Announcing the death of parents in cases of child earthquake victims

Depremzede Çocuk Olguda Ebeveyn Ölüm Haber Söylenmesi

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ABSTRACT

Death is a challenging event even for adults, and when it comes to children, understanding death and coping with the absence of a loved one can be extremely difficult. The death of a parent is one of the most painful experiences a child can go through. How children perceive death and their reactions vary depending on their age. What parents and other loved ones fear the most is how to deliver the news of death to a child. Besides how to deliver the news, the timing of such news is also a critical consideration. In the aftermath of a major earthquake that occurred in Kahramanmaraş on February 6, 2023 a case is presented where a child was trapped under rubble and lost their mother.

Keywords: Child, death of parents, earthquake

ÖZET


Keywords: Çocuk, ebeveyn ölümü, deprem

INTRODUCTION

The death of a parent can be one of the most painful experiences for children, and in some cases, coping with death can become an overwhelming issue. Grief expresses the adaptive responses of individuals facing a loss situation due to death (1).
A child’s coping skills following loss and grief may vary depending on factors, such as the child’s age, their reactions to death, whether they have a surviving parent, their emotional closeness and communication with the surviving parent, material changes in the child’s life following the death, and the circumstances of the death itself (2).

The death of a parent or parents is one of the painful life experiences for children, and in some cases, coping with death can become a challenging issue. Grief represents the adaptive responses of individuals facing a loss situation due to death (1).

Children’s fear of death focuses not on the existential consequences of death that adults often contemplate but rather on the idea of being separated from their parents and loved ones (3).

The event that parents and loved ones fear the most is how to deliver the news of death to a child. It is critical not to act as if nothing has happened in front of the child. At the same time, excessive crying, throwing oneself on the ground, and displaying uncontrolled reactions are also among the things that the child should not witness (3).

After the earthquakes with magnitudes of 7.7 and 7.6 that occurred on February 6, 2023, centered in Kahramanmaraş, 10 provinces in our country were affected, and approximately 13.5 million people were impacted. These earthquakes resulted in over 40,000 casualties (4). Initially, the injured, including children, were transferred to various hospitals across the country for continued medical treatment. Our hospital was selected as a pilot hospital during this process.

In addition to providing physical treatments for children affected by the earthquake, our Department of Pediatrics also conducted assessments in collaboration with social services and child psychiatry to offer psychological support for coping with the earthquake and the losses experienced afterward, including parents, friends, relatives, limbs, homes, neighborhoods, etc. A case of a 10-year-old who was brought to our hospital after being trapped under debris following the earthquake and losing a first-degree relative is presented.

CASE REPORT

A 10-year-old male patient, after being trapped under debris for 48 hours during the earthquake in Hatay, was sent to our hospital due to multiple lower extremity injuries. Treatment plans were arranged after consulting with the orthopedics, pediatric surgery, neurosurgery, and plastic surgery units. Because he had to be sent from his place of residence to a distant facility, hospital staff accompanied him until his uncle arrived.

During his hospital stay, it was observed that the patient inquired about his mother and expressed curiosity about their whereabouts. He made statements. For example, "When will she come back?" and "You're hiding something from me!" It was revealed that the patient’s uncle, who was also affected by the same earthquake, began accompanying the patient after completing his own treatment. It was learned that the patient had lost his father in a traffic accident two years ago. The patient was evaluated in collaboration with child psychiatry and social services.

During this process, it was decided that delivering the news of his mother’s death to the child by his uncle, who was the closest relative present in a safe environment, without delay, would be more appropriate. The patient received the news of his parent’s death from his uncle. Following this process, the patient experienced crying fits that began on the same day, refusal to eat, difficulty sleeping, difficulty maintaining sleep, and refusal to speak, communicating only with specific individuals. Psychosocial support and psychiatric medical treatment support were provided by the pediatric clinic and child psychiatry.

DISCUSSION

Researchers studying children’s understanding of death often utilize cognitive development theories, primarily the cognitive development theories developed by Jean Piaget. Piaget analyzed cognitive development from early childhood to adolescence and identified several developmental stages. Even in infancy alone, Piaget proposed six different stages of cognitive development. According to Piaget, children would not reach the stage of true abstract thinking for a long time, and even ten-year-olds, with all their mental resources, could only reach the stage of concrete operations. Therefore, Piaget argued that children could only fully understand abstract concepts, including the concept of death, in adolescence (6).

However, attempting to explain children’s understanding of death solely through these cognitive development theories is not sufficient, which has remained under-researched. Language and intellectual development may also play a significant role in children's understanding of death (6).
Children's perception of death and their reactions to it may vary depending on their age. Generally, before the age of three, children often cannot comprehend death, and they find it less frightening. Between the ages of 5-7, children still see death as reversible. They may also feel responsible and anxious, believing that their wishes or thoughts caused the person's death. They might say things like, "It's my fault, I acted foolishly, and that's why it happened." From around the age of five, they begin to understand that death is an irreversible event, and by ages 10-12, they firmly grasp that death is the end of life. Adolescents, while understanding that death is permanent, may also explore questions about the meaning of life, death, and other traumatic events (2).

It is essential to talk to children about death as a natural process, taking into consideration their age and developmental characteristics. The news of death should be delivered to the child by someone they trust and feel close to, at the most appropriate time. The child should not hear about death from others. Delaying the delivery of the news can make the child anxious because children will inevitably notice that something is wrong based on the behavior of people around them, and they will become more anxious if they are not told anything (1).

After delivering the news of death to a child, it is important not to try to control their reactions and behaviors (as long as they are not harming themselves). Children should be encouraged to express their feelings, and they should not be criticized or directed in their emotional expression.

In children who have lost a parent, it has been determined that those who experience the grieving process in a healthy way tend to have positive life experiences when they have a close relationship with the surviving parent or relatives, their needs are met, there are no significant changes in their quality of life, and they receive social support from their family and close circle. However, in cases where these conditions are not met, negative experiences may arise (7,8).

Given all these circumstances, it has been thought that planning to deliver the news of the parent's death to our 10-year-old patient during their hospital stay is more appropriate. This approach considers the child's emotional needs and the controlled environment of the hospital, which may provide a supportive setting for this challenging conversation.

Indeed, in the aftermath of natural disasters like earthquakes, it is essential to remember that emotions are experienced in multifaceted ways, and the loss of a parent can be compounded by other traumas. Therefore, great care should be taken when approaching the clinical and psychosocial treatment process for the child. The child’s unique circumstances, emotional needs, and potential trauma from the disaster should be carefully considered to provide the most effective support and intervention.

Patient Consent Form / Hasta Onam Formu

The parents' of this patient consent was obtained for this study.

Conflict of Interest / Çıkar Çatışması

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