satisfied with partial information that provides an incomplete picture of the parents' occupation and education prior to displacement from their country of origin and of the duration of their journey until they reached the transit camp in Greece.

The questionnaire's reliability, which is reflected in the level of internal consistency and Cronbach's  $\alpha$ , was 0.72.

### *The Questionnaire-Administration Process*

The questionnaires were translated into three languages: Arabic, Dari Persian and French (with verbal assistance in Congolese).

The process of translation for these languages was reviewed by a researcher from the study design team who is a specialist in linguistics (French and English) as well as by a researcher with expertise in Arabic.

A new study ([Hellman et al. 2018](#)) that examined reliability generalization on the CHS in relation to translating the CHS questionnaire into non-English languages (e.g. Spanish, Mexican, Portuguese and Indonesian) found high reliability among the different languages into which it was translated.

All the questionnaires were administered in the presence of a refugee teacher from the participants' country of origin, who helped the participants to complete the questionnaire and provided language mediation when they did not understand the meaning of a word. In the Congolese class, the teacher also helped by translating the French version of the questionnaire into Congolese. In the Kurdish class, the teacher mediated the questionnaire for some of the students with partial translation into Kurdish-Arabic. Note: in the Congolese Young group (6–9), although the questionnaires were administered, they were subsequently disqualified, since there was some doubt whether the children had understood the questions. In Congo, prior to entering the education system, young children speak their local dialect but, at school, they study in French. Some of the children in this group had not yet acquired the schooling language (French) and only spoke local dialects. The researchers and refugee teachers communicated in English.

In addition to the teachers, one of the researchers or a research assistant was present at every stage of the questionnaire-administration process to answer questions about the questionnaire and/or the statements to which the participants were asked to respond.

### *Ethics*

The parents of the children who participated in the study signed an informed-consent form that included an explanation of the questionnaire and was written in their language of origin. Ethical approval for the study was obtained.

### **Findings**

To examine differences between the subgroups, i.e. by age and country of origin, a two-way multivariate analysis of variance (two-way MANOVA) was performed. The results indicate significant differences in hope levels in both the main subgroup effect and the age effect.

Main effect subgroups by countries of origin:  $MF(2) = 9.21, p < 0.01, \eta^2 = 0.13$ .

Main effect by age:  $MF(2) = 8.89, p < 0.01, \eta^2 = 0.13$ .

The interaction effect between country of origin and age was not significant:  $MF(2) = 2.98, p = 0.055, \eta^2 = 0.046$ .

Further analyses performed with standardized means indicate significant differences between the Young and Adolescent groups (6–9 and 12–16, respectively) and the Intermediate group (9–12), which reported higher levels of hope ( $F(4, 143) = 7.94, p < 0.01$ ).

The findings of the study presented in [Table 1](#) show that the Intermediate group (9–12) had higher hope scores than the other two groups and the Adolescent group (12–16) had the lowest hope scores.

Analyses with standardized means indicate significant differences between Arabic- and Dari-speaking students and the group from Congo, as can be seen in [Table 2](#).

Table 1

Level of hope by age group			
Age	N	Subset	
		1	2
12–16	34	3.9608	
6–9	48	4.0201	
9–12	48		4.9493
Sig.		0.768	1.000

Table 2

Differences in hope levels between the groups			
Class	N	Subset	
		1	2
Dari	68	4.0049	
Arab	53	4.5541	
Congo	9		5.7222
Sig.		0.058	1.000

It may be stated that, among the majority of participants in the present study, the mean hope score was high relative to data obtained in other studies (see [Snyder et al. 2003](#)), since most of the participants reported a sense of hope ‘Most of the time’ and ‘A lot of the time’ in response to most of the questionnaire items.

### *Hope as Goal- and Process-Directed Thinking*

We performed a *t*-test on each questionnaire item, comparing between the Arabic- and Dari-speaking groups. We did not include the group from Congo in this analysis due to the small number of participants in this group.

