burns xxx (2018) xxx–xxx

Available online at www.sciencedirect.com
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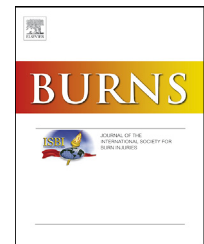

Feelings of guilt and embitterment in parents of children with burns and its associations with depression

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ARTICLE INFO

Article history:
Accepted 6 February 2018
Available online xxx

Keywords:
Guilt
Embitterment
Depression
Pediatric burns
Mothers
Fathers

ABSTRACT

Objectives: The aim was to examine guilt and embitterment in mothers and fathers of children with burns and its associations with depression and burn severity.
Methods: Parents (N=61, mothers n=41, fathers n=20) completed self-report questionnaires on guilt and embitterment, 0.8–5.6 years after their child's burn. Burn severity and socio-demographic variables were obtained from medical records and symptoms of depression were assessed with the Montgomery–Åsberg Depression Rating Scale (MADRS).
Results: The parents reported low levels of guilt, embitterment and depression. Burn-specific and general guilt were higher in mothers than fathers, but there were no differences in embitterment or symptoms of depression. General guilt was associated with depression, whereas burn-specific guilt and embitterment were not.
Conclusions: Parents with general guilt may suffer from symptoms of depression. An implication is that clinicians should address guilt feelings among parents in order to alleviate distress and to identify any need for further counseling.
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1. Introduction

Burns are one of the most painful injuries a child can experience. In high-income countries, burn injuries in children often occur at a young age, by scalding or hot contact, and it often occurs in the home with a parent nearby [1–4]. A child burn is also a very distressing experience for the parents, who are at risk of developing posttraumatic stress disorder (PTSD) and depression [5].

According to a review of previous studies, 19–44% of the parents have symptoms of depression during the first months after injury and 31–54% up to 5 years after the burn, while 0–36% fulfill diagnostic criteria for depression 0–5 years after burn [5]. A recent study suggests that levels of depression decrease more rapidly, from 22% of parents experiencing moderately to extremely severe levels of depression in the acute period after burn down to 14% after one month, and 7% at six months after injury, which is comparable to general population levels [6]. In addition, 16% of parents reported significant symptoms of depression five months after a child's physical injury and the symptoms were associated with concurrent posttraumatic stress symptoms [7].

Parents often blame themselves for the burn injury because of their perceived lack of attention. Studies have reported that 27–81% of mothers experienced feelings of guilt after a child burn event [5]. Guilt feelings in general and about the burn injury have been correlated with

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https://doi.org/10.1016/j.burns.2018.02.005
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Please cite this article in press as: J. Sveen, M. Willebrand, Feelings of guilt and embitterment in parents of children with burns and its associations with depression, Burns (2018), https://doi.org/10.1016/j.burns.2018.02.005

posttraumatic stress symptoms (PTS) in parents of children with burn injuries [6,8,9]. De Young et al. [6] found that guilt, measured with the general self-blame subscale of the Brief COPE questionnaire [10], had a significant effect on parents' PTS 6 months after burn injury in preschool children. Another study [8] reported that mothers who experienced feelings of guilt about the burn injury one year after burn had higher levels of PTS 10 years later. In addition, the child's permanent scarring had a moderating effect on the relationship between guilt and PTS. The studies mentioned above have mainly included mothers; however, there is one study on couples of children with burn injury reporting an association between acute stress reactions and guilt [11]. Noteworthy is that excessive or irrational guilt is nowadays regarded as a symptom of PTSD and it is included in the DSM-5 [12] symptom cluster *negative alterations of cognitions and mood*.

Less is known about the association between guilt and depression in parents of children with burns. As general guilt is one of the nine core symptoms of depression, [12] feelings of guilt among parents may be an indication of a depressive health state rather than solely being a reaction to the burn injury. Thus, it is likely important to investigate both general and burn-specific guilt.

The aim of the study was to examine general guilt as well as burn-specific guilt and embitterment in mothers and fathers of children with burn injury and its associations with symptoms of depression as well as burn severity and socio-demographic variables.

