

How the Disaster Has Affected Child Upbringing

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1. Introduction

Our country is a land of disasters, and there are many earthquakes and tsunamis in our memory. The Tohoku region has experienced the Meiji Sanriku Earthquake (1896) and the Showa Sanriku Earthquake (1933), and there are various “legends” and monuments to these occurrences. Despite these warnings, these events leave behind huge scars, and everyone feels, “Was there anything more I could have done?” There is a possibility that a disaster of the same scale will occur in areas other than Tohoku in the future, and I feel that it is the responsibility of the professionals in the disaster area to report the actual situation so that it may be a clue that enables prompt support in an emergency.

In response to this unprecedented disaster, many organizations began to support the affected areas immediately after it occurred. In the special role of a child psychiatrist, I joined a mental health care team early on, visiting evacuation centers, making individual visits, and paying attention to family situations, including that of children. Approximately one year after the earthquake, the places I make rounds at have changed from evacuation shelters to temporary housing, and I now visit schools and kindergartens. The acute and medium- to long-term mental reactions observed in children have already been reported separately; please refer to them ¹⁾⁻⁸⁾.

The earthquake not only took away what was important to us but also changed our living environment itself. Even today, chaotic emotions swirl around the disaster area, and even us professionals are at the mercy of every new day. There is no doubt that this disaster has had and will continue to have a great impact on the environment in which children grow up. This paper reports on the current situation, focusing on the childrearing environment, which has changed owing to the earthquake, and the ideal way of raising children as a family and community.

2. Regressing Children

Countless children experienced painful experiences during this earthquake, and various reactions were observed. Most of the cases I was assigned during patrol duty immediately after the disaster involved regression: symptoms such as being unable to leave their mother’s side, being unable to sleep alone, being afraid of darkness, and urinating at night were observed. The most basic form of advice in this situation is careful explanation and normalization. To children who have undergone an experience such as this, regression is a very natural response, and is merely a transient return to a more child-like state. I often told mothers that this wasn’t a strange response and that it wouldn’t last long, and I decided to simply observe and monitor the progress of these cases. Afterward, I continued to visit these individuals in evacuation shelters or their own homes, and nearly all cases resolved themselves over time.

On the contrary, among those who could not be sent to counseling, I began to become worried about a particular group of children whom I observed at the evacuation shelter. They would occupy an outlet in a corner and were absorbed in portable games all day long. After asking around, I would often hear that their families were always out, cleaning up their tsunami-flooded house or busy with official procedures such as documenting proof of damage. These children couldn’t even “regress” because they had nothing to cling to for protection, and they seemed to escape to the game world and fight desperately against fictional monsters.

After considering both, I realized that the former was a case of children being in an environment in which they could display their symptoms early on. If the parents do not give them the necessary time or attention, they will be unable to notice the changes in their children. Only when parents have their antennae extended, so to speak, will they be able to connect their child to specialized counseling at an early stage. The phenomenon of regression may be seen because the child actually has something they can cling to with peace of mind. With this in mind, I focused on

the positive aspects and gave feedback to these families, saying, “I think, in the long run, it’s actually better that they’re having this reaction now.” In fact, in clinical practice, there are cases where a child who did not respond immediately after the earthquake suddenly regressed after about a year. While death anniversary reactions may be a factor, these episodes can be regarded as latency phenomena caused by parents finally managing to spare some time for their kids.

The earthquake destroyed an absolute “safe zone” for children. According to Bowlby’s theory of attachment, the ability to come and go between a safe zone and “exploratory behavior” is essential for children to develop the ability to regulate emotions and behaviors. In disaster areas, the echoes of fear remain strong, and both parents and children are in a situation where they cannot be separated. Naturally, the range of children’s activities narrows, and exploratory behavior is restricted. Children who have had a difficult experience regress and cling to their caregiver, while the caregiver hesitates to allow their child to “search” because of their anxiety about letting go. Conversely, as we saw in the cases of children who immersed themselves in games, if the parent has no time to spare for their child, the family no longer functions as a safe zone and the child will not be able to perform either behavior. In other words, if the debris is not cleared and housing problems are not solved, parents cannot reach a situation where they can feel physically relieved, and their children will not be able to develop the ability to regulate their emotions and behaviors.

3. Changes in Household Environments

The earthquake has had a great impact on children’s family environments. After being placed in a crisis situation, families have an opportunity to reconsider their own internal structure, and they can become more cohesive. However, it takes time for children to adapt to changes in their family environment, and it is also true that they tend to suppress their emotions after attuning themselves to the fact that those around them already carry significant psychological burdens.

