



Dislocation, Social Isolation, and the Politics of Recovery in Post-Disaster Japan

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Abstract

What happens when temporary shelters become permanent homes? What are the psychosocial impacts of prolonged dislocation, and how might these effects be mitigated through grassroots community activities? Based on fieldwork and interviews with residents in temporary housing and volunteer support groups in northeastern Japan conducted from 2014–2018, this article analyzes the ongoing challenges of delayed recovery, chronic dislocation, and social isolation among survivors of the March 11, 2011 disaster in Japan, with a particular focus on the residents of temporary facilities in Natori City, Miyagi Prefecture. I examine how the complexity of the disaster-recovery process within the local politics of the region has produced new tensions, creating a particular “zoned liminality” for displaced residents while undermining the social nexus of community relations. Then I reflect on certain challenges in treating the psychosocial trauma among survivors, and how their particular needs are addressed through new citizen-based volunteer movements offering holistic activities. These grassroots activities do not necessarily solve the breakdown of social bonds nor improve residents’ prospects of returning home. However, by alleviating survivors’ sense of social isolation and loneliness, this “humanistic” approach highlights the possibilities of participatory-style psychosocial support that goes beyond conventional biomedical services and top-down, state-driven policies.

Keywords

3.11, community mental health, dislocation, Japan, post-disaster mental health, psychosocial trauma, social isolation

Introduction

On March 11, 2011, the Great East Japan Earthquake and subsequent tsunami struck northeastern Japan, a region known as Tōhoku, ultimately resulting in 19,595 deaths (including disaster-related deaths in the following years), 6,147 injuries, and 2,539 missing persons. The devastation of the earthquake and tsunami, together with the nuclear meltdown of the Fukushima Daiichi Nuclear Reactor, also displaced around 400,000 people. In late 2018, over seven and a half years later, nearly 73,000 people were still living in prefab residential facilities or other temporary housing arrangements while waiting to move back to their previous neighborhoods, to move into new public housing, or to move away completely to start a new life elsewhere.

Given the scale of the disaster, the speed of the recovery of Tōhoku’s physical infrastructure is impressive. With over 241 communities affected spread across eight prefectures, including the destruction of over

121,000 buildings and the generation of over 20 million tons of debris, the efficiency with which utilities were restored and debris was cleared in many parts of the region has been praised around the world. For example, after the tsunami obliterated the runways at Sendai airport and sent boats, cars, and planes crashing together in a muddy maelstrom, the airport was sending out flights again in only 32 days. For many parts of Tōhoku, physical recovery came quickly and efficiently.

While such recovery has been proceeding in many areas, other areas lag far behind, especially regions

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with displaced residents who are not sure whether they can return home. This is because reconstruction of their neighborhoods largely depends on the consent of others, as reconstruction plans require a certain number of supporters (former residents) who will commit to residing there in the future. Natori City, where I conducted fieldwork from 2014 to 2018, was one such area. Located just south of Sendai in Miyagi Prefecture, it had a pre-disaster population of 73,000. The city was devastated by the tsunami that destroyed the sea wall and swept half-way through the city. It leveled the district of Yuriage, leaving only a shrine mound, a fish-cake factory, and a school building standing. 16,796 buildings were destroyed, 884 people died, and 39 people were still missing as of 2018 (Miyagi Prefectural Government (MPG), 2018). After the tsunami, one in 10 residents of Natori (over 7,000) were displaced, spread across 37 temporary housing arrangements. As of the summer of 2018, as many as 522 people still lived in the remaining three facilities.

One may wonder why these displaced residents still lived in temporary housing, or why the government allowed them to remain in this situation over seven and a half years after the disaster. Even though temporary housing is rent free and protected by the government, the buildings were built to last only for a few years, and the majority of residents had already left to start new lives. Most of those who remained in the facilities after 2014 were the socially and economically vulnerable: widows, elderly, and disabled individuals, as well as those who had been employed in fishing or agriculture and who had not been able to find reemployment. For such residents, concerns about their prospects of returning home and their uncertain future gained new intensity as they received constant reminders that they must move out and as more people around them left for new homes and new lives.

