Parenting and the Disaster

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1. Introduction

Sumo is the national sport of Japan and an embodiment of the spirit of "bushido," again unique to Japan. It is said that the sumo tradition, in which wrestlers literally collide with each other while naked and fight each other openly with prescribed techniques, is pure. A few years ago, two strong wrestlers with a fierce rivalry played a historic and heated championship match. After a long battle, the winning sumo wrestler involuntarily made a "fist pump" gesture toward the audience. The next day, the media criticized him harshly. They said that this fist pump in the ring was disrespectful to the opponent. It is a virtue to always maintain humility, not to reveal the feelings hidden in the heart, and to carefully grasp the feelings of the other party. Such is the culture of Japan.

Overseas media praised the Japanese response to the earthquake. Usually, when major disasters have occurred overseas, disgruntled citizens have been known to riot, causing widespread security concerns. This did not happen in Japan, thought to be a result of respect for etiquette and the emphasis on caring for and helping each other. Immediately after the earthquake, I continued to make rounds at evacuation shelters as a member of a mental health care team. I cannot count how many times I heard things like "There are people who are in worse condition than me, so tend to them. I'm okay." After a year, various ceremonies were held, but few people cried aloud or visibly expressed their sadness. Clench your teeth, no matter how much you're hurting, and realize the impact your emotions will have on your surroundings: this is what we are told. Isn't this culture a detriment to overcoming historically unprecedented trauma? How will children grow up if they are constantly imitating adults who simply endure?

The reactions of children in the acute and medium- to long-term after the earthquake are described in various treatises; you can refer to them elsewhere 1) -8). In this article, I would like to focus on some key words related to childrearing. Lastly, as a professional living in a disaster area, I would like to make a proposal regarding future community development.

2. Status of Children in Disaster Areas

(1) 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. In Japan, grief care associated with the bereavement of children is inadequate. In the future, we must inform adults living in disaster areas about bereavement and loss to enable them to better support children as they grow up.

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. Children who cannot express grief in words have the power to reproduce and heal through play and art. Understanding of death depends on the child'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 about 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, of 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. Professionals should be placed into support teams so that they can connect these individuals to professional counseling agencies when needed.

Providing opportunities for children to spend time with peers' children who have the same bereavement experience as them 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 experience 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 meetings [10), 11)]. 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.

(2) Loss of a Safe Zone

I patrolled evacuation centers during the acute phase, began to work with elementary and junior high schools for the medium to long term, and continued to observe the situation of many children. Through all this, I deeply realize that all of children's primitive reactions are in "regression." Children observe the responses of adults, and instinctively do not cling to those whom they feel do not have time or energy for them. It is thought that adults' emotional reactions occur after material problems are solved, and children's emotional reactions come to the surface after those of adults. Although there are regional differences, the current situation is that the removal of rubble has not progressed at all, and in areas where housing and employment are not stable, children's mental arrangement is delayed.

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. For children who have had an unimaginable experience, it is no wonder that these reactions occur, and the matter of clinical relevance is determining when exactly this regression occurs. As mentioned above, children do not "regress" if the adults around them do not have the time or energy to care for them. In situations wherein a child's reaction occurs immediately after the earthquake and leads to counseling with a specialized agency, part of the credit also goes to the parents, who had to have been unwavering, firm, and sensitive to the needs of their child. On the contrary, a group of children who could not even "regress" was observed. They occupied an outlet in a corner and were absorbed in portable games all day long. Their games were largely battle-based, and strangely, even if multiple children gathered, they rarely played with each other competitively. When I talked to these children, they seemed to ignore me. 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 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. In other words, the regression of these children may appear late. In fact, in clinical practice, there are cases where children 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 finding some time to spare 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. Even though one year has now passed, in disaster areas, the echoes of fear remain strong, and both parents and children are in a situation where they cannot be separated. Naturally, children's range of activities becomes narrowed, and exploratory behavior is restricted. Children who have had a difficult experience regress and cling to their caregiver, while the caregiver hesitates to allow the 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.

