Findings on the psychological and social circumstances of the victims and supporters of the Great East Japan Earthquake, based on our interviews of the supporters

Kumasaka Satoru

Adachi Tomoaki

Disaster victims were subject to a range of “inequalities” and “anger.” They experienced inequality in their lifestyle, mental health, economic standing and social position that held them back from recovery. Sometime after the disaster, the victims also struggled in their day-to-day lives. The foundation of their everyday lives had crumbled, which affected their social relationships and attitudes toward life that held them emotionally back from recovery. The persistence of these perceived inequalities had damaged the disaster victims’ social standing that created an obstacle to disaster restoration. Their anger was a reflection of the inequalities they encountered as much as it was directed towards the unreasonableness of the disaster to which they couldn’t give any meaning or explanation. The place they could seek solace was the Buddhist temple.

The supporters of disaster victims were affected by the latter’s words and behaviors, which triggered a crisis in their mental health. It was imperative that the supporters also had the support of other experts from the same professional field, their team members and networks with other institutions.

Introduction

After two years since the Great Tohoku Earthquake, most of the research on the disaster victims had been done from a macro point of view and very few research on the victims were conducted from a micro, experience-near perspective. Furthermore, there was not much research done on the supporters of disaster victims.

When our Institute of Developmental Science launched the “East Japan Center for Free Clinical-Educational Service” in September 2011 in collaboration with the International Christian University Institute for Advanced Studies of Clinical Psychology to support the disaster victims’ mental health, we had 1,779 victims and supporters use our services by December 2014. We estimate that the victims and their supporters continue to be deeply affected by the Great Tohoku Earthquake.

We noticed that elders and people with disabilities have had more difficulties at the evacuation centers and temporary shelters compared to the average disaster victim, which required the supporters to provide these groups with greater service and care.

Based on these findings, we categorize those elders and people with disabilities who require special care as “disadvantaged disaster victims.” We conducted an empirical study of the disadvantaged disaster victims and their supporters together in order to develop a better disaster support system.

1. Research outline

（１）Research purpose

This research focuses on the disadvantaged disaster victims and their supporters to understand the situations they were in.

（２）Methodology

①Research method… One hour of semi-structured interview per person

②Interviewees… Specialists from the following organizations that supported disadvantaged disaster victims from Miyagi prefecture (social worker from the regional integrative victim support center, disability support office employee, municipal office employee, Buddhist temple priest, welfare and child welfare volunteers, intensive care nursing home employees, medical experts and Sendai city community support center counselors)

③Research scope… Based on our preliminary interviews, the requirements for disaster relief varied between those programs that supported local residents and those programs designed for support facilities and organizations. We decided to separate our analysis for these two types of programs and we focus on the former in this research. In other words, our focus is on the disaster victims from the affected area including elders and people with disabilities and excludes results from our research on elder care facilities and disability support offices.

（３）Interview questions

Our interview included the next five questions: 1) The interviewee’s workplace condition at the time of the disaster; 2) The interviewee’s job description and his or her tasks both at the time of the disaster and after the disaster; 3) The condition of the disadvantaged disaster victims they supported at the time of the disaster and after the disaster; 4) The condition of the supporter him or herself at the time of the disaster and after the disaster; 5) The interviewee’s disaster-related concerns.

（４）Ethical considerations

We followed the following ethical guidelines when conducting this research: 1) We acquired permission from the interviewee’s affiliated institution to conduct an interview with our interviewee; 2) The name of the interviewee’s affiliated institution remains anonymous, but the institutional specialization will be revealed; 3) The interviewee will remain anonymous, but his or her gender and occupation will be revealed; 4) The interview will take place behind closed doors; 5) The researcher will maintain the interview transcription; 6) The interviewed content will not be used outside of this research.

1. Interview results

（１）Regional integrative support center located in the northern area of Miyagi prefecture

①Interview outline

* Interviewee

 Y.T. (social worker, male)

* Interview date

December 13, 2014 10am-11am

* Location: government building conference room
* Overview of the regional integrative support center

Regional integrative support center aims to provide an integrative support to improve the regional residents’ healthcare and welfare services. It is established under the auspices of the city, township and/or village. Its main operations include service provisions for nursing care prevention, counseling and support, care rights protection, integrative and continuous care management support. Employees include public health nurse, social worker and primary care support specialist.

②Support activity progress

Immediately after the disaster, I worked at the reception of the evacuation center first-aid center and helped those in need of nursing care with bathroom assistance and such. The situation demanded that we assisted in tasks regardless of our job description. We had a temporary government building by mid-March and we were able to get back to our usual tasks by then.

We received the help of the Japanese Association of Certified Social Workers starting mid-April and we opened a counseling booth. For the first month or two after the disaster, we weren’t even sure what the victims needed so we were there mostly to listen to them vent and talk about their anxieties and concerns. I remember clearly one of the victims telling me: “My struggle is the darkness in which I’m in.” All the townspeople wanted to submit their complaints to the government, but they felt guilty doing so because the government officials were also victims of the disaster. It was a relief to have people from the outside come in because they can listen to everything we wanted to say but couldn’t. The chaos in our city continued for more than a month. Temporary housing was up by the end of April and May but members of the community had to separate because resident selection was decided by a lottery. An inequality was created between those who won the lottery to live in temporary housing and those who had to remain in evacuation. This became a problem because people thought this situation was unfair and created frictions between them.

