

Report on a group therapy for supporters stationed in disaster-stricken areas

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Great East Japan Earthquake, assistance to supporters stationed in disaster-stricken areas, group psychotherapy, mental health care activities, medium- and long-term support

Abstract

Despite it being more than four years since the Great East Japan Earthquake, there are still many residents who have no choice but to live in temporary housing facilities. Supporters in various fields have been engaged in support activities for these victims in disaster areas, but it is thought that there is still a long way to go for recovery, and as such, support for care workers is essential. There are care workers in Minamisanriku Town in Miyagi Prefecture who has been watching over and otherwise supporting residents moving into temporary housing. The author has assisted these care workers by utilizing group meetings. This paper reports on the development of support activities for a team of care workers. This support showed that the existence of venues where care workers can voice their sentiments as care workers reduced their psychological burdens.

It also showed that the support provided in the mid- to long-term period after the earthquake had an equally important to support provided immediately after the disaster.

I. Introduction

Four years after the Great East Japan Earthquake, disaster areas have seen considerable progress in the establishment of public housing in many coastal municipalities, and recovery has finally begun in earnest. However, there are still numerous residents who are forced to live in temporary housing. There is still a long road to recovery, and the psychological burdens borne by residents are ongoing. Support for these types of residents has come in various forms. Care worker support must be maintained for these to continue.

Incidentally, one form of care worker support after the earthquake was the establishment of groups where care workers speak among themselves about their experiences to help understand each other. Takabayashi (1997) discussed “report meetings”, established by rescue workers in disaster areas after the Great Hanshin-Awaji Earthquake as a form of group therapy. Discussions on group-based support by Fuji et al. (2010) stated that there were three objectives for group-based support, including the sharing of mutual experiences as disaster care workers, or having a place to discuss hardships. In these ways, group-based approaches have been used as a form of care worker support following a disaster, but initiatives until now have been established relatively shortly after the disaster and there are no reports on those that were established during the mid- and long-term period following a disaster.

With this in mind, this paper reports on the progress of group-based support for care workers that were engaged in activities during the mid- and long-term periods following a disaster and provides a discussion on these topics.

II. Prior to the start of “Group Meetings”

The author had worked at the Kesenuma regional center of the Miyagi Disaster Mental Health Care Center (henceforth, “Center”), which provided support for affected regional residents and its care workers in Kesenuma City and Minamisanriku Town of Miyagi Prefecture and the group-based support reported in this paper was one of the activities conducted by this center. These support activities have been referred to as “group meetings”, so they will be referred to as such.

Group meetings were designed for care workers who provide support for residents in temporary emergency housing in Minamisanriku town. The daily work duties of these support staff were to visit individuals among residents in temporary housing who needed observation, confirm their physical status and lifestyle conditions with regards to the body and mind and provide consultations regarding lifestyle difficulties. Furthermore, when specialized support is needed, these care workers served as a bridge to municipal public health nurses and government and so they held important roles by closely supporting the lifestyles of residents in various forms.

Next, the background of care workers is discussed. The primary duties of care workers were earlier mentioned as visits to residents, but currently, the period that residents have remained in temporary housing has become extended, and it is thought that the pain and struggle that residents have carried have increased and exacerbated. Maintaining the mental health of the care workers themselves as they continued to provide support to residents under these environments was essential, and it is for this reason that support was deemed necessary. Additionally, support staff in Minamisanriku Town were residents, and many of them had suffered from the disaster themselves. They are many who were employed in completely unrelated professions before the earthquake but are now working as support staff due to the disaster. It is thought that even more support for these support staff is required considering their roles after having gone through such experiences. With this in mind, it was decided that group meetings would be started with the objective of discussing work- or lifestyle-related issues among care workers. Tanabe (2012) mentioned that there is sufficient value in staff members who are engaged in disaster support or specialists who have had some form of disaster experience in the past coming together to establish groups so that they can manage mental health. The region is undergoing the mid- to long-term phases of the Great East Japan Earthquake, but a large amount of disaster area and resident support is ongoing in affected regions, so it is essential to enact initiatives that utilize groups in the same affected areas for care workers.

