



Free Clinical-Educational Center for Fukushima Reconstruction

# Newsletter from Heart of Fukushima

Vol.5  
June, 2016

## Urgent message about the earthquake of Kumamoto and Ooita

On April 14<sup>th</sup>, 2016, an earthquake of intensity 7 hit Kumamoto prefecture. Two weeks later, the area has broadened and after quakes over intensity 1 has counted over 900 times. I would like to express my sincerest condolences to the ones who have fallen victim to this disaster. And also to the people in relation to the affected ones and areas, my heart-felt sympathies are with you. As the effect from the images and press reports of the earthquake of Kumamoto, the hidden PTSD of the ones who experienced the Great East Japan Earthquake and Nuclear Disaster are surfacing to consciousness. It shows that the stress and trauma that has snowballed for 5 years cannot be removed so easily. At the University in Tokyo where I work, students from North East Japan and Kumamoto come to consult me one after another. The hidden impact is not exclusive to the direct land where the disaster hit. We ask for your tenacious and continuing attention and support. I would like to close this message with my deepest gratitude and thank you.

Kazunori Hashimoto, Ph.D., CGP, Director of FCECFR

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## Beyond Disillusionment

Kazunori Hashimoto, Ph.D., CGP  
Director of FCECFR

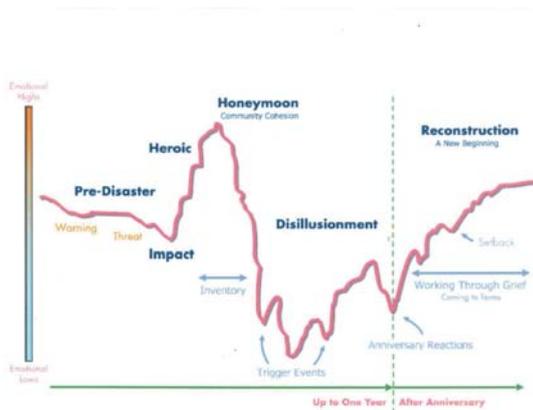
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On March 11, 2016, five years has passed from the Great East Japan Earthquake. Our center, which was established for the treatment and preventive education of the great disaster PTSD, has reached two and a half years since the launch. It was described by the mass media as the first center in Fukushima to corresponding with

PTSD. There were no such psychotherapists that could deal immediately with disaster PTSD. I myself also realized the fact in encountering this great disaster. This harsh reality is related directly with the backset of psychological recovery. Potential patients with PTSD are increasing as of this moment.

In the disaster mental health lectures in the USA, there is a figure that is inevitably used that describes the phases of recovery, by Zunin & Myers. According to them, when the community becomes disappointed with itself, environment and the country, and hits bottom (no energy emerges from the community), recovery begins.

This bottom which usually takes from one to two months to a year, is now approaching Fukushima, five years later from the disaster. This is my actual realization in clinical responding in the field. Regrettably, the support of this bottom of the affected area was too weak, and earthquake and nuclear disaster related death (direct death is 1,604) has reached 2,031 people (April 1<sup>st</sup>, 2016, Fukushima MINPO NEWS). Losing one's grip, intelligent children with strength cannot attend school, business men cannot go to work, near death from sudden illness, falling severely ill needing to be hospitalized, prolonging cold and allergy, and people healthy and sound before the disaster turning to show anti-social behaviors. I feel these occurring and spreading to almost every door in the people and families living in Fukushima.



The Phases of Recovery by California Dept. of Mental Health, 2011, adopted from Zunin & Mayers, 1990

In this heavy reality, our action for psychological recovery is still continuing. In two and a half years, over 2,000 people have accessed our center (from the report of Takada in this issue). At first not many people gathered in the center, as it is now, time for individual psychotherapy is booked full. The local mental health professionals in Fukushima were screaming from the rash of difficult cases with

complicated issues. Now, we give supervision to those professionals. Dedicated participants gather every time. Group psychotherapy for long term responding for great disaster PTSD, which we named "Pandora Group" is beginning to get on track.

Let me introduce you a case which I have permission for publication, Ms. A, a woman in her 40's. Since the Earthquake, she had problems in sleeping and taking alcohol to sleep. She started avoiding group activities and her husband scolded her for this behavior overlapping her already hurt feelings. The insomnia and amount of alcohol became out of control and she saw a psychiatrist giving her only a diagnosis of genetic bipolar disorder and medication. Her suicide ideation worsened and when something happened that made her sick of herself, she would cut her wrist as if to punish herself. She had known as a child, having a habit of "hiding in ailment" so being diagnosed as a genetic disease she felt somewhat relieved, but also her self-disgust became stronger and by an introduction from a friend she came to consult us. We began remote location psychotherapy, once a month individual psychotherapy along with telephone psychotherapy three times a month. From the earthquake her office-cum-house was half destroyed and having three children, she had a deep concern of taking refuge outside of the prefecture due to radiation damage. Her business was also impacted into a crisis of closing. This crisis of discontinuation of family business made her become aware of her death. It was her first time to safely talk about the disaster other than her family, and every time in tears, she started to discharge her trauma of fear of death she had had ever since the earthquake. From then, from the point of totally losing confidence, with the

therapist she has become to recognize her positive aspects including her ego strength. After a year, she became to be able to sleep and reduce the amount of alcohol. She stopped avoiding groups where people talk about the disaster. In other words, her hyper-arousal and avoidance symptoms had changed for the better.