Items 1, 3 and 5 belong to the ‘goal-directed hope’ variable and Items 2, 4 and 6 to the ‘process-directed hope’ variable. Factor analysis performed on each variable separately, as shown in [Table 3](#), revealed differences between the groups in Item 3—goal-directed hope—and Item 4—process-directed hope. A significant difference was found in both items and it was higher in the Arabic-speaking group than in the Dari-speaking group. This finding contradicts the research hypothesis that Syrian participants who had experienced war would score lower on the HS.

The reliability of these findings is based on the report by [Hellman et al. \(2018\)](#) that the correlation analysis in the Snyder test shows that the internal consistency scores are independent of the sampling characteristics of age, gender and minority status, and that the CHS is a reasonable tool for measuring a variable across the different languages.

Table 3

Differences between the groups by questionnaire item									
T-test	Group						t	df	Sig.
	Dari			Arabic					
	N	Mean	Std. deviation	N	Mean	Std deviation			
CHSItem	68	<b>4.0049</b>	1.07281	53	<b>4.5541</b>	0.96665	**−2.916	119	0.004
1	65	4.43	1.414	52	4.69	1.528	−0.959	115	0.339
2	56	4.02	1.395	50	4.16	1.595	−0.486	98.023	0.628
3	58	<b>3.69</b>	1.678	51	<b>4.69</b>	1.364	**−3.374	107	0.001
4	56	<b>3.75</b>	1.812	53	<b>4.38</b>	1.376	*−2.043	102.289	0.044
5	55	4.22	1.524	52	4.75	1.493	−1.822	105	0.071
6	55	4.18	1.600	53	4.51	1.540	−1.084	106	0.281

\* $p < 0.05$ ; \*\* $p < 0.01$ .

**Discussion**

One billion children live in countries affected by armed conflict (United Nations Office of the Special Representative of the Secretary-General for Children and Armed Conflict 2009). This represents a major global public-health issue (United Nations Office of the Special Representative of the Secretary-General for Children and Armed Conflict 2009; Haroz *et al.* 2015). Children and adolescents in areas affected by wars and armed conflicts are at an increased risk of developing adverse mental health outcomes (Mels *et al.* 2010). Hope has become widely acknowledged as an important component for coping with difficult life situations and crises, as significantly contributing to resilience (Hobfoll *et al.* 2007) and as helping to surmount emotional difficulties when coping with a wide range of traumas (Levi *et al.* 2012).

*Hope among Refugee Children*

Theories of hope have focused on the psychological aspects of the individual’s relationships with meaningful others (Jacoby 1993). Several researchers (e.g. Sagy and Adwan 2006) have indicated that social-environmental variables, as well as cultural factors, can significantly influence hope. According to the researchers, hope is likely to actually increase in times of threat, conflict and distress. According to Staats (1989), hope is an interaction between wishes and positive future experiences—an interaction between wishes and expectations on both the individual level and the wider social and global level. O’Leary *et al.* (2015) studied hope among refugee children in camps in Lebanon and examined the effects of community intervention on levels of hope. Trentacosta *et al.* (2017) studied children of Iraqi refugees and found that the risks to resilience are also associated with

negative events, such as the ethnic-political conflict, witnessing violence, destruction, fleeing from home and absence of essential resources, e.g. food or water.

[Sleijpen et al. \(2016\)](#) reviewed 26 qualitative studies on how young refugees cope with stress and adversity. The researchers state that hope is one of the elements described in the research literature in the context of resilience among young refugees. The young refugees' hope is manifested in clear goals and a sense of hope for the future. This sense of hope serves as a potent source for positivity and helps them to cope with their harsh life circumstances. The narratives of young refugees who have experienced trauma and loss describe the transition from despair to hope. It seems that they perceive hope as holding 'possibilities' for a better future. The opportunity to acquire an education, for example, provides a sense of hope for success in the future. The results showed that we cannot refer to young refugees in general terms as either vulnerable or resilient.

