



Letter to the Editor

The Importance of Parent-Child Interaction in Protecting Mental Health After the Earthquake Disaster of the Century in Türkiye

 **Esra Demirci**

Department of Child and Adolescent Psychiatry, Erciyes University Faculty of Medicine, Kayseri, Türkiye

Cite This Article: Demirci E. The Importance of Parent-Child Interaction in Protecting Mental Health After the Earthquake Disaster of the Century in Türkiye. *EJMO* 2024;8(1):108–109.

Earthquake, a natural disaster, is one of the most important fundamental problems of Turkey. Two earthquakes with magnitudes 7.8 and 7.5 affected northern Syria and southeast Turkey in the early hours of February 6. Around 13.5 million Turkish citizens and 1.7 million registered refugees, including 5.4 million children, live in the ten provinces of Turkey that have been the most severely affected by the impact of the earthquakes.^[1]

Whether they are directly or indirectly impacted, nearly every individual experiences a particular kind of emotional reaction when a natural disaster occurs. Infants to adults of all ages may have strong, confusing, or frightening thoughts, emotions, physical responses, or behaviors.^[2] Living in stressful and difficult events and having to deal with the catastrophe's reality are two of the primary issues children must deal with.^[2] Children are affected by natural disasters to various degrees, depending on their age, sex, developmental stage, levels of education, and personality.^[3-5] It can be predicted that previous trauma experiences, existing chronic diseases, and psychiatric diagnoses, if any, will make children more susceptible. It is important to heal the broken sense of trust. Also, children who survive disasters may also experience short- and long-term effects as a result of inadequate settlement, social conditions, education, and particularly being separated from family members.^{[3-}

^{6]} In addition to the fact that the frequency of psychiatric disorders increases in children who do not have a place to shelter, have lost a parent, and cannot attend school after the disaster, it should be kept in mind that the risk will increase in special groups, including children with cancer, who may have difficulty in accessing health services, and that the parents of these children may be similarly affected. Previous studies showed that boys tend to react to traumatic experiences with more aggression and externalizing problems, whereas girls are reported to respond by exhibiting internalizing problems like depression.^[3-7] Studies have also found that children's psychosocial functioning, coping mechanisms, and emotional processing could be impacted by earthquakes in a delayed manner.^[7] On the other hand, post-traumatic stress disorder (PTSD) and depression persist for many years following natural disasters or other traumatic events. The likelihood of PTSD among survivors is significantly increased by the lack of psychological support in the affected regions. Social support is an important preventive factor against negative outcomes like PTSD and encourages beneficial effects like posttraumatic growth in children.^[8] In post-disaster environments, parent-child relations are also prominent, with parental trauma reactions significantly impacting child functioning, especially for smaller children.^[8]

Address for correspondence: Esra Demirci, MD. Erciyes Üniversitesi Tıp Fakültesi Çocuk ve Ergen Psikiyatrisi Anabilim Dalı, Kayseri, Türkiye
Phone: +90 352 207 66 66 - 20853 **E-mail:** esra_z_d@hotmail.com

Submitted Date: September 19, 2023 **Accepted Date:** November 29, 2023 **Available Online Date:** March 06, 2024

©Copyright 2024 by Eurasian Journal of Medicine and Oncology - Available online at www.ejmo.org

OPEN ACCESS This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.



The findings of the studies are consistent with the significance of the parental role emphasized in recommendations regarding children and traumatic events; these recommendations encourage parents to see the situation from their child's perspective, restore routines, pay attention to their child's feelings, and make them feel safe.^[9] However, the presence of a sudden, unexpected event, like an earthquake, might have either a protective or aggravating effect on the family environment. It can be difficult to determine the impacts' precise nature. Children may be more susceptible to major stressors like earthquakes if their family is dysfunctional, or they may react less strongly to a new external stressor. In contrast, a positive family environment could act as a protective or neutralizing factor against negative life events, but it may also leave young children unprepared for highly distressing experiences and resistant to observing their parents' distress.^[10] At this point, it should be noted that earthquakes may disrupt family functioning by causing psychopathology in the parents disrupting social networks through migration, or socioeconomic status changes caused by job losses. It was reported parental psychopathology, severity of exposure, and lifetime traumatic events were the predictors of both PTSD and emotional/behavioral difficulties 2 years after the earthquake.^[11]