By summer, most victims that needed care were able to move in to temporary housing that helped stabilize the situation. We began building a community among residents of temporary housing. These residents were also dependent on relief supplies. Nevertheless, I knew that they couldn’t remain as disaster victims, so I felt that I had to help them recover their normal, everyday lives. The visiting social workers helped remind the residents of this point and prodded them in that direction. (Y.T. said he didn’t feel comfortable saying this to the residents.)

By fall, the townspeople were all given temporary housing and things were becoming stable. We attended to fights among the residents, problems of finding jobs and places to shop, and the lack of medical facilities. Elders tended to shut themselves in their temporary homes.

We finally went back to doing our normal jobs after a year had passed from the disaster. Yet people were still seeking advice on temporary housing. We also received advice on abuse or the threat of abuse. Issues between husband and wife and parent-child relationships that were absent before the disaster had surfaced with the disaster.

We didn’t have the records that could be used as reference for our work when we returned to our jobs after a year, so we processed our work by confirming with our managers. In the township, various districts used to have a tight-knit community, but their relationships became weak with the disaster. This also created an opening for external supporters to come in and help.

③The victims’ conditions

Between April and May, the victims were equally divided between those who moved into temporary housing and those who remained at the welfare evacuation center. Those who were given priority to live in temporary housing were not just elders who needed support but elders who also had a family. Single elders had to remain at the evacuation center until the end.

The townspeople were angry. Their anger stemmed from the inequalities between residents and the rumors that circulated about people. Those whose homes were not affected by the disaster created a distinction that “they weren’t the same.”

After a month, those who needed help moved to the welfare center. These people weren’t able to think about the future much. We also couldn’t give them a clear picture of the future as the regional integrative support center had to work with town policies.

It was past summertime when we had almost everybody move into temporary housing. The Sendai city local support group counselors helped gather and share information about the evacuees that we couldn’t cover that they received from people in the neighborhood such as: erratic behavior, withdrawal, nonattendance at social events, lights are never turned on or always turned on in their homes.

Nothing changed much after autumn. We received application to receive advice on disaster related income in relief donation, aid money, condolence money etc. We also had to deal with some people who might have received one million yen (approximately US$9,000) in donation and aid money but had spent them all in six-month’s time. Other monetary issues that came to us were related to things like pension and life insurance.

Housing related issues came forward after two years. People started thinking about moving into disaster recovery public housing and various facilities. I think these people were finally able to process their situation of losing their home and losing their parents, which allowed them to think about their next step.

④The supporter’s conditions (psychological and physical)

My co-worker from the government office had died in the disaster so I worked hard for his (her) sake. By April, members of the Japanese Association of Certified Social Workers came to help us. I realized that my way of doing things as a social worker had to be improved by talking and working with them. They were a lot of help because they were all social workers that received professional training and occupied the same position, so I could also rely on them to help me vent. They were a trigger to think about what we as social workers at the integrative regional support center can do for our city. Our worry was how to support those who were isolated, who didn't have a family or lost his or her family. We didn’t know what kind of issues we would face. Everything was unpredictable.

As a social worker, I wanted to see the people we were helping not as victims but as those who will eventually return to their everyday lives. I do feel exhausted. I’ve been working around the clock so time went by quickly. It’s become rare for people to talk about the tsunami and the disaster these days.

⑤Reflection

The residents of the city experienced fear during the first two months since the disaster, which changed to discontent and protest by the third month that sometimes led to quarrels between neighbors. Problems escalated when some people began moving into temporary housing or public housing from the evacuation centers. This was a secondary issue that was caused by the disaster. Residents felt bad about raising their complaints to government officials because they were also victims of the disaster so having people come from outside of the city was effective in helping the residents.

Furthermore, Y.T. felt supported by having members of the Japanese Association of Certified Social Workers help the integrated regional support center, whom also helped him (her) recognize things that he (she) felt needed to be improved in her work as a social worker. The lesson to be learned from this is that those who have the same professional training, occupy the same position, and work towards the same goal are the best suited to support the supporters. This is similar to Ichikawa’s (2013) point that suggests the significance of specialists who can provide backup support to aid in motivation and morale. Outsiders who do not share the same local culture often do not function well in helping the local residents so local specialists are best suited to provide care and support. However, outsider specialists can provide care and support for the local specialists that may result in improving their overall performance.

The residents’ discontent and protest are still ongoing at the time of this research. Inequality is the main cause. A paradoxical situation is occurring where the government’s attempt to maintain equality is breeding inequality.

（２）Sendai city general hospital

①Interview outline

* Interviewee:

 S.S. (General Affairs division chief, male)

* Interview time/date:

 February 14, 2014 (Fri) 4pm-5pm

* Interview location: hospital room

 Overview of the hospital activities: Medical facilities that provided artificial dialysis in the prefecture were limited in number. Our hospital accepted patients that needed artificial dialysis for three consecutive days even for new patients that had never been to our hospital before.

②Support activity progress and the patients’ (victims’) condition

We temporarily shut down the artificial dialysis machine at the time of the earthquake. We returned the blood back into the patients’ bodies and temporarily stopped giving dialysis. Based on the decision of our disaster committee chair, we had everybody evacuate outside of the hospital. However, due to the cold weather, we brought our patients back in after we confirmed that the building was safe.