2. Materials and methods

2.1. Participants and procedure

The sample of the present study consists of participants who had given consent to take part in a randomised controlled trial (RCT) [13] of a psychoeducational program for parents of children with burns. Recruitment was conducted through the two main Swedish burn centers with nationwide responsibility for treating patients with severe burns; the Uppsala Burn Center and the Linköping Burn Center. Parents of children admitted at the two burn centers between January 2009 and December 2013 were included in the study. Inclusion criteria for the parents were: (1) the child was under the age of 18 at the time of investigation, (2) parents were not being treated for a burn injury at the same time as the child, (3) the child's burn injury was unintentional and there was no suspicion of neglect or abuse of the child as a cause of the burn, and (4) ability to comprehend the Swedish language. An information letter describing the study, a consent form and a pre-paid envelope was posted to eligible families. After one week, the families were telephoned and asked for consent by one of the investigators (JS), unless they had already returned the form by mail. Of 215 eligible families, 30 declined and 115 could not be reached or did not answer and 70 families agreed to participate (103 parents and 1 step-parent). There were no statistical differences between the children of the responding families (N=70) versus those who did not respond (n=115) or declined (n=30) with regard to gender, age and burn severity, i.e., length of stay (LOS) as inpatients at the burn center, Total Body Surface Area burned (TBSA burned), TBSA with full-thickness burns (TBSA-FT).

Of the 104 parents who agreed to participate, 62 (representing a response rate 59.6%) completed a baseline assessment for the RCT. One parent did not answer the items regarding guilt and was excluded from the present study, thus 61 parents are included in the analyses. The parents completed the baseline assessment before being randomised to either the intervention or the control group in the RCT (data from the RCT is reported elsewhere [14]). The data were collected via the internet using a secure web portal. The study was approved by the Regional Ethics Review Board in Uppsala (Reg. No. 2013:148).

2.2. Measures

2.2.1. Guilt

Parental guilt and embitterment were assessed with 4 items developed by the authors and inspired by the Guilt Scale [15] and Structured Clinical Interview for DSM-IV Axis I Disorders, the module for major depression [16]. Assessment comprised one item of burn-related guilt: (1) *I usually feel guilt or see myself as being responsible to some extent for my child's injuries*, two items of generalised guilt: (2) *I often feel guilt for things that I have done or failed to do.* (3) *I have felt guilt for no reason*, and one item of embitterment: (4) *I often feel bitterness toward some things or someone whom I feel, to some extent, feel is responsible for my child's injuries*. The items are rated on a 5-point scale ranging from 0–4 (0=never applicable, 4=always applicable) with higher scores indicating a higher degree of guilt or embitterment.

2.2.2. The Montgomery–Åsberg Depression Rating Scale (MADRS)

The MADRS [17] was used to assess symptoms of depression during the past three days. It contains 9 items rated on a scale from 0 to 6 covering the following symptom areas: (1) sadness, (2) inner tension, (3) reduced sleep, (4) reduced appetite, (5) concentration difficulties, (6) lassitude, (7) inability to feel, (8) pessimistic thoughts, (9) suicidal thoughts. A higher score reflects more symptoms of depression. The scale of the total score ranges between 0 and 54 (Cronbach's $\alpha = 0.87$, MIIC = 0.47). Scores from 12 to 19 are considered indicative of mild depression, and scores of more than 19 suggest moderate to severe depression.

2.2.3. Injury, child, and parent characteristics

Child and burn-related variables were obtained from the children's medical records, including: age and gender of the child, length of stay as inpatients at the burn center (LOS), Total Body Surface Area burned (TBSA burned), TBSA with full-thickness burns (TBSA-FT). Data regarding the parents were obtained in the questionnaire including: age, gender, marital status (0=single, 1=married/cohabiting), working status (0=unemployed/parental leave, 1=working/studying), and education divided into low/medium (12 years' compulsory school or high school degree/upper secondary school), and high (university degree).

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