In this article, I analyze the experience of social isolation for those who remained displaced in northeastern Japan, with a particular focus on the residents of temporary facilities in Natori as of late 2018. After briefly introducing the research purpose and methodology, I review the psychological and social effects of prolonged dislocation. Then, I explain how the complexity of the disaster-recovery process within the local politics of the region has produced new tensions, creating a particular 'zoned liminality' for displaced residents while undermining the social nexus of community relations. Next, I discuss how such tensions can exacerbate survivors' feelings of loneliness and social isolation, which is infused with uncertainty about the future and increasingly tenuous dreams of returning 'home'. Lastly, I reflect on certain challenges in treating the psychosocial trauma among survivors, and how their particular needs are addressed through new

citizen-based volunteer movements offering holistic activities such as 'teatime gatherings' and 'group calisthenics'. These grassroots activities do not necessarily solve the breakdown of social bonds nor improve residents' prospects of returning home. However, by alleviating survivors' sense of social isolation and loneliness, this 'humanistic' approach highlights the possibilities of participatory-style psychosocial support that goes beyond conventional biomedical services and top-down, state-driven policies.

Research aims and methods

Since the disaster in 2011, much research has been conducted on the recovery process from infrastructural and policy-related perspectives, as well as on the physical and mental health of residents from medical and social welfare perspectives. The purpose of this research is to add longitudinal, individual-level perspectives on the long-term psychosocial effects of the disaster and recovery process through anthropological analysis of the experiences and narratives of residents and volunteers.

Building on existing surveys and analyses of post-disaster mental health in the region from medical perspectives,¹ this article uses ethnographic research collected over five years (from 2014 to 2018) to analyze the personal experiences of social isolation and loneliness of survivors who were relocated to temporary housing in the city of Natori, in Miyagi Prefecture. This fieldwork is based on participant-observation in local volunteer activities run by NPOs in the region, visits to temporary housing and informal discussions with residents, and semi-structured interviews with volunteers. Consent was obtained from all interviewees, and interviews with volunteers were audio-recorded with the participants' consent. All personal names have been anonymized.²

Results

The psychological and social effects of long-term displacement

According to the Reconstruction Agency, the number of registered 'displaced persons' (*hinansha*) from the 2011 disaster declined from 400,000 in 2011 to 73,000 in February 2018 (Reconstruction Agency, 2018).³ Between 2014 and 2018, I visited various coastal areas in Miyagi Prefecture which had been seriously affected by the tsunami. When I visited Natori in August 2016, around 2,000 people still lived in emergency housing arrangements and the eight remaining prefab temporary housing facilities (see Figure 1). As of March 2018, this number was down to 522 (262 in



Figure 1. Temporary housing in Natori, 2016 (photo by author)

prefab facilities, 260 in privately leased housing), with only three prefab facilities left (MPG, 2018). Many temporary housing facilities had been built on land leased from private owners, and as the years went by, these owners increasingly pressured the government to return the land to them, resulting in closures and continued consolidation of displaced residents into the remaining facilities. Yet while the number of displaced residents declined significantly, there are complex and sometimes tragic stories behind these numbers, in addition to continuing repercussions for those still living in ‘temporary’ conditions.

In the months and years following the disaster, there has been a growing awareness of the social and psychological needs of residents who have remained in temporary housing for extended periods of time. As Tanisho, Smith, and Murakami observed, already “one week after 3.11, newly-created mental health teams swiftly deployed psychiatrists to carry out focused short-term activities” (Tanisho, Smith, & Murakami, 2015), but these interventions have had limited long-term impact and were not well-suited to address the long-term psychological effects on the survivors nor the need to rebuild the social fabric of the shattered communities. Rather, observers noted that what was truly needed were more social workers and community outreach experts to assist victims in coping with various socio-economic stress, trauma, survivor guilt, and social isolation, all of which require sustained, long-term care (Goto & Wilson, 2003; Kato, 1998; Nakane & Nakane, 2002; Suzuki & Kim, 2012; Tsutsui, Hasegawa, Hiraga, Ishiki, & Asukai, 2014).

Residents themselves have been well aware of the long-term effects of the disaster, including the effects on their physical and mental health. Among residents, symptoms such as feeling physically weaker or general pain, sleep disorders, and depression are commonly called ‘temporary housing syndrome’ (*kasetsubyō*).

