The Disaster and the Mind of a Child

Miyagi Disaster Mental Health Care Center
(Tohoku University Graduate School of Medicine, Department of Social Medicine, Department of Public Health)
Community Support Department, Director – Naru Fukuchi

1. Introduction

Our country is a land of disasters, and there are many earthquakes and tsunamis in our memory. The Tohoku region has experienced the Meiji Sanriku Earthquake (1896) and the Showa Sanriku Earthquake (1933), and there are various "legends" and monuments associated with these occurrences. Despite these warnings, these events leave behind huge scars, and everyone feels, "Was there anything more I could have done?" There is a possibility that a disaster of the same scale will occur in areas other than Tohoku in the future, and I feel it is the responsibility of the professionals in the disaster area to report the actual situation so that it may be a clue that enables prompt support in an emergency [1)2)3)4)5)].

In this article, we will first demonstrate the current situation of local children and list the pros and cons of various types of support. Lastly, I would like to express my impressions, including suggestions for community development.

2. Current State of Children

In response to this unprecedented disaster, many organizations provided affected areas with immediate support. In the special role of a child psychiatrist, I joined a mental health care team early on, visiting evacuation centers, making individual visits, and paying attention to family situations, including those of children. Approximately one year after the earthquake, the places I make rounds at have changed from evacuation shelters to temporary housing, and I now visit schools and kindergartens. I will report what I have seen in these places by organizing phenomena around a few key words.

(1) Regression

"Regression" is, so to speak, "returning to an infantile state," and is often seen in pediatric clinical practice. It is a phenomenon in which a child who has had a scary or painful experience moves backward in their mental growth process. Countless children had painful experiences and responded in various ways after the earthquake, and "regression" became the most common topic of consultation during the evacuation shelter patrol. Symptoms such as being unable to leave the mother, being unable to sleep alone, being afraid of darkness, and urinating at night were observed. The basis of the advice is normalization—that this is natural behavior for children who have had traumatic experiences—followed up with explanations such as "It is not a strange reaction" and "I think it will return to normal in a few months." We monitored these cases carefully and continued to visit evacuation centers and homes, but most times, they resolved over time.

On the contrary, among children who could not be sent to counseling, I began to become worried about a particular group whom I observed at the evacuation shelter. They would occupy a corner and were absorbed in portable games all day long. After asking around, I would often hear that their families were always out, cleaning up their tsunami-flooded house or busy with official procedures such as documenting proof of damage. These children couldn't even "regress" because they had nothing to cling to for protection, and they seemed to try to evade the real world and fight desperately against fictional monsters.

After considering both situations, I realized that the former was a case of children being in an environment in which they could display their symptoms early on. If parents do not give their children the necessary time and attention, they will not be able to notice changes in them. Only when parents have their antennae extended, so to speak, will they be able to connect their child to specialized counseling at an early stage. The phenomenon of regression may be seen because the child actually has something they can cling to with peace of mind. With this in mind, I focused on the positive aspects and gave feedback to these families, saying, "I think, in the long run, it's actually better that they're having this reaction now."

(2) Hyperarousal

After a scary or painful experience, individuals sometimes respond by becoming more sensitive to surrounding stimuli and by going into nervous overdrive to prepare for unforeseen circumstances. In this hyperaroused state, individuals are constantly in high spirits, and become loud, angry, and have difficulty controlling their behavior. Initially, this is an appropriate reaction to protect oneself, but if it continues even long after the crisis has passed, it poses a major hindrance to normal life. During my traveling consultations, symptoms such as not sleeping, being too energetic, being angry, and becoming hypersensitive to trivial noises were observed. In these cases, simple relaxation exercises such as breathing and yoga were effective. However, when I taught them how to relax, children living in areas where debris removal had not progressed immediately returned to combat mode because they were irritated at the prospect of returning to their homes or shelters.

In addition to hyperarousal, children at some shelters simply clung to the adults around them, regardless of who they were. At the large-scale evacuation center, an emergency daycare center was set up by student volunteers. The children's behavior was callous and uncaring; they would order the students around, manipulate them, and flat out ignore instructions. However, on the heels of such behavior, they would then draw close to the volunteers, clinging to them and asking for piggyback rides and so on. I observed a large number of children exhibiting such "attachment disorder" symptoms. We had the opportunity to contact representatives of the Student Volunteer Group, explain the children's symptoms, and give a brief lecture on their post-disaster psychological state. Once the large space had been divided and playing time and rules had been reset, the children gradually regained their composure.

(3) Guilt

Survivor's guilt is a problem that was highlighted in the 2001 Ehime Maru Sinking accident [6]. It was observed that the surviving high school students were blaming themselves for not having been able to help their peers. Even in the context of the tsunami-related deaths in the current disaster, I imagine many people, including children, feel helpless. In particular, children have the intelligence to properly recognize this situation.