(1) Living Together During a Disaster

The houses in devastated areas were all washed away by the tsunami, and some families chose not to move to evacuation shelters but into their relatives’ homes, which were less damaged. At first glance, this may seem like an opportunity for the family to reunite, cooperate, and reaffirm their bonds. However, many families inevitably started living together without sufficient mental preparation. In the beginning, they were forced to tolerate each other’s existence. With the passage of time, however, discord within the family, which until now had been balanced by physical distance, sometimes emerged. For children, uncles and aunts, whom they had only occasionally met during long vacations, suddenly started living with them, leading to a terrible family atmosphere. These children became confused, tried to align themselves with the feelings of the adults around them, and eventually developed physical symptoms such as abdominal pain and headaches. Ultimately, they were taken to emergency hospitals, and after much scrutiny, the source of the symptoms was determined to be a “mental problem,” and some of them were referred to our specialized agency.

(2) A Double Life

Many families living in the southern part of Tohoku evacuated to other prefectures owing to concerns about radiation from the nuclear accident. However, since stable work is not guaranteed at evacuation shelters, it would inevitably be only the mother and child who would end up evacuating. The father would remain in their place of residence and continue to work, and the family would reunite on the weekends. The financial burden of such a double life is heavy, especially as the father continues to be exposed to radiation. This burden is particularly heavy for mothers with infants and for pregnant women. In addition, if the mother and child evacuated to an area with a large influx of people, there could be conflicts between newcomers and locals, and the mother and child could be forced to live in shame. The stress caused by the nuclear accident simply has no parallel among the events investigated in various trauma studies in the past, and the future stress response is unpredictable. These families, uncertain of how long this situation will last, experience unimaginable anxiety. It is difficult for children to accurately understand all these circumstances; they simply feel the anxiety of their parents, notice that they are being exposed to unpleasant prejudices similar to “pity” from their surroundings, and continue to live in temporary housing where their future is ambiguous.

(3) Reformation of the Family

Many orphaned children were taken in by relatives, who decided to build new families as relative-foster parents. In their hyperaroused state immediately after the earthquake, these children somehow managed to survive amidst confusion and excitement. In the medium to long term, however, they began to react in various ways as they gradually became aware of their situation. These processes have also been reported in various previous studies of foster parenting⁹⁾. The feeling that they were betraying their deceased parents sometimes arose, and children sometimes did not get along with their new caregivers, causing repeated rebellion. Foster parents found it difficult to raise these children, which became a major obstacle to family reformation. Normally, foster parents are certified after undergoing simple training and repeated confirmation of their intentions, but it is undeniable that such preparations were inadequate in this earthquake. Foster parents were at the mercy of their children's trial-and-error behavior. Countless children have become orphans or been abandoned as a result of the disaster, and it is extremely difficult to follow all cases at the local Child Guidance Center alone. It is necessary that we support childrearing through the involvement of local community strengths, rather than through child welfare and administrative support.

4. Changes in the Environment Outside the Home

In addition to the home, there are other factors that hinder the healthy growth of children. It is difficult for each individual to resolve their own trauma; the community, including the family, becomes indispensable in this regard. In order to unite and overcome the predicament, it is also necessary to improve the physical environment outside the home.

(1) A Lack of Places to Play

In places where the plains are widely flooded, the creation of residential areas is a top priority and there is an absolute shortage of children's playgrounds. When schools reopened in April, classrooms were used as shelters, and in some areas, temporary housing was built in the schoolyard. Even in areas where the damage was low, there was an influx of population due to evacuation, and some schools saw a significant increase in students. As a result, prefabricated temporary school buildings were built in schoolyards, further reducing play space. On the contrary, in the southern part of Tohoku, the number of children has decreased sharply because of anxiety about radiation, and there are some areas where outdoor play is restricted in order to reduce the amount of radiation exposure. There is an urgent need to secure a "safe playground" for the healthy growth and development of children. Under these circumstances, several children's goods manufacturers have cooperated to set up playgrounds and gatherings that are safe for children. These are not only places for children to interact but also for parents to exchange information¹⁰⁾.