According to a doctor I spoke with who worked in the area, test results would show no abnormalities, but sufferers’ health would decline and they were beset with feelings of despondency. Symptoms could include headaches, tinnitus, stomach pains, insomnia, a reluctance to talk to others, or shutting themselves in. In the worst cases, sufferers felt the loss of a desire to live, especially among elderly; reports show that 63% of post-disaster suicides were among individuals over the age of 50 (Tanisho, Smith, Sodeoka, & Murakami, 2015, p. 2). In order to understand the ways that social and psychological factors combined to produce the kind of post-disaster suffering and symptoms seen among survivors of the disaster, especially among those who have spent extended periods of time in so-called ‘temporary’ living arrangements, it is necessary to examine the complex political, social, and personal factors that have resulted in such prolonged dislocation.

Zoned liminality: The disaster and its endless aftermath

For many survivors, the 2011 disaster was just the beginning of a protracted state of ‘chronic dislocation’, full of uncertainty, anxiety, and frustration. The devastation of the disaster itself was not just physical, but also psychological and deeply social. Similar to what has been called ‘chronic disaster syndrome’ in the aftermath of Hurricane Katrina (Adams, Hattum, & English, 2009), this ‘chronic dislocation’ is marked by “the cluster of trauma- and posttrauma-related phenomena that are at once individual, social, and political and that are associated with disaster as simultaneously causative and experiential of a chronic condition of distress in relation to displacement” (Adams, et al., 2009, p. 616). However, in contrast to the strategic exclusion of vulnerable populations and the “the

rendering invisible of the true recovery needs of communities postdisaster” found in the post-Katrina context (Adams, et al., 2009, p. 617), the complex trauma of the post-3.11 context is marked by the unintended policy outcomes of reconstruction. Instead of a ‘disaster capitalism’ aimed at eliminating unwanted social elements, post-3.11 recovery policy was much less coordinated, as it was meant to take into account the desires of citizens through ‘residents’ participatory reconstruction’ (*jūmin sankā-gata no fukkō*), yet in many areas this resulted in unexpected deadlock and protracted dislocation (Hata, 2015; Ikeda, 2013; Kawamura, 2013; Posio, 2019). As a result, many residents were trapped in what could be called a state of ‘zoned liminality’ marked by prolonged social suffering that emerged from the massive destruction of the disaster, the unintended effects of well-intentioned recovery policies, and the internal conflicts that emerged in the post-disaster communities.

In their seminal work, Kleinman and Kleinman (1994) identify two forms of social suffering: 1) suffering experienced on a massified intersubjective level, such as through natural disasters, civil wars, and refugee camps; and 2) suffering produced by and through social institutions, such as through discriminatory or stigmatizing policies and social discourse. This latter form of suffering can be either intentional, as in the Katrina case (Adams, et al., 2009), or unintentional, as in the case of the post-disaster context in Japan. Kleinman (1997) further notes that social suffering is particularly devastating in cases where the first form of disaster-caused suffering leads to the latter form of policy-produced and discursively produced social suffering. This is precisely the situation that unfolded across northeastern Japan after the 2011 disaster – a situation which has produced ‘zoned liminality’, and consequently, particular forms of social isolation.

I use the term ‘zoned liminality’ to refer to the spatiotemporal bracketing of residents’ lives, due to both bureaucratic spatial zoning of the disaster area, which affected residents’ possibilities for relocation, as well the subjective feeling of the temporal ‘zoning off’ of survivors’ experiences from the flow of time before and after the disaster. This concept borrows from Biehl’s (2004, 2013) notion of ‘zones of social abandonment’, which he describes as a “bureaucratically and relationally sanctioned register of social death” where ‘unwanted’ (i.e., socially unproductive/problematic) individuals are made into ‘unknowables’ cut off from society (Biehl, 2004, pp. 476–477).

In the temporary housing in Natori, there was a similar bureaucratic and rational dimension to residents’ zoned liminality. While residents’ evacuation was based on the actual scope of the tsunami, their relocation into temporary housing and the possibility

for them to return to their neighborhoods and rebuild were based on city and prefectural administrative decisions that were beyond their control. As Posio found in another area of Miyagi Prefecture,

The zones were regarded as discriminatory, because there is insufficient onsite financial reconstruction support. Furthermore, reconstruction in the zones is supported and regulated at different scales. This means that a neighbor on the other side of the street may face different financial and legislative difficulties to rebuild than the opposite, causing inequality within the community. (Posio, 2019, p. 53)

In Natori, certain areas were designated as zones for rebuilding private homes (where residents could return), while others were zoned for building municipal housing (where tenants were decided by lottery), and others were rezoned altogether as public land. Depending on where one originally lived, one’s possibilities for future living options were considerably constrained, which led to an additional feeling of powerlessness among residents.