The perception underlying this study emerges from the salutogenic approach, whereby resources for health and wellbeing are sought even in difficult life situations. Two additional approaches underlie the study's basic premises: first, the conceptualization proposed by psychology scholars [Hobfoll et al. \(2007\)](#) regarding contributing factors to coping with stress situations, one of which is hope; and, second, positive psychology and Snyder's body of research on hope ([Snyder 2000](#); [Snyder et al. 2002](#)).

### *Hope Scores*

In a comprehensive study conducted by [Haroz et al. \(2015\)](#) in countries suffering from ongoing armed conflict (Indonesia, Nepal and Burundi), researchers evaluated 1057 children using a cross-cultural construct validity of hope—a factor associated with mental health protection and promotion—using the CHS. The findings support the use of Snyder's hope scales in different sociocultural settings and between genders. They contend that identifying resilience factors, and among them hope, may promote knowledge and interventions aimed at promoting positive aspects of mental health and preventing mental health problems. In other reviews that dealt with the meaning of hope for children in crisis situations, additional corroboration is given to evaluating hope as a means for improving skills for coping with threatening and dangerous life situations or exposure to war or armed conflict, physical loss or loss of family members as well as homelessness and migration.

The first finding pertains to the high level of hope we found among refugee children across age groups and countries of origin. Hope, when relatively stable, can exist as a personality trait or as a temporary mental state in the context of events associated with a specific time and place ([Lopez et al. 2000](#)). In light of the children's harsh history, on personal and family levels alike, we hypothesized that their hope levels would be impaired in comparison with children whose life conditions are stable and safe. This hypothesis was not supported and the children's hope levels were high despite the harsh events they had experienced in the past and the hardships of living in refugee camps in the present.

Is this a case of a biased interpretation of reality, or an unrealistic view of it? [Tversky and Kahneman \(1974\)](#) found that biases or errors in judgement occur in conditions of uncertainty. When the studied phenomenon is threatening or depressing, the results of such errors can manifest in hoping for a positive result, rather than a realistic assessment of the future. Additionally, [Sagy and Adwan \(2006\)](#) also found high levels of hope among adolescents in a violent reality and a struggle between peoples, which did not vary during times of calm and violent incidents during the conflict.

[Nofal et al. \(2007\)](#) argue that, due to the hardships of war and embarking on a gruelling journey as refugees, refugee families become even more determined to succeed and strive to successfully contend with the new beginnings they face. Most refugees assume that they will not be able to return to their homeland in the coming years and they are determined to build a new life. The harsh conditions in the transit camps emphasize even more the new life awaiting them in their destination countries, as providing opportunities for a much better and safer life than the one they left behind. The finding regarding high levels of hope among refugee children is of great importance in the context of previous studies, on which [Snyder et al. \(2003\)](#) have already reported. The researchers indicate that a correlation has been proven between level of hope and self-perception, and symptoms of distress and depression: a lower level of hope predicts symptoms of depression. They state that there is evidence that children and adolescents who see themselves in a positive light and express a high level of hope are usually more optimistic and focus on success rather than failure. These children advance towards the life goals they set for themselves and believe they are capable of solving various problems that may arise on the way to attaining those goals ([Snyder et al. 1997](#)).

### *The Children's Age and Level of Hope*

The second question examined the connection between the children's age and their level of hope. We found that the Intermediate group (9–12) scored highest on level of hope and the Adolescent group (12–16) experienced the least hope. The Young group (6–9) scored lower on level of hope than the Intermediate group, but higher than the Adolescent group. Since previous studies that examined refugee children's psychological resilience (a component of which is hope) did not find a connection between the child's age and their emotional state (e.g. [Trentacosta et al. 2016](#)), this is a novel finding.

In an attempt to understand this finding, we are inclined to think that the Adolescent group is more aware than the other groups of the dangers, losses, being cut off from educational frameworks and of the tangible damage they cause to their prospects of acquiring an education as a factor that compromises their future. The developmental-psychology explanation contributes by viewing emotional development at these ages as latent ([Sarnoff 1987](#)). The developmental task in the latency period is organizing the history of experiences as a social partner—a problem solver. During this period, children learn to hide feelings and make an effort to mask disappointment or anger. The main developmental characteristic of

the latency period is taking into consideration the dictates of reality when contemplating inner desires (Erikson 1968) and the main developmental task is adjustment to the demands of society and culture. In contrast, younger children (6–9) are helpless and totally dependent on their carers. For these children, human presence, people caring for them, constitutes an environment that provides them with empathy, continuity and safety (Freedman 1996). Since most of these conditions are compromised during displacement and migration, a somewhat reduced sense of hope is to be expected.

