

Review of Supporter Support at the Stem Center Community Support Division
“Efforts to Support Supporters After the Great East Japan Earthquake II”

Stem Center, Community Support Division
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1. Introduction

In the Community Support Division of the Stem Center, each staff member is in charge of multiple municipalities. We are also working to support supporters such as administrative staff members related to disaster victims, welfare and long-term care staff, prefabricated temporary housing support staff, support staff engaged in salon activities, school officials, firefighters, civil welfare officers, and so on. Many of the supporters working in the area are also victims of the disaster. In addition, there are many supporters who are not specialists in health and welfare, and their expertise in mental health is often insufficient. Under such circumstances, local supporters are carrying out activities that no one has ever experienced, such as unprecedented post-disaster support. As the staff of the Community Support Division, we have been worried about what we can do for local supporters. From January to February 2013, which was more than a year after we started support activities, we looked back on our efforts so far. A summary of this was presented at the 32nd Autumn Meeting of the Japanese Society of Psychological Clinicians in August of the same year (poster presentation: “Efforts to support supporters in the Great East Japan Earthquake II”).

2. Methods

The Community Support Division of the Stem Center holds a weekly meeting to review the activities of each municipality. The contents of the supporter support activities discussed at these meetings and interviews with the staff are summarized based on the following two points.

(1) What kind of consultation did you receive from the supporters and what kind of emotions did you talk about?

(2) What kind of support did the staff provide and what kind of emotions did they experience?

The occupations of the target staff are public health nurses, psychiatric social workers, and social workers (seven people in total).

3. Results

* Mental Care Center staff are called “staff” and local supporters are called “supporters.”

[Contents of consultations from supporters and emotions discussed] The contents of consultations with supporters could be roughly classified into the following five categories.

(1) Consultation on Understanding and Dealing with Disaster Victims. Knowledgeable and technical consultation on how to understand and deal with victims of mental health problems. For example, withdrawal such as “There are people who have stopped going out recently, how should I deal with them?” Consultation on suicidal ideation, such as “I’m told they want to die, but I’m wondering what to say.” There were some doubts and anxieties about how to deal with survivors.

(2) Consultation About Anxiety and Helplessness as a Supporter. In the face of various problems that cannot be solved immediately, such as the possibility of being injured by the survivors and feeling that someone else being in charge might be better, supporters expressed helplessness and hopelessness.

(3) Personal Consultation. The supporters’ own experiences of the disaster were talked about, and personal consultations such as personality worries and family problems were sometimes discussed. Supporters talked about their feelings of loneliness, anxiety, and loss.

(4) Consultation on Dissatisfaction with the Organization, Feeling of Insufficiency, Dissatisfaction with Other Organizations, Etc. For example, a supporter expressed anger, dissatisfaction, and helplessness, such as “I can’t get the feeling of the site above” and “There is a problem with the method of XX” (other organizations and governments).

(5) Consultation on Stress Caused by Excessive Dependence and Anger from Survivors. For example, confusion about over-dependence, such as “The survivors wants to be heard for hours when I visit” and “I am called because the TV remote control has stopped working.” I was hit with dissatisfaction and anger, such as being slow, having little support, and being dishonest about the supporters’ attitudes and statements. It was said that he was not only confused about the response, but also experienced anger, dissatisfaction, and helplessness in dealing with emotional outbursts.

Although the consultation contents are classified into five categories, there were overlaps, such as the feeling of powerlessness or anxiety as a supporter due to the difficulty in responding appropriately to emotional outbursts.

[Contents of staff support and what kind of emotions the staff experienced]

In response to the above consultations, the staff will provide consultation for difficult cases, training for knowledge transfer and self-care, psychological support for individual supporters, consultation on support policies as an organization, and help with support work. There are some overlaps, such as providing psychological support for individual supporters during the consultation.

Through supporter support, staff members have a desire to be in tune with supporters and do something to help them. I was experiencing anger and a sense of insufficiency due to (it is said that speaking time is a burden). And looking back on these feelings seemed to lead to understanding the supporters. For example, from the experience of anxiety and helplessness when receiving a consultation from a supporter, it became easier to imagine more vividly and understand the supporter's feelings, such as "Is the supporter feeling like this?" In addition, the supporters turned their anger and experienced annoyance and irritability there, which triggered them to notice the anger and hurt feelings accumulated in the supporters. In addition, the supporters also made requests, and I felt like I was suffocating, but by realizing that, I felt that the supporters were full and suffocating. There were voices such as being able to think about it.

4. Discussion

From these staff reflections, it can be seen that the supporters are exhausted for various reasons such as personal and organizational worries and relationships with some victims. These problems affect each other, and it seems that the supporters' feelings of anger, anxiety, and helplessness form the core of their feelings of hurt. In addition, supporters' feelings of anger, anxiety, and helplessness seem to be directed toward the staff supporting them. Further, the staff felt that their understanding of the supporters had improved because they were aware of the emotions they experienced. From these, I thought that the emotions of the survivors might affect supporters and the emotions of the supporters might affect staff. It is useful for staff members to understand their own feelings in order to understand their supporters, and it is possible to reduce the risk of throwing back feelings by being aware of them.