(3) Issue of Self-Perception

This overlaps to some degree with the loss experience mentioned above, but once again I would like to imagine how the children themselves perceive their experiences. The tsunami took away everything in an instant, so quickly that people didn't have the time to feel "terrified" or "sad." There is a time lag between the actual experience and the raw emotions, and when you remember and reconfirm, these emotions swell. Naturally, children who do not want to remember try desperately to protect themselves in the form of denial. The degree of understanding may differ depending on the stage of growth and development, and the appearance of symptoms may differ accordingly. Children after junior high school and children with high intellectual abilities recognize everything, and some children actively try to play a role by themselves. However, it is hard to say that children in the lower grades of elementary school are aware of the current situation. It was thought that the temporary increase in infants' physical symptoms during the hyperacute period was not a psychological reaction based on understanding the current situation but a panic response to a strongly impactful experience.

Even months after the earthquake, the number of children who come to medical institutions has by no means increased. Strangely enough, the number of children who come from coastal areas with severe damage is quite low, and the ones who get checked up are almost always those who moved to safe inland areas. Indeed, if one were to take a look at them, these children did not, in fact, look to be carrying any serious worries: they would speak loudly and play energetically. However, when I look back, I think this state may have been greatly influenced by post-disaster "hyperarousal."

Behind this unusual phenomenon is likely an issue with these children's "self-perception." Almost without exception, children who did not move out of areas with severe damage went through the same experiences. They all saw the tsunami and their neighbors being washed away. Many of them even lost a family member. These children just assume that "everyone else has gone through the same thing too." On the contrary, children who move or transfer schools to areas with less damage come face-to-face with the gap between their experiences and the experiences of those around them. They are essentially forced into the realization that, "Wow, I really went through something horrible." They become unable to share their experiences with others and end up feeling lonely or isolated. As a result, they begin to present with a variety of physical symptoms, can fall into depression, and may end up not going to school. When, then, will the mental reactions of children who are still in the coastal areas occur? Although this may be a bit of a harsh expression, in reality it is unlikely that damaged schools will be restored, and will eventually be consolidated. At that time, when faced with reality, these children may react in various ways. However, the power of the group is essential in overcoming 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 some preventive measures need to be taken in the field of education.

(4) Prevention of Trauma Responses

In an emergency, it will be necessary to provide psychoeducation that gives a person accurate information about what has happened, prepares one for future mental reactions, and teaches relaxation that reduces anxiety. Immediately after the earthquake, in a Child and Adolescent Psychiatry ward where the author was working, impromptu psychoeducation was provided to hospitalized children [12]. The results were generally good: there were no children whose anxiety worsened, and they were able to respond to the situation without becoming overly perturbed. In principle, such educational content must be taught by adults who are familiar with the children, in a place where they can feel at ease. In reality, it would be effective for teachers to do it in school with the support of professionals such as doctors and psychologists.

This happened but a few months after the earthquake. A girl in the second grade who complained of anxiety symptoms visited the clinic. According to her mother, she was incredibly afraid of rain. When it rained and there was thunder, she got angry if her mother didn't close the window in a hurry, and could even become violent. Yet the area where this girl lived was among the least damaged in the prefecture, and lifelines there were restored quickly. Therefore, I was quite puzzled by the severity of her anxiety symptoms. While playing and communicating with

her, I came to a sudden realization, and asked, “Do you think tsunamis happen when it rains a lot?” “Huh? Is that not true?” she asked. In our next session, I used a whiteboard to give her a short science lesson. I explained the origins of earthquakes and tsunamis and taught her that rain and thunder have nothing to do with tsunamis. “Thank you, teacher. I’ll go to school and teach everyone,” she said, and the examination ended. After that, she did not return to the clinic.

Accurate knowledge protects children from anxiety. According to the prescribed elementary school curriculum, children learn about typhoons and floods in Grade 5 and earthquakes in Grade 6. It seems that some schools did not hold these classes because teachers were hesitant to remind children of their painful experiences. Even if it leads to an uneasy class atmosphere, I feel it is very important to provide accurate knowledge in a safe environment and without the teachers becoming upset. In order to prevent children from developing unnecessary anxiety, it is necessary to devise ways to have children acquire a “knowledge defense.”

3. Advice on 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 approach to community and school mental health in the wake of the earthquake.

No one would have expected a disaster of this magnitude. It is important to be prepared, but 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 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 recognizing 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 together 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.

4. 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 that it 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.

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