There were many medical facilities that couldn’t provide dialysis treatment due to issues with their generator and lack of water, even if their facilities were not affected by the tsunami. We decided it was important to provide this service that night and we began a 24-hour treatment for patients who needed it. We didn’t know how long we would be able to provide this service, but we decided to do it as long as we can. We also wanted to publicize the availability of our dialysis service but we couldn’t contact the television and radio stations and the phone lines were also shut down, so we had to go directly to NHK to have them publicize the following day of the disaster on their Saturday morning broadcast as a scrolling ticker.

Artificial dialysis usually takes between 4 to 5 hours, but we asked our patients to make due with 3 hours. Otherwise we couldn’t provide enough dialysis for everybody who needed it. We also had people come from Kesennuma city and the coastal areas. Other medical facilities were able to find water and electricity by day three of post-disaster, which enabled them to provide artificial dialysis to their patients. However, it took a whole month for our hospital to return to our normal state. It was not until December that we were able to function normally again.

The patients during the time of the disaster looked concerned. Those who rushed to our hospital to receive their dialysis treatment all seemed desperate, but I also saw them feel relieved when they were accepted for treatment. We had patients walk great distances to get to our hospital, such as from Tagajō city. Some were drenched in water by the time they arrived.

The disaster also made it clear that patients who suffered from chronic diseases were experiencing difficulties maintaining their regular treatment. Dialysis patients often have other diseases that they are being treated for, but a lot of patients did not know about the medication that they were being prescribed. They didn’t know the name and the amount of medication they took for their blood pressure or diabetes for example. Some patients experienced disaster trauma, but none had died.

③The supporter’s (doctors and nurses) condition

Not all doctors and nurses can provide dialysis treatment or exchange, so the specialists had to remain in the hospital to provide the service. We weren’t sure how many patients would need our assistance since we decided to provide a 24-hour service so our doctors and nurses that were working around the clock were high-strung. I saw nurses whose houses were washed away by the tsunami, but they were back to work. Nurses are mentally strong. I think it’s because they have to deal with death in their work. We have a long relationship with our dialysis patients, so we are ready to help them when they need us in any situation.

④Reflection

Patients who need artificial dialysis will face death if they are unable to receive it. This hospital saved many patients’ lives by providing an artificial dialysis service for three consecutive days since the day of the disaster. We can see the medical professionals’ strong sense of responsibility in their decision to provide this service as long as they can. S.S. pointed out the mental strength of medical professionals by observing the doctors and nurses who were at work for those three days. He says that dealing with death in their work is the reason for their mental strength and their strong sense of responsibility as a medical professional together lends them the strength to support those in need.

（３）Municipal government employee from eastern Miyagi prefecture

①Interview overview

* Interviewee

 K.K. (social worker, female)

* Interview time/date

 February 22, 2014 (Sat) 5pm-6pm

* Interview location: Kumasaka Research Lab

②Support activity progress and the victim’s condition

There were several hundred who were dead or injured in the city and all public transportation systems were halted. The local residents’ anxiety from not receiving sufficient help and their frantic search for missing family members created chaos and confusion. The evacuees were at a loss, feeling worried and frustrated. Some people were even yelling. Clothes and water were provided at the school gymnasium where local people evacuated. Many people came to look for missing family members. We created a list of missing persons and posted the list on a bulletin board. I knew that I would break down if I allowed myself to be vulnerable so having a supportive team helped me pull through. I was living and sleeping alongside the evacuees for 24 hours, so the residents were always watching the government officials.

Some people left the evacuation center within a week or two. Then people started coming from other places demanding things and services, often complaining about their situations. There were times when we could only hand out one cup noodle per family. We created communities by the third or fourth day, so food can be distributed and shared within each community. This helped generate interaction among the evacuees so that those with complaints were invited to discuss and resolve their issues as a group. People with disabilities, elders, patients who needed dialysis treatments and mothers with children remained at the evacuation center during the day.

Two weeks later I was back to my disability welfare job at the main government office. We began preparing a comprehensive consulting service by the end of March and opened a comprehensive consulting service for disaster-stricken areas in early April. We were overwhelmed with work until the end of May.

During the summer, I helped find a guardian for a mentally disabled 40-year-old male who lost his family, so he can move into a group home. I also met a male in his twenties who was communicating with god. He was displaying symptoms of schizophrenia, but he didn’t have a doctor. People who are hearing impaired had lived normally so they were being handled as an average disaster victim, so we had to make sure they had help accessing information.

The issues being discussed had begun to change about a year after the disaster. Evacuation centers were starting to close, and people needed to move from temporary shelters to public housing that created new problems. People with disabilities were being handled differently from people without disability. Nobody had died among those who had disability and were using our services. Those who died were people who were not being supported. I learned that those who had a relationship with us and were using our services from pre-disaster times were able to handle the disaster better than those who did not.

I think the inequalities among residents will become greater in the future. There are people who bring their complaints and accusations to us because they finally found some stability in their lives. The disaster agitated the behavior of people with personality disorders, domestic violence also increased as well as the number of cases that seek advice on child abuse. The number of children requiring protective custody has also doubled. The parents’ emotional instability is affecting their children. Families that have children with developmental disorders have also been gravely affected where the parents’ anxiety and the children’s disability add to the overall distress from the disaster.