There are support staff teams in each district of Minamisanriku Town, so analyses were conducted with each team. Below, the activities that a given support staff team has conducted until now are presented. Virtually all of the support staff on this team are women, with a wide age range between 30 and 60 years. There are usually around 10 individuals in a single team of support staff.

II. Group meeting overview

Group meetings were conducted with the support staff at work that day and the center staff, including the author. The hosting date of the group meetings was pre-arranged so that as many support staff could attend as possible, but there was some support staff that could or could not make most meetings based on work schedule arrangements.

A single group meeting was convened for one hour. The location was held at the support staff office, also referred to as a satellite. The author acted as the facilitator for all meetings. The sessions were initially held once a month but after a time, they were held once every two months. Group meetings were usually started with the comment, “We often forget our feelings or thoughts during our busy lives, but please use this time to be aware of those sentiments and discuss anything that you would like to discuss”. The topic was allowed to be on anything, ranging from professional to personal aspects. The facilitator sought to advance the sessions in a supportive yet accepting manner, focusing on topics raised by support staff. Center staff also reflected on the session before and after the group meetings.

IV. Group meeting progress

1 Session 1 (Month Y, Year X)

Note that all session progress recorded henceforth is based on the activity records written at the time and the memories of the author and staff.

There were eight support staff and three center staff present at the first meeting. It was the first time for the author as well to meeting all support staff together in this manner. Once everybody introduced themselves, support staff spoke about all of their support activities conducted until that point, and afterward, the topic switched to trends in lifestyle reconstruction of residents who are moving into temporary housing and how support should be in the future. Topics not only included those on residents, but also lifestyle problems and future uncertainties held by the support staff themselves. There was a wide range of support staff personalities: some spoke frequently, others spoke when spoken to, and still, others hesitated to speak even

when spoken to.

At the end of the group meeting, support staff participants mentioned that “the staff usually talk among themselves regarding the physical conditions or lifestyles of residents, but they’ve never talked about themselves in this way, much less have time for that, so it was nice to listen to each other’s stories that they otherwise don’t hear about”.

2 Session 2 (Month Y+1, Year X)

There were eight support staff and two center staff present. There was some overall awkwardness among the participants, perhaps because the previous session was the first, so once everybody first spoke about what has been on their minds in a circle, a free-form discussion was started. During this session, support staff spoke at length on issues regarding lifestyles in temporary housing. Support staff mentioned that “they were not sure what would happen to temporary housing following requests from landowners to return their land. In those cases, what will the support staff do once they need to live even closer to neighbors that they don’t get along with”. While they function as support staff by day, once their duties are done, these individuals must live their own lives as victims and their struggles and difficulties in life were on full display during this session.

3 Session 3 (Month Y+2, Year X)

There were eight support staff and two center staff present. This session had few comments overall, and there were many quiet periods. The author also mentioned, “Maybe it’s because everybody is a bit tired, but a today is a quiet group”. After this comment, the staff members mentioned that one individual among them will be transferring to another satellite in the following month. This specific support staff member was not present at the session that day, but the other members mentioned, “I don’t know what to say to the staff member”, “I’m glad that it’s not me who’s moving, but I still feel sad” and “I wonder what is going through [the moving support staff member]’s mind right now”. Finally, the support staff mentioned how flimsy structure of the foundations and floors of the temporary housing facilities and the coldness of the coming season.

After this session, meetings were held once every two months. A reason cited by the support staff was that once a month was too frequent, and they wanted a frequency where they would have enough to talk about at each session.

4 Session 4 (Month Y+4, Year X)

There were eight support staff and two center staff present. The staff support leader was absent from this session due to other activity obligations. Additionally, one support staff member that was newly stationed at this satellite due to staff reassignment participated in this session for the first time. This staff member mentioned that it took all their energy to become accustomed to their new surroundings, to which the other members mentioned that “after all, transfers happen out of the blue”. However, the conversation moved on from the staff transfer and comments such as, “I’m worried about the incoming snow”, “there are few men among support staff”, “the sun sets early and it makes me uneasy”, and “I’m usually alone for Sunday work, and it’s also at a different location. It’s difficult to switch mentally”.