The following happened in a kindergarten flooded by the tsunami. It was said that a boy entered a room where relief supplies were stored, stole the sweets in it, and handed them out to other children. Curiously enough, even though he had monopolized the sweets, he never ate any. To my further surprise, I later found sweets bobbing about in the medaka fish tank. When I interviewed the family to understand what they went through in the disaster, I found out that this child had developed a fever on the day of the earthquake and had left school early. He was taken straight to his mother's parents' house, away from the disaster area; only then did the earthquake strike. The tsunami did not reach that area, and as the power outages there did not last long, he had repeatedly watched videos of the disaster on TV. It seems he was constantly worried about whether his friends and teachers were safe. I imagine that he felt guilty that "only [he] hadn't had a hard time." The act of handing out sweets was perhaps a form of atonement. Children rarely put these feelings into words, so I think it is necessary to communicate carefully and dispel any unnecessary guilt they may be carrying.

(4) Posttraumatic Play

"Posttraumatic play" is the term for a traumatized child repeatedly recreating their traumatic experience in play. For example, the games of a child who has been in a traffic accident may involve repeated collisions between minicars. In this earthquake, children lost important things in an instant. Imagine being stunned, overwhelmed, and having no time to experience various emotions. Children have the power to remember what they felt at that time, reproduce the scene similar to the disaster experience in play, and bring it to a happy ending. Earthquake and tsunami games were frequently seen in the evacuation shelters. If adults tried to intervene, I advised them to take a roll call after the end of the play session, rather than stopping it. After the roll call, I tried to guide children's perceptions by congratulating them, saying "Everyone's safe! Good job."

The following happened at an elementary school where the building was destroyed by the tsunami. Almost without exception, the homes of the students were hit by the tsunami, and they were evacuated to the roof of the school building, where they were rescued by a JSDF helicopter the next day. When I visited the school, I was informed by the principal that "shoe hiding" was

rampant. The teachers were puzzled because not only were the shoes in a place where they could be easily found but also because the children did not seem displeased when they were found. Further, shoes were taken even when teachers kept strict watch over them. I imagined that the children were recreating the episode in which they lost things that were important to them and enjoyed the sense of security they felt when the lost thing was quickly found. I supposed the game had quickly spread among the kids. Shortly after the summer vacation, this shoe hiding game disappeared naturally, and hide and seek, which they had been accustomed to pre-disaster, became popular. I felt as if these children were trying hard to experience happy endings by repeatedly recovering what they had lost.

(5) Self-Perception

Even now, one year after the disaster, the number of children who come to medical institutions has by no means increased. Strangely enough, the number of children who come from coastal areas with severe damage is quite low, and the ones who get checked up are almost always those who moved to Sendai, which remained quite "safe" relative to coastal areas.

Behind this unusual phenomenon is likely an issue with these children's "self-perception." Almost without exception, children who did not move out of areas with severe damage went through the same experiences. They all saw the tsunami and their neighbors being washed away. Many of them even lost a family member. However, because most people around them experienced such things, many of them just assume that this is normal and continue to live with that flawed self-perception. On the contrary, children who move or transfer schools to areas with less damage come face-to-face with the gap between their experiences and the experiences of those around them. They compare their experiences with those of others, and are essentially forced into the realization that, "Wow, I really went through something horrible." They become unable to share their experiences with others, somehow find it difficult to fit in with their peers, and end up feeling lonely or isolated. As a result, they begin to present with a variety of physical symptoms, can even fall into depression, and end up not going to school. One case I took part in involved a child who had begun going to school in Sendai, but because they found themselves unable to fit in with their peers there, decided to return to their old school on the coast, which was now more than two hours away.

When, then, will the children who remain in coastal areas develop a mental response to what happened to them? I believe this will happen when the continued existence of their regional community becomes difficult. Many schools whose facilities were damaged beyond usability by the tsunami borrowed space from nearby schools to continue lessons. However, the possibility that these schools would be rebuilt was quite low, and many of the students who formerly attended these schools have moved on to others. Thus, we see a trend whereby many schools are being consolidated into others. When this happens, these children will have to confront reality, and I believe they will display a wide variety of symptoms.

3. The Actuality of Support

Immediately after the earthquake, many people started to support us, and we received a great deal of relief supplies. As a supporter in the disaster area, I am, without exception, deeply grateful for all the goodwill that came our way. In order to think about the future of disaster relief, I would like to itemize the problems as well as the positives that I could not help but notice. All these thoughts are a result of my impressions of community needs and my desire to ensure that support is coordinated effectively.

(1) Problems

① Toys as Relief Supplies

At the above-mentioned emergency daycare center, the relief supplies included only playground equipment. Surprisingly, imitation swords and air guns were included among these. Children would play using these items, shooting and killing each other. As a result, they became aggressive and sometimes had trouble with each other. During the volunteer training session, we decided to carefully filter playground equipment children would receive.

② Food as Relief Supplies

We were saturated with food relief supplies quite early on. The warehouse was full of food that had passed its expiration date, and even I, who visited as a supporter, was given some. At school, during Christmas and New Year, relief supplies (mainly sweets) arrived from various organizations. At one elementary school, there were many children who gave me sweets when I left. One child said, “I don't need it because there are so many in my house.” I was afraid that children would get used to being supported, become addicted, and lose their general sense of life.