(2) Changes Inside the School

Schools that were heavily damaged by the tsunami are renting vacant classrooms at those that suffered minimal damage. The number of children in these classes exceeds the capacity of the rooms, which are not typically used as classrooms, and children are forced to learn in a shameful environment. Owing to the differences in their experiences from the school's original students, the newcomers find it difficult to naturally blend in and play. Even though children of the same age are studying in the same school building, events such as athletic meets and festivals are held separately. Although it sounds harsh, it is unlikely that damaged schools will be restored, and eventual consolidation is natural. However, the power of the group is essential to overcome major trauma, and being separated from peers who can share their experience can undermine these children's resilience. If it is predicted that a reaction will occur over time, I feel that some preventive measures need to be taken in the field of education. In Fukushima Prefecture, preventive psychoeducation for children is being conducted in educational institutions affiliated with Hamamatsu Medical University, and it could be a model for the future.

(3) Temporary Housing

Owing to the damage to many houses, temporary housing was built at a rapid pace in the disaster area. The walls are thin, and even at normal volume, voices leak through. Under such circumstances, residents are constantly aware of the goings-on in one other's lives. In the winter, there are more things to worry about, such as measures against freezing of the water supply. Further, there are those who are forced to live in unfamiliar areas because of the shortage of land to build temporary housing.

Students in the disaster area had to work on learning at evacuation shelters and temporary housing. The tsunami swept away study tools and it was difficult to secure a place to study. Immediately after the disaster, many at evacuation shelters were annoyed because of hyperarousal, and it was difficult for them to be conscientious, to calm down, and to concentrate on learning. Confronted with unpleasant expressions like “Turn off those lights already” and “Don’t leave eraser dust everywhere,” these children took their exams in fear. Under such circumstances, there were many volunteers who secured a place for these children to study with peace of mind and provided learning support free of charge. It seems to have been very helpful in alleviating the anxiety of the examinees.

(4) Becoming Used to Support

We are grateful for the goodwill people have shown in sending various relief supplies. However, there were instances of relief supplies being wasted because of mismatches between requirements and destinations. For example, a large number of soccer balls arrived at an elementary school without a playground, diapers arrived at an evacuation center where there were no elderly people, and an air gun was included in children’s play equipment. In particular, food relief supplies became saturated early on, and warehouses were piled up with food that had passed its expiration date. Even the author who visited as a supporter was able to share food relief supplies. At school, on Christmas, relief supplies (mainly sweets) arrived from various groups. At one elementary school, children said, “I don’t need it because there are so many at home” and gave me sweets as a gift. Many celebrities also visited us, but it was not necessarily overwhelming, and some children reacted coldly. What will remain in children’s mind after this “human tsunami” is over? I am afraid that they will become accustomed to being supported and become dependent.

5. Children’s Experiences of Loss

We lost a lot in this earthquake. Important people, companions, and places. Those who have lost their jobs have lost their income, their social role, and their hopes for the future. Many victims are missing, and many are experiencing vague losses that they cannot shake. The holes in my heart are so big that I can’t even feel the pain of those chunks being scooped out. Adults usually show a very strong grief reaction for several months after a loss, and it is said that they gradually sort out their feelings while experiencing emotional fluctuations. On the contrary, in the case of children, sadness always exists at the root of the growth process and is often expressed in a different form.

Bereavement of a loved one is said to affect development in many ways¹¹⁾. In Japan, there is an inadequate response to grief care associated with the bereavement of children. Children who cannot express grief in words have the power to reproduce and heal in play and art. Understanding of death depends on children’s cognitive developmental stage, and they become aware of their situation as they grow up and talk about their experiences of loss. A child wants to know the details of death, but when they see adults around them endure sorrow, they sometimes hide their anguish. By telling them that talking about bereavement is not taboo, children’s range of emotional expression is greatly expanded. It should be noted that each individual has their own beliefs and ways, sometimes inappropriate to others, with regard to understanding death. We sometimes feel unnecessary remorse, such as “Maybe this misfortune was my fault.” The essence of grief care is not to “heal” the wound, but to “accompany” it in the process of organizing it. In addition, although the loss experience itself is not an illness, it should be noted that various factors may overlap and grief may be complicated, leading to mental illness. Thus, individuals should be referred to specialized counseling agencies when necessary. Many adults will need to be aware of these basic responses to bereavement in children.

Providing opportunities for children to spend time with peers with similar bereavement experiences can be of great help in getting them to express their emotions and understand death. Children themselves may feel that only those who have the same experiences as them can understand their feelings. Adolescents, in particular, need to receive support from friends whom they feel understand them. In the disaster area, multiple groups are working on grief care and holding group meetings¹²⁾. In such places, it is necessary to set ground rules because of the possibility of emotions running high, and the adults who support them must ensure safety.

