JEN ANNUAL REPORT

Community mobilization support for the affected population living in the temporary shelters

Granted by the Rainbow Bridge Foundation

Annex 2. Testimonials of the team

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(A clinical psychotherapist entrusted by JEN for its psycho-social care activity)

From February to September 2012, I implemented psycho-social activity for 50 times at the temporary shelter complexes in Ishinomaki city in Miyagi prefecture.

It has been one year since I started psycho-social activity at Santanbashiri and Oppagawa temporary shelter complexes in Kahoku district after the summer of last year.

In the above mentioned two housing complexes, most senior people who came to the common rooms lost their relatives by the tsunami. At the beginning, they did not speak with their head down. One year being passed, the self-governing bodies have been established in each temporary shelter complex and the senior people came to smile more than before. However, when I listened to them individually, I realized each of them still had serious conflicted feeling and hardly healed PTSD. Every time I joined the activity, I got a fresh reminder of deepness of scar resulting from the disaster.

As for a temporary shelter complex in Ohmori area, the affected people moved into the complexes this time last year, after staying for more than six months in the evacuation centers following the disaster. Now, one year has passed since then and they have gotten accustomed to their life in the temporary houses, which is where they have felt a burst of fatigue. Therefore, I think we are still in knife-edge situation in our activity.

We have been holding lunch parties in the common rooms by using seasonal fish and seafood, expecting the participants can talk each other with ease about their worries over a hot meal. At the same time we provided them with manipulative treatment, massage and PE (Prolonged Exposure psychotherapy).

This activity brought us better results than expected. We heard the voices of many participants, such as “When I have a meal alone, it doesn’t taste good. I feel happiest when I sit around a table with delicious food with my neighbors.” “I feel easier in my mind here, because it reminds me my childhood when I used to sit around an ‘irori’ fireplace with my family.” What is notable is that the lunch party could get the same as therapeutic effect of self-helping group. At first, there were only about ten participants.

But hearing of the lunch party, more and more people came to join it in the common room. Every time when new people participated at the party, they talked about their experiences at the time of the disaster. Focusing around the experience of every new comer, the participants talked again and again about the earthquake and the tsunami as if it happened yesterday, even though one year or one and half year had passed since then.

In clinical psychology, the treatment of PTSD is usually conducted in a closed room where a healer and a patient face each other and the healer has the patient talk about the psychic trauma repeatedly. However, when this treatment is made in a group dynamics, the therapeutic effect is incomparably larger than that of closed room. The experiences of 10 affected people were newly talked as the experiences of 15 people, next talked again as the experiences of 20 people, then as the experiences of 25 people and finally talked again and integrated into a disaster experience of a whole community. As a clinical psychotherapist, I was overwhelmed by the sight of such development.

In Ohkawa area, four small villages were completely destroyed and its serious damage went the rounds all over the world. In a temporary shelter complex where the survivors of Ohkawa area moved into, there has been neither solitary death nor suicide victim so far. I believe that it owes much to the regular lunch party, which was a place of treatment they could relax and which could provide them with mental care (attentive hearing & sympathy, supportive PE and flexible outreach) and physical care (manipulative treatment and tapping care to automatic nerve). In Machikita temporary shelter complex which is relatively small one, there were several aged women with serious PTSD. But they almost obtained remission. I suppose that it was also brought by the regular lunch party which could generate group dynamics.

As the result of 50 times of support activities in this term based on the above mentioned plot, we are proud of obtaining much better effects than expected in building trust relationship with the residents, contributing the community building by the residents, establishing and maintaining environment for treatment and approaching to the treatment and remission of PTSD on the individual level.

For the future, the activity should be changed to 'resident participation style' on the basis of the result of this term's activity. For example, lunch party can be changed to 'cooking class style' where the residents will involve in deciding the menus and cooking together. We also expect group work in the form of work shop with larger therapeutic effect will be set up and run.

Furthermore, we heard about the residents' worries as follows:

1) Progress of dependence on sleeping pills or tranquilizer prescribed by psychiatrists.
2) Increase of children's stress because of the lack of play space.
3) Development of physical and mental symptoms attributed to the stress which the residents had been bearing off for a long time. It started to appear when they had gotten accustomed to their life in the temporary shelter.
4) Aggravation of alcohol dependence, silent retreat and so on which tend to be hidden in a temporary shelter complex.

We assume that these problems will become more serious in the future.

If the further support will be conducted in the temporary shelter complexes, I would say that the programs which can deal with the above problems should be set up and run.