Maternal and paternal psychopathologies have differential effects on psychology children. Traumatic stress in the child is predicted using the traumatic stress of the father, whereas depression in the child is predicted by the mother's depression levels.^[12] Fathers' PTSD symptomatology was distinct from mothers': "externalizing" symptoms were the most prevalent among PTSD-affected fathers.^[13] According to this study conducted with earthquake survivors, fathers' PTSD symptoms may have a greater impact on children if they become more irritable and distanced.^[14]

Considering the literature, we require better therapeutic interventions for children and adolescents who have experienced earthquakes. Given the close relationship between parental and child psychopathology, these interventions should target vulnerable groups (especially those exposed to other lifetime traumatic events) and take the entire family's mental health into account, but they should not be limited to addressing immediate needs in the first few months after the traumatic event. Also, additional precautions should be taken for children with special needs for any reason and their parents, including chronic diseases.

Disclosures

Conflict of Interest: None declared.

References

1. [https://www.unicef.org/turkiye/media/15136/file/UNICEF%20T%C3%BCrkiye%20Humanitarian%20Situation%20Report%20No.%201%20\(Earthquake\)%2016%20February%202023.pdf](https://www.unicef.org/turkiye/media/15136/file/UNICEF%20T%C3%BCrkiye%20Humanitarian%20Situation%20Report%20No.%201%20(Earthquake)%2016%20February%202023.pdf)
2. Şalcıoğlu E, Başıoğlu M. Psychological effects of earthquakes in children: prospects for brief behavioral treatment. *World J Pediatr* 2008;4,165–72.
3. Canpolat N, Saygılı S, Sever L. Earthquake in Turkey: Disasters and Children. *Turk Arch Pediatr* 2023 Mar;58(2):119–21.
4. Rezayat AA, Sahebdeh S, Jafari S, Kabirian A, Rahnejat AM, Farahani RH, et al. Evaluating the Prevalence of PTSD among Children and Adolescents after Earthquakes and Floods: a Systematic Review and Meta-Analysis. *Psychiatr Q* 2020;91:1265–90.
5. Garfın DR, Silver RC, Gil-Rivas V, Guzmán J, Murphy JM., Cova F, et al. Children's reactions to the 2010 Chilean earthquake: The role of trauma exposure, family context, and school-based mental health programming. *Psychol Trauma: Theory Res Pract Policy* 2014;6(5):563–73.
6. Güler Aksu G, İmrek Y. The Earthquake Disaster in Türkiye: A Review from Child and Adolescent Psychiatry Perspective. *Duzce Medical Journal* 2023;25(1):6–14.
7. Bianchini V, Roncone R, Tomassinia A, Necozone S, Cifone MG, Casacchia M, Pollice R. Cognitive behavioral therapy for young people after L'Aquila earthquake. *Clin Pract Epidemiol Ment Health* 2013;9:238–42.
8. Jones RT, Burns KD, Immel CS, Moore RM, Schwartz-Goel K, Culpepper B. The impact of Hurricane Katrina on children and adolescents: Conceptual and methodological implications for assessment and intervention. In: Cherry K., editor. *Lifespan perspectives on natural disasters: Coping with Katrina, Rita, and other storms*. New York, NY: Springer; 2009. pp. 65–96.
9. Vernberg EM. Intervention approaches following disasters. In A.M. La Greca, W.K. Silverman, E.M. Vernberg, & M.C. Roberts (Eds.), *Helping children cope with disasters and terrorism*. Washington, DC: American Psychological Association; 2002. pp. 55–72
10. Proctor LJ, Fauchier A, Oliver PH, Ramos MC, Rios MA, Margolin G. Family context and young children's responses to earthquake. *J Child Psychol Psychiatry* 2007;48(9):941–9.
11. Forresi, B., Soncini, F., Bottosso, E. Di Pietro E, Scarpini G, Scaini S, et al. Post-traumatic stress disorder, emotional and behavioral difficulties in children and adolescents 2 years after the 2012 earthquake in Italy: an epidemiological cross-sectional study. *Eur Child Adolesc Psychiatry* 2020;29:227–38.
12. Kiliç C, Kiliç EZ, Aydın IO. Effect of Relocation and Parental Psychopathology on Earthquake Survivor-Children's Mental Health. *J Nerv Ment Dis* 2011;199(5):335–41.
13. Kiliç EZ, Özgüven HD, Sayil I. The psychological effects of parental mental health on children experiencing disaster: The experience of Bolu earthquake in Turkey. *Family Process* 2003;42(4): 485–95.