5 Session 5 (Month Y+6, Year X)

There were six support staff and two center staff present. There were talks to be held next month to facilitate discussions regarding ongoing work for the next fiscal year and the support staff leader mentioned that “they were curious to see what everyone felt about the interview with the center supervisor for ongoing work in the following year”. In response, there were many comments made on this issue, including, “I’m nervous”, “I still have documents I need to provide beforehand, so I can’t even think about next year” and “I haven’t even heard about how many people will be hired for next year”. Afterward, there were additional comments, such as, “the new years’ period is the first time I’ll have five days off”, “vacation times are busier for me. Even if it’s temporary housing, I still need to do water offerings and prepare mochi”, “I couldn’t do anything since temporary housing was too small, but now that it’s been rebuilt, I’ve been able to do more” and “the amount of work for those where clients visit and those are dispatched is completely different”. Then, a staff member mentioned, “During the new year, many children in the area often received new year’s gifts from adults in the neighborhood, but these were all washed away by the earthquake and tsunami. Many adults went back home to get their valuables and were washed away as a result”, after which everybody fell silent. As the session time was nearing its end, the

group meeting was concluded at this point.

6 Session 6 (Month Y+8, Year X)

There were eight support staff members and two center staff present.

When support staff was asked about how the interviews which were mentioned during the previous group meeting session went, they responded, “Thankfully, everybody was able to continue”. When asked if “they feel relieved”, they responded that “next is staff reassignment”, and the staff members with previous reassignment experience mentioned, “the last assignment was sudden. I had three days to prepare”, and that it was difficult for the new residents to learn who the support staff was. Afterward, one of the support staff who was usually silent mentioned, “Sometimes I just want to quit. I can’t stand listening to the residents anymore and I feel so discouraged. I don’t want to interact with other people. I feel like support staff always has to be the perfect person”. In response, other support staffs were completely in agreement, with some stating the same sentiments, and others mentioning, “It’s good to let it out”, and “I worked in the service industry, so I don’t feel that way”. Afterward, the topic changed to the self-care activities of each member of the support staff.

V. Discussion

Although the number of sessions was limited to only six, some discussions on these regularly conducted group meetings will be presented here.

① Having a place where support staff can “speak” as support staff

These group meetings were designed so that support staff “speak”, and other support staff “listen” to these words as support staff, but statements that left a strong impression were the following: “they’ve never talked about themselves in this way, much less have time for that, so it was nice to listen to each other’s stories”, and “I can’t stand listening to the residents anymore. I feel like support staff always has to be the perfect person”. It is thought that these remarks highlighted the imbalance between the “speaking” and “listening” inherent in their roles as support staff.

One of the activities of support staff is visiting residents in temporary housing, but here, support staff inevitably take up the “listening” role. Every single day, support staff take in all of the residents’ lifestyle concerns, anxieties, irritation, lack of clarity for the future, etc. In Minamisanriku Town, many support staff themselves were affected by the disaster and their living in temporary housing is the same as the residents they visit, but because they are support staff, they are required to “listen”, not “speak”.

There are tea sessions known as “Ochakko Salons” hosted for residents in various disaster areas, but there have been no instances of similar support provided for support staff. In other words, they do not have a place to “speak”.

This is not a simple case of having no opportunities to speak. Due to their role, the reality of support staff is that they are not allowed to say what they want to and even if they have a variety of thoughts or feelings, they must tuck it away and continue to act as support staff. Under such circumstances, these individuals need some form of “container” that accepts their unique background of acting as both a victim and supporters.

For these reasons, it was believed that regularly providing support for support staff, where residents who are support staff can “speak”, and residents who are support staff “listen” to these “spoken” words.