Consultation from a professional point of view is necessary for supporting supporters, but it is more important to understand the emotions they experience when supporting disaster victims, to accept the injuries, and to appreciate what they signify.



Efforts to Support Supporters After the Great East Japan Earthquake II

What we have learned from the relationships between supporters and survivors

Yuko Kashihara/Hiroko Taniguchi/Takeshi Yamazaki (MDMHCC)

Introduction

The MDMHCC carried out support for supporters. In order to be more effective in the future, we looked back on our work over the past year and a half, emphasizing the following things.

- What sort of issues and difficulties have supporters been facing in the course of their work?
- What sort of emotions have supporters encountered during the course of their work?

Methods

We conducted interviews with MDMHCC staff who have been continuously engaged in support for supporters (one-on-one/individual). We asked the following things.

- (1) What kind of consultation did you receive from the supporters and what kind of emotions did you talk about?
- (2) What kind of support did the staff provide and what kind of emotions did they experience?

The occupations of the target staff are public health nurses, psychiatric social workers, and social workers (7 people in total).

Results:

I: Feelings they were told about by supporters during consultations

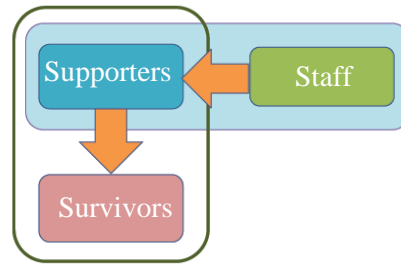
Example:

“When I visit someone, they want me to stay for hours.”

- “I’ve been yelled at, and told ‘How dare you come now!’”
- Anger, confusion, emptiness

Example: “I can’t get them to understand what’s going on.”

- “(Some other organization) has issues with their support!”
- Anger, dissatisfaction, powerlessness



Example:

“Recently, there are some people who have started refusing to go outside.” (Shut-ins)

- “I am told by some people that they want to die.” (Suicidal ideation)
- Anxiety, the feeling that they need to do something.

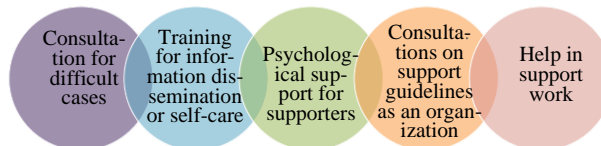
Example: “I can’t do anything right.”

- “I don’t think I even need to be here.”
- Anxiety, powerlessness, despair

Example: Disaster experiences, crying saying that “I’ve never told anyone my story.”

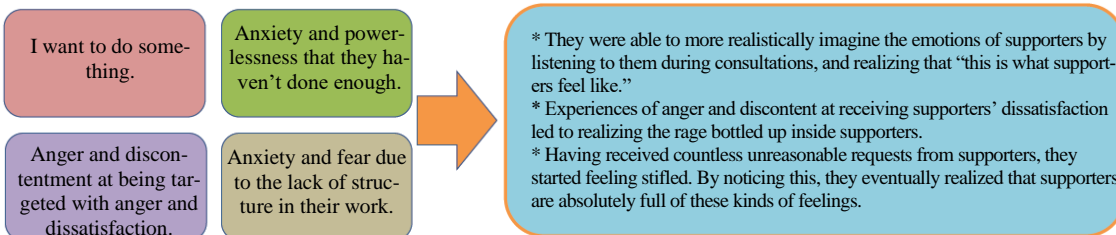
- Loneliness, anxiety, feelings of loss

II: Staff Support Content



What sort of emotions have supporters experienced?

By reflecting on their emotions...



Discussion

◎Supporter: Exhausted by receiving organizational, personal, and other demands.

◎Survivors' rage/powerlessness/anxiety and other emotions (⇒ toward supporters)

Supporters' rage/anxiety/powerlessness and other emotions(⇒ toward staff)

Staff rage/anxiety/powerlessness and other emotions

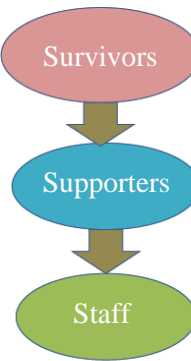
Experience of identical or similar emotions in support relationships (particularly emotions of hurt)

⇒ Maybe emotions are simply being thrown from survivor to supporter to staff member.

◎Staff: Understanding our own emotions will help us understand supporters' emotions.

(Understanding your own emotions -> may reduce the risk of tossing these emotions right back at supporters)

◎In support for supporters, consultation, etc., is necessary, but more than that, understanding, accepting the pain, and being grateful for supporters is important.



Summary and future issues: In support for supporters, we must consider that emotions are being passed from survivor to supporter through support relationships. It is important to provide emotional support to supporters. In order to provide more effective support for supporters, we plan to consider a variety of methods, including supporter interviews.