### *Country of Origin and Level of Hope*

The third question refers to differences between the groups by country of origin. Examination of all the questionnaire items together revealed differences only with reference to the group of children from Congo. We wish to treat this finding with a measure of caution and reservation due to the size of this group. In any case, we attribute this finding to the possibility that refugees who do not have a history of war and harsh experiences of violence and terror maintain greater optimism. Another possible explanation is that this group's high level of cohesion constitutes a resilience factor in itself (Eriksson 2017).

For the purpose of a more in-depth examination, we performed an analysis to examine differences in hope levels only between the bigger groups, i.e. the Arabic- and Dari-speaking groups, without the Congolese group, and analysed each questionnaire item separately. As stated earlier, half of the items referred to goal-directed hope and half to process-directed hope, i.e. the pathway to achieving the goal. The Arabic-speaking group scored higher than the Dari-speaking group in Item 3, which refers to goal-directed hope, and in Item 4, which refers to process-directed hope.

Following their comprehensive literature review, Sleijpen *et al.* (2017) contended that groups of refugees from different countries of origin present many similarities in sources of resilience and that basic coping strategies, i.e. seeking support from others and finding hope, are not place-specific. However, sociocultural background was found to be a resilience-promoting factor. The definition of individual hope is based on a Western way of thinking and assumes that the individual possesses the personal or social resources required to anticipate success in attaining goals. Existential hope is ostensibly more characteristic of non-Western groups, wherein coping with difficulty and hardship is attributed to strength—in other words, a belief that, even when reality is harsh and multiple dangers threaten success, the strong will ultimately triumph. Arab sociologist and philosopher Ibn Khaldun (1332–1406), who influenced thinking in the Arab world in the previous century, presents a perception that the rise and fall of ruling groups occur with fixed regularity, with new powers replacing old ones. Ordinary people prevail in times of hardship with help from their relatives (*asabiyyah*), since Arab society maintains a sense of mutual responsibility and devotion that becomes stronger in times of trouble (Fromherz 2011). Consequently, with reference to the refugees' goal, the fact that there are already big refugee communities in the countries on which the

refugees set their sights (Europe, Australia, New Zealand, Canada and the US) means that their anticipation of settling in a new country is possibly associated with rejoining their community in exile.

The difference between the groups in process-directed hope can be explained by their different values, which reflect different cultural codes and prior experience. A concurrent qualitative study on the same age group in the same school for refugee children examined their experience of wellbeing. The Syrian children in the Arabic-speaking group, some of whom had had very little schooling, if any, in their country of origin, expressed a high degree of satisfaction with the school. The school was described as a safe place that enables them to enjoy their studies and social interactions. By contrast, the children in the Dari-speaking group, who had come from Iran, where they had studied in an ordered and advanced education system (especially in the middle- and upper-class neighbourhoods), compared the temporary school for refugee children to the school they had attended and complained about the absence of a library and computer classrooms.