③ Research Organizations

We received support from many organizations, some of which were interested only in research. They would conduct questionnaire surveys and simply leave afterward. Although they published their data, they did not give individual feedback to the subjects, often fueling anxiety among local residents. Later, when we attempted to conduct surveys and research according to the prescribed procedures, residents became frustrated at being surveyed again, and in some areas, we could not obtain cooperation smoothly.

(2) Helpful Things

① Securing Playgrounds

As mentioned above, the supply-based support was satisfied early, but support for human resources and space remained insufficient. A lot of soccer balls would arrive at elementary schools, but their schoolyards had become parking lots for evacuees. In other words, space for children to play freely had decreased significantly. Several children’s goods manufacturers collaborated to create a playground where infants could play safely and school children could interact. It also functioned as a gathering place for mothers.

② Learning Support Volunteers

There were also children in the disaster area who were preparing to take high school and college entrance exams, who were forced to study in shelters. When studying until late at night, these children were confronted with unpleasant words like “Turn off those lights already” and “Don’t leave eraser dust everywhere,” and they took their exams in fear. Under such circumstances, there were many volunteers who secured a place to study with peace of mind and provided learning support free of charge. This seems to have been very helpful in alleviating the anxiety of the examinees.

③ Help on duty

At the hospital where I used to work, there was a doctor who would come for shifts from far away. Even when the earthquake made it difficult to come to Miyagi Prefecture, he said, “This is the only support I can provide” and came to help me by car or plane. Thanks to him, I was able to leave the hospital and go to disaster areas. I think many outsiders imagine that they will directly enter disaster areas and provide support. Help that gives the local doctors a chance to rest or go to the disaster area with peace of mind is far more useful.

4. Toward the Future

As a professional living in the disaster area, every day I ask myself what “mental care” really is. Psychiatric care in Japan is a hospital-centered system, one in which professionals wait for people to come in for consultations of their own volition. Therefore, psychiatry as a public health tool that supports community mental health has not been fully developed as an academic discipline. However, after the earthquake, professionals went to the affected areas to raise awareness and pick up high-risk local residents. In other words, there was rapid progress in encouraging people to boost the power of existing regions. My role as a child psychiatrist has shifted to visiting large kindergartens and schools and giving advice to professionals who are closely associated with children. If you think about it carefully, all these activities are natural. It is not a special initiative that we are taking because of the earthquake but one that should be continued even in peacetime. It is necessary to reconsider the ideal approach to community and school mental health in the wake of the earthquake.

No one would have expected a disaster of this magnitude. It is important to be prepared, but not all events can be dealt with. It is important to take concrete measures, but the focus should be on

ensuring that people and communities can respond to any eventuality. In the event of a disaster of this scale, the organization that manages the community itself will be destroyed, and it will be necessary to play a role of "connecting" before regaining normal functions. I feel that what a community should work together to nurture is not a charismatic leader but an individual who can act as a "hub" that connects various related organizations. People in these "hub" roles would have a greater degree of freedom; they would go out to various areas and build relationships with various institutions. Even if given a flexible role in your first job after graduating from university, it can be difficult to move with such freedom. I feel that it is necessary to spread these ideas in the prescribed school education and allow them to take root to form a culture that creates "free people." I believe that developing such human resources from an early stage and allocating multiple personnel to the region will lead to increased resilience. In the area of children's mental health, it would be good to give school social workers a more flexible role and allow them to become familiar with the characteristics of the children in the area. If you suddenly say "Let's work together" to someone you don't normally work with, it won't happen. For children's mental health, medical organizations such as those related to pediatrics and child psychiatry, educational institutions such as schools and boards of education, and welfare organizations such as child guidance and juvenile justice centers must effectively collaborate. Ideally, these multiple networks would be organically connected with each other like a living being.

There is room for reconsideration regarding the relationship between giving and receiving support. If the support provided does not align with the needs of the community, it will be a waste. In the current context, this support took the form of both "things" and "people" and brought difficulties for those involved in local sorting. As a result, many goodwill offers were declined. Let us reconsider the role of support coordination. We have been dispatched by the Japan Association of Neuro-psychiatric Clinics for a long time. The role of deciding which occupation is dispatched to which area has been placed in a non-disaster area. As a result, there are several cases in which the burden on local supporters has been reduced. In addition, when support becomes commonplace, it creates addiction and reduces the ability of the community to become independent. I think it is ideal to provide support that elevates the existing functions of regions, rather than taking over these functions.

5. Conclusion

I feel the Tohoku region has a deep-rooted spirit, a resolve to endure without complaint, no matter what the circumstances. Although each area has its own characteristics, it cannot be denied that there is a tendency to dislike "mental care" here, often making it difficult for supporters to do their work. Generally, in trauma care, we try to get patients to express and organize their memory and emotions in some way, but in this disaster, we will ensure that our activities are adapted to the local climate and that residents are patiently dealt with. I feel this is necessary to carry out trauma care.

The road to reconstruction is long, and our strength alone is not enough to protect the minds of our local children. Through this passage, I humbly ask all of you for your long-lasting support.

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