③The supporter’s condition

K.K. is overwhelmed by the residents’ confusion and chaos, but she begins to realize the seriousness of the situation. Although she’s committed to her work as a city employee, she is barely keeping up and trying her best not to crumble. Her co-workers and their supportive teamwork are helping her maintain. She also feels the need to keep up at least an appearance of composure in the eyes of the resident evacuees who are constantly watching her. K.K. is caught in a situation where she does not have enough information to help the residents who demand various things from her, which makes her feel apologetic yet angry. She does her best not to let her emotions get the best of her.

K.K. helped organize communities within the evacuation center and got the residents involved in problem solving. When she returned to her office, city employees were busy assisting the residents and she found herself at the limits of what the government can do to support the manifold earnest requests that they faced in a state of great turmoil. K.K. also helped manage the central disaster call center, bringing resources from both inside and outside of the government office to help meet the citizens’ needs. K.K. realizes that the relationships she maintained in her daily life had proved helpful in managing the disaster.

After working intensely during the month of March, K.K. described the psychological state she was in around May and June as “being at the bottom of the ocean.” She felt that her feelings had sunken deeply. She couldn’t see what needed to be done. She recovered when she participated in a study group, which helped her want to return to her normal life.

④Reflection

People with disabilities, elders, mothers with young children and those who suffer chronic diseases are inevitably slower than the average person in accessing information and material goods that inhibits them from achieving independence quickly. K.K. stated that “those who had a relationship with us and were using our services from pre-disaster times were able to handle the disaster better than those who did not.” This indicates the importance of maintaining relations with people in the local community, which is also emphasized by Mori (2013).

Those who supported K.K. when she was starting to emotionally break down were her co-workers that worked with her as a team held together with a sense of responsibility. Amidst an unprecedented mega-disaster, there were many limitations that the government faced while the citizens looked to the government to meet their demands and vent their complaints. K.K. entered into a state from which she suffered deeply. What helped her out of this situation was her sense of responsibility as a municipal government employee. Having a sense of responsibility when helping others also strengthens the supporter’s mental health.

The communities that K.K. organized helped created a system of mutual support between city employees and evacuees and among the evacuees themselves. This method of support applies the practice of social work and reflects the effectiveness of social work in disaster management. However, there is not much research done on disaster social work today and a more a systematic research on this topic is expected in the future.

Physical and mental fatigue often results when individuals push themselves from their sense of responsibility. K.K. felt like she was sinking to the depths emotionally two months after she began her disaster relief work at the government office away from the evacuation center. This situation raises one of the important research questions on how to support the disaster victim supporters. K.K. came to the awareness of her job’s mission by attending a study group and started to want to recover her normal life. This indicates the importance of having a sense of responsibility and an everyday place of belonging for mid-to-long term supporters who are supporting disaster victims.

（４）Welfare and child welfare volunteers from the eastern region of Miyagi prefecture

①Interview overview

* Interviewee:

 Eastern Miyagi region municipal social work association (chairman, male), welfare and child welfare volunteers from the same region including K.S. (female), N.S. (female) and K.Y. (female)

* Interview date/time

 February 17, 2014 (Mon) 1:30pm to 3pm

 Interview location: Eastern Miyagi region municipal social work association conference room

* Welfare and child welfare volunteer activities… Welfare and child welfare volunteers at the time of disaster helped people move into temporary housing. One of the welfare volunteers K.S. is still living in temporary housing. N.S. helped the evacuees at the evacuation center. K.Y. registered the volunteers and managed their tasks.

②Support activity progress

We interviewed three welfare and child welfare volunteers but, in this paper, we focus on the interview results from one of the volunteer members whose narrative is relevant to the topic of our research. Moreover, we could not separate her situation from that of a disaster victim and a supporter, so the description engages with both.

We didn’t have enough goods for the people who moved into temporary housing, so the welfare and child welfare volunteers created a market where we received donations in various goods that could be distributed for free. Many evacuees came. They were able to sustain a livelihood by receiving relief and aid money and by living in cost-free temporary housings. However, when that money ran out and people needed to move out of their temporary shelters, they started to feel worried and emotionally troubled.

Buying another house is out of the question for elders who live alone. They are also unable to rent an apartment. Even if public housing for disaster victims is made available to them, the cost of moving and living must be self-funded, and they must also foot their own medical bills. Evacuees thus began to feel burdened by all the new expenses that they previously did not have to worry about.

Monthly meetings are held at the temporary housings. There are still many requests made at those meetings. The government is also unable to strongly deny things they cannot provide. However, the residents’ requests also escalate because the government answers to the residents’ needs ambiguously by saying things like, “we’ll give it a thought” or “we’ll try to make arrangements.” They want government officials to patrol through the neighborhood, firefighters to make rounds every evening, and the police to patrol during the night. Their requests seem to say more than the fear that they are experiencing in their everyday lives.