Some researchers concur that rehabilitating communities in the wake of trauma, including displacement and migration, is associated with building organized and ordered education systems (Bromley and Andina 2010; Nofal 2017). Education can introduce stability into an otherwise chaotic existence. Schools and other community agencies are essential for refugee communities in developing a sense of connectedness, reducing risks and increasing the prospects of adjusting and being able to resume normative life functions (Dippo *et al.* 2013; Sullivan and Simonson 2016). Studies have found that integration of refugee children into an education system is associated with the potential for developing opportunities for learning, attended by a sense of belonging and psychosocial normalcy (e.g. Nordtveit 2014; Nofal 2017). Schools can provide a safe environment, which stands in stark contrast to the experiences associated with the life history of refugee children who have fled from their homeland (Culbertson and Constant 2015). They have the potential to build an alternative worldview to the violence and destruction experienced by refugee children from war zones and the ability to help these children to feel safe and normal. Parents and children alike view schools as an opportunity to repair the destruction caused by the political reality in their country of origin (Shakya *et al.* 2010). Education, therefore, has the potential to function as a tool to provide safety, promote self-reliance and contribute to meeting the children's psychological needs. Education has a proven track record as an essential form of humanitarian aid and a path towards long-term social development (MacKinnon 2014). The social aspect of education provides opportunities for adapting to the new community and interacting with others (Walsh *et al.* 2011). Schools also provide the children's parents with a window for social involvement by means of different experiences and events, e.g. ceremonies, festivals, respite activities and gatherings, which can have a positive impact on mental wellbeing and social inclusion for newcomers to the community (Measham *et al.* 2014).

Resilience refers to a dynamic, context- and time-specific process. Sleijpen *et al.* (2017) found that having to wait a long time to receive residency permits for refugee transit camps had a negative impact on resilience. Given the place and



the length of time refugees spend on Lesbos, acquiring an education possibly constitutes a source for hope. In [Trentacosta et al.'s \(2016\)](#) study among adolescent refugees from Iraq, who came to the US after being exposed to traumatic war experiences, the participants reported positive emotions towards their school and parents, and displayed fewer symptoms of traumatic stress and depression.

Another explanation for the findings pertains to the two groups' different cultural codes is the distinction between individual hope and broader, universal existential hope ([Foa et al. 2005](#)). It is therefore possible that hope is associated not only with anticipation of a positive event, but also with the social value system. Hope can be not only a sensitive measure of individual human perceptions, but also a significant indicator of cultural and social changes ([Sagy and Adwan 2006](#)).

### *Limitations of the Study*

The concept of 'resilience' comprises a number of variables, e.g. coherence, sense of safety and social connectedness, each of which contributes to a sense of resilience. In the present study, we focused solely on hope and did not examine additional variables that might shed light on internal and external factors likely to help refugee children to cope with the multiple difficulties they face. Another limitation was the difficulty in conversing with the children directly in their own language. Except for a small number of participants with conversational English, the vast majority did not speak English and communication with them, written and oral alike, was mediated by refugee teachers at ISOP from their country of origin.

We recommend that a future study should also include interviews with students, parents and teachers, in order to gain a better understanding of the present study's findings regarding the significance of the social beliefs and values of different national groups with reference to hope and to broaden understanding of the connection between hope and the children's age.

We further recommend conducting further research among refugee children who were admitted to immigration countries under conditions in which we can compare their level of hope as a control group to other children in the school who are not immigrant refugees. Such a study may shed light on the question of how much the harsh life history experienced by refugee children affects the variable of hope over time and in comparison with other children who are attending the same school together with them.

### **Conclusions**

'There is no change without the dream, as there is no dream without hope' ([Freire 1996: 91](#)).

The present study joins the body of research that has grown following Snyder's theory and the questionnaire he developed to measure hope (e.g. [Bryant and Harrison 2015](#); [Hellman and Gwinn 2017](#)). We surmise that it is precisely in situations of harsh living conditions, like those the refugee children contend with, that hope is an important contributing factor to positive anticipation of attaining

a future goal, in both the short and the long term (Hellman and Gwinn 2017), and is of particular importance in the process of receiving help (Collins 2015).

The present study found high levels of hope in the refugee children, which can be explained by the existence of cognitive and emotional foundations of resilience. It seems that ISOP constitutes an 'island of sanity' for them in the surrounding chaos and facilitates the existence of hope. Developing mutual help, opportunities for older children to help younger ones, practising conflict resolution by means of dialogue and mediation, and creating social age groups that build joint activities together, facilitate development of behavioural patterns in the spirit of tolerance and reciprocity. All these make it possible for the refugee children to feel and express hope in spite of the crisis conditions in which they are living and to see a new horizon, even if, in reality, the possibilities of reaching it are still blocked.

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