② Meaning of groups for support staff during the mid- to long-term periods following a disaster – takeaways from the present initiatives -

Next, the meaning of the groups for support staff conducted during the mid- to long-term periods following a disaster will be discussed from the perspective of the present initiatives

During these group meetings, support staff talked about and incorporated:

- the chronic stresses that come as a result of being both a victim and support staff,
- accepting the recovery of a town and reconstructing their own lives and
- accepting changes in their roles and work content as support staff.

Generally speaking, it seems that support staff often spoke about events that frequently change and occur

close to them as the huge tide that is recovery flows through the region. These voices reflected the shocking realities and sights that have no doubt would have been discussed in speaking sessions among support staff immediately after the earthquake, their feelings of powerlessness and emptiness against those realities, the seemingly gentle recovery which comes in contrast to those realities, and the reality of living in a world where they cannot resist these monumental changes. Their dual nature of being both a victim and support staff influenced their perspectives as well. It was felt through the various remarks made by individuals that they expressed how they ended up where they are today by facing the earthquake against which they were powerless, and moving forward one step at a time, but Yalom et al. (1989, 1991) believe that this process of steadily accepting what is happening by “existential factors”, which were raised as treatment factors, can be interpreted as group support. Fuji et al. (2010) has mentioned that the possibility of neighboring regions, schools, and workplaces in a community coming together to discuss and understand mutual experiences and feelings in the aftermath of a disaster is a characteristic of group psychotherapy, but disaster area conditions become individualized and complex as they enter the mid- and long-term periods after a disaster and the fatigue of support staff subsequently increase as well. Support staff support using groups are thought to be just as important during the mid- to long-term periods as they are immediately after the earthquake.

VI. Summary and challenges

A minor discussion was presented following a reflection on support staff support using group discussion.

These initiatives were shown to have value not only during disasters or following a disaster, but after these periods as well.

However, challenges remained. One example was during the initial group meeting, when one of the support staff mentioned, “I was able to listen to stories from other support staff that I had never heard before”. This could have been interpreted as a positive statement, but there was a significant fear at the time that the initiative may have disrupted the balance between support staff that has been heretofore maintained. This is thought to reflect how these initiatives had inadvertently created two groups, despite being the same support staff team, where one group that was involved in these initiatives, and another group was within those who are engaged in daily activities, and that these groups had already begun to mutually influence each other. Research on the effects of group-based support will need to pay attention to the development of these influences.

Another point regarding the effect of group-based support was determining to what extent did holding meetings at a frequency of once every two months decrease the psychological burdens of support staff. Initially, the group meetings were conducted at a frequency of once every month, but the frequency was changed to once every two months upon request by the support staff. From the author’s perspective, it would have been ideal to have increased the frequency, but even today, support staff are overwhelmed with work, and increasing the frequency under conditions where support staff is constantly engaged in activities and workshops was thought to potentially even increase the psychological burdens borne by support staff. With this in mind, it is also important to find ways to provide small but steady support in the mid- to long-term periods of recovery. In either case, the fact that only six sessions were conducted severely limits the extent of conclusions that can be made. We would like to continue group-based support, and further the discussion on reducing psychological burdens in support staff in the mid- to long-term periods of recovery, and afterward as well.

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ABSTRACT

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Key words: the Great East Japan Earth quake, assistance to supporters stationed in disaster-stricken areas, group psychotherapy, mental health care activities, medium and long term support

In spite of the fact that it has now been more than four years since the Great East Japan Earthquake struck, there are still many people who have no choice but to live in temporary housing facilities. Supporters in various fields have engaged in support activities for those sufferers in the disaster stricken areas, where recovery is expected to still have a long way to go, and therefore any assistance to the supporters for the disaster victims is indispensable. Some of the supporters have been watching over and protecting the victims living in temporary housing facilities in Minamisanriku-cho, Miyagi. The author has provided assistance to those supporters through utilizing a group meeting. This paper reports on how the assistance activities for a term of supporters have developed. This approach proved that it was important to ensure a setting of reducing supporters' psychological burden where they could share their thoughts and feelings. It also showed that the support activities implemented this time over four years after the disaster was no less important than those done right after the disaster.

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* Miyagi Disaster Mental Health Care Center Note) Original text