There are also inequalities between people who live in temporary housings. There are people who receive welfare and ask their neighbors to feed them. Others who are wealthier will go around telling people that they’ve installed air conditioning in their homes. Some say they go to the community assembly hall to find some warmth because they are unable to buy kerosene oil to maintain a heater at home. These behaviors indicate the socioeconomic inequality among those who live in temporary housing.

Those who live in temporary housing are all disaster victims so many people become depressed and are unable to recover emotionally. However, the women often display courage and strength to move on even when they have lost their families in the disaster. Elderly women tend to help each other. Isolation occurs more among men. They have a hard time moving on with their lives. They want to get married. They say they just want a partner. It seems that they feel helpless in their inability to do things for themselves, which makes them feel sad and lonely. They become alive when they attend social events. I think social events are important because people begin to feel better about themselves and their lives through them.

When I was told: “you won’t understand” by a number of evacuees, I came to the realization that I won’t understand their situation even if I wanted to. I feel that those who are living in temporary housing should withhold themselves from saying these things. I tried not to take their comments personally by telling myself that their comments reflect their worries and troubles as victims of a disaster. But I also feel worthless at times. They sometimes made me feel bad that I wasn’t an evacuee. I was never sure whether I was being of any help to them. Now that I reflect back on it, maybe I was going through a depression at that time. There were times I didn’t want to do anything, and I didn’t care if anything happened to me. I didn’t want to be social, I didn’t want to go out, I didn't want to eat out with friends. I just couldn’t find interest in doing anything and I felt it would be better if I died. I didn’t want to go to the volunteer center anymore either. But when I saw other volunteers lined up at the center from early in the morning, I felt that I shouldn’t quit because they’re doing the same job too. I started to recover soon afterwards but I did face a crisis.

The residents have many requests even after they move into public housing. It worries me whether they will be able to find psychological stability or whether they will be able to get along with their neighbors. Right now, they don’t seem to be getting along with their neighbors.

③Reflection

Volunteerism takes shape when the supporters’ care is met by the supported persons’ feeling of gratitude. K.S., a welfare and child welfare volunteer, actively participating in the volunteer work in her region. However, she felt her work was not being appreciated that gave rise to a feeling that resembled anger, creating a rift in her and the disaster victims’ relationship. However, she told herself that she should not have such feelings, suppressing those feelings without revealing them to others. This led to her depression. It took two years for her to somewhat recover from her depression to the point where she is able to talk about it. The two interviewees introduced in the beginning were both involved in support activities as a paid specialist and they had the support from other specialists. While welfare and child welfare volunteers have a sense of responsibility in the work that they do, they are not trained professionals in the field of medicine, welfare or psychology. From this point of view, we must take into consideration the risks that are involved in the sustainability of volunteer work. Furthermore, K.S. encounters an immense number of requests from the evacuees, the division among people living in temporary housing and the precarity of single male evacuees. I think it is necessary for the volunteers to have a clearly defined scope of work that also allows them to work together with government officials and professionals. I also think it is necessary to have a support system for the welfare and child welfare volunteers.

（５）Buddhist priest from a temple in the eastern region of Miyagi prefecture

①Interview overview

* Interviewee: temple priest (male)
* Interview time/date: 3/26/2014 10am to 11:30am
* Interview location: the priest’s temple

②Support activity progress and the victim’s condition

The temple was located on the top of a hill, so it was safe when the tsunami hit. As a private evacuation center, there were approximately 70 people who lived at the temple from the day of the disaster. It took three days for electricity to recover, two weeks to have running water, and a whole month until we had gas. Luckily, we have a large pond in the temple precinct, so we didn’t have to worry about the water we needed to flush the toilet.

The morning after the disaster, a young monk from the same Buddhist denomination in Kobe brought relief goods by the truckload. Before he left, he told me: “Now it’s your turn to pass down the story.” I didn’t understand what he meant that it was “my turn to pass down the story” in the midst of the chaotic disaster, I began to understand that he meant it was my turn to tell the story about this disaster when I finally found stability in my life (one year after the disaster).

Even though the evacuees were all local residents, approximately 70% of them had never known each other until the evacuation. Many people were struggling with their lives and the elders seemed to be looking for something to hold onto. The disaster victims only looked after themselves the first week they evacuated to our temple. They didn’t even put away their shoes, so they piled up all over the entrance. We couldn’t walk in or out without stepping on someone’s shoes. People weren’t considerate of others and they competed to receive the relief goods. I felt the need to bring order and control into the chaos, so I proposed a minimum number of rules that would help people live together cooperatively.

a) Always say good morning to others

b) When taking off your shoes off at the entrance and the sandals in the toilet, keep them neatly together

c) Try to attend the morning services

d) Use things with respect

e) Try not to produce excessive garbage

f) Be responsible in fulfilling your role duties

We had the evacuees decide among themselves about the duties they would be responsible for. The roles and duties included the following:

* Create a group (each group should include an equal number of younger and elder members)
* Each group is responsible for cleaning the toilet (4 in all), checking the number of toilet paper rolls and bringing water from the pond
* Each group is responsible for cleaning the bedrooms (futon mattresses should be folded every morning and evacuees are asked to help out when there is a funeral service)

When the temple rules and their individual roles were determined, then the evacuees’ lives began to change. A relationship of trust began to be built among the evacuees and they seemed to be in better spirits. I thought that there is joy in discipline and that people begin to take pride in bringing order to their lives. I also didn’t think it was a good idea to just give compassion. However, I made sure that I dealt with the evacuees with politeness (talking to them quietly), gave more time and space to the elders, and that they had stability in their everyday lives.