After a year and a half, she began to say that, "I am better so I want to terminate the therapy". She would continue talking about what she had gained and the change in the family as she was clinging on to the good part. To the therapist noting that, "I acknowledge your improvement, yet, you still drink at night", she burst into tears. When we talked facing this, she mentioned that since the disaster her husband also drunk hard every day and would shout angrily to the family. They would tolerate this including herself and as a reward, she would drink "sake". She started afresh to tackle this problem of habitual drinking. Behind this drinking problem, there lied the issue of intimacy between her and her husband, and also it became clear that there was a trauma between the two before the disaster. In addition she worked on her trauma in growing up and in her original family. After two years, now with cooperation from her family, she is working on her husband's alcoholism, which used to make her helpless and hopeless, and her problems of intimacy.

How does this case affect you? Ms. A's clinging to her "efforts thus far" is something happening all over Fukushima. That is, the organizational resistance in order to avoid falling to the bottom of disappointment. The bottom of disappointment accompanies the fear of death. In the case of Ms. A, the family was at a critical point of losing both parents to alcoholism. You can see her path in admitting this bottom in tears and from then the

reconstruction of the family begins gradually.

Also, what you can see from this case is that not only the traumatic stress from the aftermath of the disaster but the hidden traumatic issues that had existed before is tangled in complex and composing the problem. This is the issue of Complex trauma and Complex PTSD. It is not only the case of Fukushima but in Japan, and family functions are weakened. Economy is battered. Many citizens have survived through without noticing their trauma. In the meantime the great earthquake occurred. As with this case, taking this treatment of disaster PTSD as an opportunity, many clients treat their Complex PTSD and work on the recovery of their families. In other words, through this critical moment of the disaster, there lies the chance to strengthen and sophisticate the individual and groups even more than before.

From this April, we have decided to open once a month. When we hit bottom, the energy that was used to holding on becomes free. The tension is freed. Here is the key to excavate our underlying strength. We plan to proceed with the treatment of the regular attendants and to reinforce and improve the programs. Furthermore I hope to send out what we have accomplished so far, widely. We deeply appreciate the individuals and organizations who have been with us every step of the way. I would like to express my sincere gratitude to Ms. Carolyn Treadway and Tara DeWorsop, past program director of JICUF, for supporting us in many ways from the USA including heart-warming Emails. And also would like to give my deep gratitude to Professor Li Hua in Guangzhou, China. I ask for your ongoing support and encouragement. Most of all, I hope you can share this awareness to this severe issue.

## Reflections on 9.11 and 3.11

Seth Aronson, Psy.D, CGP, FAGPA  
William Aronson White Institute

In the immediate days following the events of Sept.11, 2001, almost every mental health professional wanted to help in some way but there was little coordination of services. Gradually, organizations emerged to help with delivery of services. The American Group Psychotherapy Association partnered with The New York Times to provide outreach to those directly and indirectly affected. A group of us with experience working with children and families traveled throughout the area to speak to -and more importantly – to listen to the adults who figured prominently in the lives of children. Here are a few brief vignettes to illustrate lessons we learned:

1) Three of us traveled to a remote working class neighborhood to meet with firefighters and their families. The city's firefighters and police force were affected in that they lost many of their own who immediately raced down to the World Trade Center to help. In this small community hall, the men sat stoically, looking a bit bored, wondering why their wives had dragged them to such an evening. After all, firefighters are meant to be macho, and contain their emotional responses. They don't engage in the realm of feelings. But when the subject turned to their children and families, the men became animated, showing concern about the impact of 9.11 on their children. It became clear to us that the road to their grief, sadness and anger ran through their feelings for their children.

2) In a large auditorium, a group of us led discussions for the teachers and administrators of a school that was twenty blocks from the towers. It was clear that these people were themselves traumatized, and if they were to help the children they taught, they needed to be given

care first. We listened to their stories of that awful day, their fears and anxieties. The urgency to tell their stories and organize their own narratives was critical to their subsequently being better able to help the children they taught.