6. Advice for Community Building

As a professional living in the disaster area, every day I ask myself what “mental care” really is. Psychiatric care in Japan is a hospital-centered system, one in which professionals wait for people to come in for consultations of their own volition. Therefore, psychiatry as public health tool that supports community mental health has not been fully developed as an academic discipline. However, after the earthquake, professionals went to the affected areas to raise awareness and pick up high-risk local residents. In other words, there was rapid progress in encouraging people to boost the power of existing regions. My role as a child psychiatrist has shifted to visiting large kindergartens and schools and giving advice to professionals who are closely associated with children. If you think about it carefully, all these activities are natural. It is not a special initiative that we are taking because of the earthquake but one that should be continued even in peacetime. I think the creation of a community where “noisy” is the norm will be the basis for raising children. It is necessary to reconsider the ideal way of approaching community and school mental health in the wake of the earthquake.

No one would have expected a disaster of this magnitude. While it is important to be prepared, not all events can be dealt with. It is important to take concrete measures, but the focus should be on ensuring that people and communities can respond to any eventuality. In the event of a disaster of this scale, the organization that manages the community itself will be destroyed, and it will be necessary to play a role of “connecting” before regaining normal functions. I feel that what a community should work together to nurture is not a charismatic leader but an individual who can act as a “hub” that connects various related organizations. People in these “hub” roles would have a greater degree of freedom; they would go out to various areas and build relationships with various institutions. Even if given a flexible role in your first job after graduating from university, it can be difficult to move with such freedom. I feel that it is necessary to spread these ideas in the prescribed school education and allow them to take root to form a culture that creates “free people.” Although clichéd, I think it is necessary to thoroughly nurture the ability to recognize diverse values. I believe that developing such human resources from an early stage and allocating multiple personnel to the region will lead to increased resilience. In the area of children’s mental health, it would be good to give school social workers a more flexible role and allow them to become familiar with the characteristics of the children in the area. If you suddenly say “Let’s work together” to someone you don’t normally work with, it won’t happen. For children’s mental health, medical organizations such as those related to pediatrics and child psychiatry, educational institutions such as schools and boards of education, and welfare organizations such as child guidance and juvenile justice centers must effectively collaborate. Ideally, these multiple networks would be organically connected with each other like a living being.

7. Conclusion

I feel the Tohoku region has a deep-rooted spirit, a resolve to endure without complaint, no matter what the circumstances. Although each area has its own characteristics, it cannot be denied that there is a tendency to dislike “mental care” here, often making it difficult for supporters to do their work. Generally, in trauma care, we try to get patients to express and organize their memory and emotions in some way, but in this disaster, we will ensure that activities are adapted to the local climate and that residents are patiently dealt with. I feel this is necessary to carry out trauma care.

The road to reconstruction is long, and our strength alone is not enough to protect the minds of our local children. Through this passage, I humbly ask all of you for your long-lasting support.

<References>

1. Naru Fukuchi, Mizuho Hayashi: Current Status of Children in Disaster-Affected Areas. *Pediatric Psychology and Neurology* 51. 126–132, 2011.
2. Naru Fukuchi: Trauma Care for Children After a Disaster. *Miyagi Pediatrician Bulletin*, 245; 43–45, 2011.
3. Naru Fukuchi, Asako Murai: The Actual Situation of Disaster Area Support for Children. *Japanese Hospital and Community Psychiatry*, 54; 5–7, 2012. (In Press)

4. Naru Fukuchi: How the Disaster Has Affected the Mind of a Child. Tokyo Pediatrician Bulletin, 30; 1–4, 2012. (In Press)
5. Naru Fukuchi: The Disaster and the Mind of a Child. Journal of the Japanese Society of Pediatricians, 43, 2012. (In Press)
6. Naru Fukuchi (2011). The Reality of Psychiatric Support in Disaster-Affected Areas. Monthly Minna Net.
7. Naru Fukuchi: The Mind of a Child Recovers in Play. Child Health, 15; 53-55, 2012.
8. Medical Tribune: 2011.11.3 Report of the 29th Japanese Society of Pediatric Psychosomatic Medicine.
9. Naomi Misonoo: Foster Care and Attachments. Child Abuse and Neglect, 10; 307–314, 2008.
10. Pampers' Sleep and Play Project http://jp.pampers.com/ja_JP/higashinohon/index.html
11. Noriko Setou, Kayoko Kurokawa, Chikako Ishii: Assistance for Children Who Have Experienced Bereavement. Oncology, 8; 51–56, 2011.
12. Sendai Grief Care Study Group <http://www.sendai-griefcare.org/>

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