Only half of the evacuees initially participated in our morning service, but we had 100% attendance by the end of the first month. In our morning service, we asked everybody to meditate in zazen for about half an hour. Zen teaches people to embrace the moment and the importance of living in the present. The evacuees might have felt that their lives were being sustained despite their situation through zazen.

After approximately a month and a half since the disaster, all the evacuees gradually moved back to their families, apartments or temporary housing. The temple was back to its normal state again in about three months.

Approximately 20 of the evacuees had become a parishioner of our temple. I don’t know what happened to the rest of the evacuees. Another temple from the same sect had a maximum of 400 people evacuating at one time. The evacuees’ lives seemed to have been similar to other public evacuation centers that lacked the rules and regulations that this temple had. In that respect 70 people was probably an appropriate number to have for temporary evacuation.

⑤Reflection

During our interview, the temple priest had his diary by his side and answered our questions quietly about the support activities, its timeline and the victims’ conditions by reflecting back and asking the junior priest from time to time to confirm his memory. The temple priest never once said the situation was “difficult” but he repeatedly told us how he impressed he was by how the evacuees regained their pride as individuals once the rules were set and they decided on their roles. The temple priest’s comment that “giving compassion is not the only solution” seems cold and disengaged, but they seem to be based on a faith that a religious practitioner might have about the innate strength that people possess for emotional and psychological recovery.

Table 1 Process of emotional and psychological recovery: From stage one to four

Stage 1 Boldness phase: sense of honor, from the time of disaster to a week after the disaster

Stage 2 Honeymoon phase: 2 to 3 months from the time of disaster (when the term “*kizuna*” (bond) was often heard)

Stage 3 Disillusionment (disappointment): A month from the time of disaster up to two years (this period has been drawn-out in the Tohoku Earthquake)

Stage 4 Reconstruction and recovery

After a large-scale disaster, scholars assume that victims demonstrate a recovery process as shown in Table 1 (Shibuya 2014a). The condition that the temple priest described to us applies to Stage 1 and 2 of this process of emotional and psychological recovery where the evacuees had demonstrated their boldness in facing their trying situation by cooperating with one another. However, we believe that the energy that brought them to face their difficult situation and to work with each other did not develop naturally but it was aided by temple rules and participation in the morning zazen that established a sense of stability to people’s mind and spirit. Moreover, we believe that the evacuees’ participation in the morning zazen from the first month onward might have also prevented them from suffering PTSD because the temple priest has not heard any complaints of psychological or physical ailments from the evacuees at the temple for three years since the evacuees had left. (The temple priest, however, has been receiving numerous requests for advice on PTSD from his parishioners who did not evacuate to his temple.)

Many Japanese people are Buddhists, but they rarely engage with its religious practices and experience the impermanence of life that it teaches. While this is only an assumption, the evacuees who participated in the morning zazen might have been able to redirect their anger towards the unreasonableness of their situation through their meditation (Kotani 2014b). Furthermore, it may be that the earliness of opportunity to redirect their anger in this way had helped prevent them from suffering PTSD. While these observations are still assumptions, we believe that this example serves as an important benchmark in understanding post-disaster emotional and psychological recovery of Japanese people in the future.

（６）Sendai city community support center counselors

①Interview outline

* Interviewees:

Sendai city community support center counselors K.T., N.T. and M.K. (all female with 2-3 years of experience)

* Interview date/time:

September 9, 2014 (Tue) 10:30am-11:30am

* Interview location: Center conference room
* Sendai city social welfare council community support center activity overview

 The Sendai city social welfare council established a “regional community support center” where life counselors were made available to listen to residents’ concerns from December 2011 as part of a national program. The center provides various information and advice to support disaster victims by visiting districts in the city and by individual counseling. The center networks with residents, related institutions and volunteer groups to organize events, social gatherings and discussion groups to facilitate social interaction. Many local residents were hired to work as support center counselors.

②Support activity progress and the victim’s condition

The victims are becoming alienated as inequality grows among them in every aspect. Our support center brochures list important information, but the disaster victims rarely read them saying that it’s a hassle to read, they can’t read, or they don’t understand the content even if they read the brochures. This indicates inequality in the amount of information people have in addition to economic, health, mental health and other disparities that I feel have magnified as the years go by.

We support the disaster victims with the mindset that they will no longer be a victim but will return to their everyday lives. We want to help them have an image of themselves that is not a “disaster victim” by giving them a slight nudge in that direction. Therefore, we shifted the agent from us to the residents and shifted our position to support the residents’ proactive self-care. When we organize a community event, we collaborate with the community center and the volunteer groups from the region. This kind of civic co-production helps facilitate interactions and conversations among members of the region. Some disaster victims also participate in these groups and some organize their own events in their districts.

Many who evacuated to our district in Sendai city are from Ishinomaki and Kesennuma cities and they are having a hard time adjusting. Those in their 30s and 40s are able to adjust more easily but the elders have a hard time adjusting to life in Sendai. Some people are still bothered about the differences in dialect. They can’t contact their friends even if they wanted to. These issues bring them to a state of chronic isolation. They’ve never taken the subway before. Elders just cannot change their lifestyles that easily. They also feel that their stay is temporary, so they hesitate to be proactive about adjusting. Yet their life in temporary housing is too long to be considered temporary.