3) The New York Times ran seminars for those who worked in the arts in schools to help them become familiar with children's reactions following trauma, what was developmentally appropriate, and how to best facilitate expression of feelings about the event. We all engaged in story telling exercises, art, and even used music for expression. Many of these teachers were also working artists. They called the seminars 'cathartic', "extremely helpful". Several broke down in tears.

In visiting Japan just a few months after 3.11, I was struck by how grateful the Japanese people were for visitors. A large banner at Narita Airport thanked visitors for traveling to Japan "at this difficult time". It was evident that people need to be thought of, and know that others are holding them in mind following traumatic events and loss.

The work of my colleagues in East Japan following 3.11 uncannily reflects the work we engaged in following 9.11. It gives me some comfort to think how the similarities in our work help to create bridges between us. The innovative techniques that incorporate story making and artistic/dramatic expression echo the work done by artists and therapist in schools in 2001. The outreach and walk-in centers represent efforts to reach those who might not necessarily come to a therapist on their own, much like the firefighters we met with. And by helping to disseminate information about what to expect from children following trauma and loss, they are helping those who deal directly with children.

The chaos, despair and loss that follows trauma affects us all. We can take some small comfort in bringing to bear our knowledge, resources and altruistic selves in the hopes of helping others through the difficult events and their inevitable aftermath.

## Community Group Development of FCECFR

Tsuyoshi Takada, M.A.

The total number of participant as of February 1, 2016, is shown on the right figure. Within two and half years since its opening, the total number of participants at the center reached to 1,871. The number of individual consultation is also increasing. Besides the individual consultations, more people stop by the center and chat and join workshops to learn psychological issues. Some of them are school counselors and teachers who seek for professional clinical techniques.

It takes time to form and develop a community group consisted of the participants at the center. The beginning of its opening, 2013, we could count people who visit our center on one hand. Now about 30 people come to each opening day. Under massive disasters, people show avoidance behaviors as traumatic reactions, so advertizing does not necessary mean attracting more people to the center. For instance, those who live in temporary housings near the center never came. Almost two years has past, the number of people who come to our center has increased as the old ones introduced the new.



Ms. Fujisawa, a revitalizing town member of the FCECFR

Individual Consultation (Psychotherapy/Consultation)	144
Support Group	124
Group Psychotherapy	34
Free Group	135
Exchange Meeting	157
Revitalizing town meeting	221
Lecture	416
Work shop	481
Case Study	28
Remote Consultation	69
Visit to temporary housing	25
Study group	35
Nursery	2
<b>Total</b>	<b>1866</b>

People come to visit our center with their own purposes and wishes. But not only that. After two and half years, voluntary activities and exchanges among participants have been increasing, and here, you can find the development of the community group of the participants to the center.

Kesako Fujisawa, a citizen of Koriyama city who as a revitalizing town member of the center kindly delivers our leaflets to the temporary housings. She comes to our center to talk about how she felt a shock or difficulties upon her visits to the temporary housings. In order to organize her feelings, she talks at the center and participates in the vocal workshop. The opening day, she may visit temporary housings with other participants of our center. Now when she goes to the temporary housings, she can discuss with people who live there daily stress or something on their mind. Sometimes she is called "*Sensei* (Master)".

A story is like this. Someone found a new housing and moved out a temporary housing. He visited the temporary housing after a while, there he found that he was isolated and treated as a stranger. By observing at this, the female town revitalize staff was hurt. Behind this story, the situational difference of each individual creates envy, frustration and guilt, resulting in prevention of the group becoming coherent. This, is the dividing dynamics.



An invited lecture on PTSD at Fukushima's famous temple

More children come to our office. It has a great meaning that children get more attention from adults as local community became diluted in the modern society. While a child awaits his or her mother's session after his or her psychotherapy session finishes, the child receives other adult's attention and is taught something. Through this experience, the child can attain various adult's object figures as well as objects to identify with. The mother as she waits for her child's psychotherapy, has "jyoshi-kai (girl's gathering)" with other female participants. Naturally, the space where she can express her daily frustration and complaint is formed. At the center, the community group of participants has been developed enough to see this kind of voluntary actions. It supports the ego of the participants. Active actions are unfolding.

Next year, we plan to open only on a Saturday, once a month. Two and a half years have passed and the subject

has changed to individual and group psychotherapy as the core menu. In the meantime, the community group consisted of participants has been developing. We plan to deliver psycho-educational program intended to enable people to act hardily even in chronic stress. In the "psychoanalytic dialogue class", we discuss how the participant can respond in order to express their own feelings and thoughts by using an actual dialogue setting and by distinguishing the content and feelings in the dialogue. In "case schooling of mental consultation", case seminar is hosted for specialists and make clear a specific handling. In "invigorating cram school", through teaching children and adolescents their where they are stumbling in school work and how they can study, we try to convey the joy of learning. With these workshops as the center we hope to stimulate the development of the community group furthermore.



Psychoanalytic Dialogue Class

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