Members from the neighborhood associations and the district social welfare councils will invite the disaster victims to eat or to watch a movie. However, the victims say they don’t feel comfortable going out because they feel a gap in the quality of life between theirs and the people from Sendai city. There is also an economic disparity. Paying for public transportation is even a burden for the disaster victims. Even if they are invited to lunch after participating in a community event, some people are financially unable to go have lunch. There are people who can’t go to the hospital because they can’t pay the medical bills. These include elders who are only receiving the full 66,000 yen in public pension or elders who aren’t receiving any pension. They don’t have to pay rent as long as they’re in temporary housing, but they will have to once they move into restoration housing. They just can’t see a future from the poverty that they’re in.

The number of routine visits and individual consultations are becoming more infrequent but those who are remaining are those who carry issues that are holding them back from moving on with their lives so the problems that we deal are heavier. Some people want to remain a disaster victim. The only thing we can do when we talk to the disaster victims is to ask their preferred living situation and to provide information on the area of their desired restoration housing.

A non-Japanese lady who lost her Japanese husband in the disaster said she was treated poorly from her husband’s family and neighbors. She said she was also harassed at the evacuation center and that gave her a bad impression about Sendai and Japanese people in general. I also met a couple who always came to the community center, but I realized later that they were walking long distances because they were unable to ride the bus. These small things that are a non-issue for people in Sendai are seen as obstacles for the evacuees. A woman in her 50s who worked at a nursing home went through a divorce after the disaster and she also quit her job. When I went to visit her one day, she pushed me away saying: “You don’t know how I’m feeling!” She didn’t accept me as someone with whom she can talk to. The application procedure for restoration housing is also long and tedious, which was an obstacle for many elders.

We weren’t getting an honest response when we visit people when making our rounds of the districts, so we felt that it was important to visit the disaster victims individually. However, we found out that some victims living in temporary homes won’t let us in the first time we visited so we had to repeat our visits. Some people only let us in after we visited them for a whole year. When we talked to these people, they began speaking about their trauma: “I can’t forget the feeling of his/her hand when I let him/her go”; “I let him/her die because I let go of my hand that moment”; “I regret not being able to say that I was the last one who saw him/her.”

③The supporter’s condition

The support center counselors obviously go through times when they are unable to support themselves. Especially in the beginning when they heard stories everyday about how the disaster victims had lost members of their family, their home and/or everything, they also cried everyday. However, after three years, the support center counselors were able to put their emotions of bitterness and sadness aside and to shift their focus on what they could do to help the disaster victims. They were able to prioritize the issues that require their assistance and how they might be able to resolve those issues.

④Reflection

The counselors from the community support center were not in a reciprocal relationship as “supporters” of the “victims,” but they were positioned as a bystander or an observer that enabled them to approach the victims more intimately. They might be one of the supporters whom were able to engage with the victims’ most intimate and complicated conditions. The cause the processes of isolation are not easy to understand. The obstacle for the disaster victims to use public transportation, the uneasiness they feel about their dialect, the economic disparity that prevents them from going out to lunch, the inequality between the victims and the local residents who own their own homes, the difference between rural and urban cultures, the indeterminate length of time the victims spend in evacuation – these small and large factors overlap to create a situation in which disaster victims are isolated and alienated from society. The disaster victims living in temporary homes feel that those things, which do not bother the supporters, are an enormous burden to them.

Listening to the disaster victims’ stories initially scars the community support center counselors, but they gradually learn to think what they are able to do in order to help. The begin their effort to “shift [the disaster victims’] consciousness away from being a disaster victim,” “nudge them [in a positive direction],” “listen to [the victims’] stories and preferences,” “provide information about the region and the services available to them.” But they soon acquire an attitude of a third-party supporter who controls him or herself by “setting one’s feelings aside” and deciding “what I can do to help [the victims].”

There are things that the supporters were able to see because they were in close contact with the victims. For example, the drawn-out phase of being in “temporary” housing is inhibiting them to develop an engaged relationship with others, rebuild their lives and establish their independence. This is deepening the inequality felt by the disaster victims that also prevents from finding their independence. Moreover, the disaster not only made them into evacuees, but it has also created secondary issues such as a divorce or unemployment that also puts a damper on making a full recovery.

The disaster victims were not discussing the details about their lives at the time of the disaster. They were unable to because they were blaming themselves for being unable to rescue those who were being washed away in front of their eyes, their uneasiness to face the deceased’s family, and because they felt they were removing themselves from the perceived reality of those facts by speaking about it. While these are incidents that the victims could not prevent, they nevertheless traumatize the person concerned that we believe the supporters should be more mindful when listening to their stories.

1. Summary

What became evidence in our research was “inequality” and “anger.”

“Inequality” refers to inequalities in lifestyle, mental health conditions, income, and social standing. The municipal government employee noted how, in the days following the disaster, elders who needed care, people with disabilities, and mothers with young children often remained at the evacuation center during the day. These inequalities soon became apparent because they were unable to receive the needed support that would have made their lives at the evacuation center easier. We believe that a special support system needs to be provided for the disadvantaged disaster victims (Japan Federation of Bar Associations 2012). The social workers from the integrative regional support center mentioned that the number of complaints have risen after about a month since the disaster when people’s lives have settled. This was an unintended consequence of the government’s effort to treat the residents fairly by categorizing them into groups to provide certain types of support. The welfare and child welfare volunteers mentioned that inequality was created when some residents were able to move into temporary housing when others were not. Single elderly males were particularly susceptible from conditions that hindered their recovery that also bred inequality. The social workers from the municipal government and integrative support center stated that they saw more quarrels between married couples and between parents and their children that led to greater cases of child abuse and temporary custody. The erratic behavior demonstrated by people with personality disorders and domestic violence also increased. When the foundation of people’s lives had bottomed out, their relationship with others and their sense of being also negatively affected them in ways that impeded their recovery. The community support center counselors said that extending people’s life as an evacuee had created a wall between them and the Sendai city residents. They mentioned that some disaster victims removed themselves from participating in community events, as they were unable to overcome the differences in lifestyle, culture and income, in addition to the extended life as a “temporary” evacuee. They say that all of these inequalities will continue to become more serious; this is particularly true for the disadvantaged disaster victims whose prolonged marginalization will worsen their socioeconomic standing that will surely obstruct their recovery. The biggest issue here is that the period of having to live in temporary housing has become too drawn out. This leaves the evacuees in an ambivalent, in-between state that we believe has a significant negative impact on their social well-being.

Their “anger” reflects the inequality between the townspeople, but many stories pointed to the existence of anger as a chronic state that the townspeople suffered. For example, the social worker heard many complaints and accusations from the townspeople between the first and second months after the disaster. Those who lost their houses distinguished themselves from those who did not by stating that “they aren’t the same.” After a month or two, the strained relationship among the townspeople surfaced as quarrels and abuse. Municipal government employee stated that people brought complaints to the office after a week or two from the disaster and after a year there was an increase in domestic violence and temporary custody of children. The welfare and child welfare volunteers pointed out that it wasn’t just the fear of living that gave incentive for the disaster victims to make demands. They stated that shy and sensitive men have more difficulties overcoming their circumstances. We might also understand their behavior as a reflection of their responses to inequality and anger. One community support center counselors mentioned how the evacuees felt a gap between the quality of their and the Sendai residents’ lifestyles that held her back from participating in community activities and ironically diminished her motivation to recover. There was an evacuation center that dealt well with these types of anger that many victims faced, and that was the Buddhist temple. The evacuees were able to arrive at a sense of peace and stability through the temple environment and by following the temple rules and attending the temple’s morning services. It seems that engaging with the teachings of Buddha had helped them deal with their anger towards a situation that defies reason and justification, which in turn helped to provide the kind of care that allowed the evacuees to move forward.

In this research, we also interviewed those who supported the disaster victims. We found out that the supporters were highly affected by the inequalities among the victims and from the victims’ words and behavior that expressed their anger. Among the supporters were people who were unable to deal with the victims’ anger and demands that led to questioning the victims’ behavior. There were also those who were hurt due to their inability to manage their mental and emotional health. These examples demonstrate the need to provide support for not only the victims but also for the supporters of those victims. However, most of the supporters whom we interviewed continued to provide support even though they were placed in difficult situations. What kept them going, we believe, is their sense of responsibility. This was a common factor across all occupations. Some of the supporters started feeling depressed once their jobs and situations began to stabilize. The municipal government employee stated that she felt like she was “at the bottom of the ocean” and one of the welfare/child welfare volunteers reflected back saying “maybe I was going through a depression at that time.” These indicate that the supporters were also experiencing moments of crisis. In those situations, we discovered that external support provided by people outside of the affected region was helpful in restoring strength among the local specialists as well as reaffirming what the local specialists needed to do. Those people from non-affected areas helped not only the disaster victims but also the supporters. The disaster victims inevitably submit their complaints and demands simultaneously that must be met without a screening process that categorically sort them out. Hence there are issues that cannot be resolved by a specialist who specialize in a specific category. We feel that it is imperative to form a network, particularly when specialists are participating in support activities. Forming a network can also help prevent the specialists from feeling helpless.

Based on the above, we believe that our interviews have made explicit the following points: the disaster victims’ anger towards the unreasonableness of their situation and the inequalities they face; the downward spiral among the victims’ social standing due to the prolonged states of inequality; the danger among the victims’ supporters to fall into mental and emotional hardships.

Postscript

We decided to eliminate our interview from the special nursing home in order to narrow our focus but also because there were several issues that need to be treated separately such as: the elders’ health problems that were worsened due to their stressful environment; the supporters who were helping the elders as they were also inflicted by the disaster as evacuees; and the high attrition rate among the special nursing home employees. We see the need to investigate on these points further. In addition, while our research helped us grasp the situation of disadvantaged disaster victims, it did not lead to elucidating the issues to provide further support for these people. Because our research is based on interviews, it is hard to objectify the results and our findings are limited to our assumptions. Our objective for our future investigation will be to clarify those points that were made visible in this research and to apply our results to help in the recovery of the disaster victims.

Last but not least, we would like to thank those people on the ground who participated in our research.