Crucially, the residents of temporary housing were not actually ‘socially abandoned’ as Biehl’s informants were – they receive certain subsidies and stipends, and appear on national television specials and in memorial events. Rather, in talking with temporary housing residents and the volunteers who supported them, what was clear was that they felt like their *ongoing lives* were put ‘on hold’, and that this subjective experience produces its own kind of social suffering and social isolation. Thus, the spatial liminality was combined with a temporal liminality that made many feel cut off from the rest of society.

The liminality of their protracted ‘temporary’ life echoes Kleinman, Das, and Lock’s observation that, “survivors live in the chronological time of ordinary life experience, but they also still inhabit, and are inhabited by, durational time, a frozen time...” (Kleinman, Das, & Lock, 1997, p. XVI). In other words, the underlying issues with which many survivors struggled were tied to complex physical, social, and emotional concerns that continued to change over the years of dislocation, while at the same time making residents feel increasingly isolated and unable to move forward with their lives.⁴

Amidst this particular ‘chronic dislocation’ in northeastern Japan, what seems most critical is that many survivors’ previous lifestyles largely relied upon strong social networks and relations in the particular regions, and that the longer they have been dislocated from them, the more difficult it has become (for older residents in particular) to recreate these lost life-worlds. The disaster swept away not only their homes and

neighborhoods, but the social nexus of community relations that had existed for a long time in these areas.

As Koyama and colleagues (2014) report, much of the psychological and social stress came from the disruption of *social networks and relationships* of family and relatives, as well as close neighbors and friends (see also Masuno & Ohtsuka, 2016). This involved the dispersal of family members and the complex negotiation process among residents. Before the disaster, many families were living in multigenerational homes and neighbors had developed close community ties, with most of them living and working in the same community. After the disaster, these homes were destroyed, people were scattered, jobs were dispersed, and it became very difficult for many to continue living in close connection with their family and neighbors. This created additional burdens as residents were forced to split up, further reducing the social networks and support systems for those who were left behind – particularly the elderly, who were the least able to move and the least adaptable to relocating to other parts of Japan (see Masuno & Ohtsuka, 2016; Tanisho, Smith, & Murakami, 2015).⁵

Among the remaining residents in Natori in 2018, some were waiting for ‘disaster recovery housing’ (*saigai fukkō-jūtaku*, public apartment complexes) to be completed, others were waiting for the coastal land to be raised to a ‘safe’ height (*kasaage*) so that they could rebuild their own homes, with others still waiting for better housing opportunities to become available. Added to this tense anticipation among those remaining is the policy that once one leaves the temporary housing there is no possibility of returning. Thus, many wished to make sure that their housing options were secured before moving. Moreover, because rent-free temporary housing can reduce the economic burden for residents, many of whom were still struggling from unemployment or living on pensions, it was difficult for them to leave as casually as they might have wanted, forcing many to worry about the ‘right’ time to make the decision to leave.

The politics of sameness and difference: From solidarity to social isolation

As the various personal experiences of the 3.11 disaster reveal, the effects of the disaster throughout the region have been diverse. However, in the immediate aftermath of the disaster, the sheer chaos and scale of the event forced vastly disparate people together into emergency shelters. For a moment, it was possible to imagine a single population of victims. Indeed, many survivors residing in temporary shelters right after the disaster felt that “We are all suffering the same thing together” (*minna issho*). Many residents told me how,

once they were thrown together in the chaotic aftermath, old and even new neighbors in the shelters helped them out, by sharing materials they needed, helping to plan funerals, and receiving advice about how to care for elderly. This seeming homogenization of the disaster experience strengthened the existing relationships for many, and it also fostered new relationships among survivors.

However, visiting temporary housing in Natori between 2014 and 2018, there appeared to be changes in such human relations. As more and more people had left and a few remained, the facilities gave me an increasing impression of sheer emptiness and quietness. According to residents, some only met with and talked to others when staff from nonprofit organizations (NPOs) came to the facilities to check on them. By 2018, much of the talk among residents was about who left and who remained, leaving unsettled feelings among those who were not able to leave. A Buddhist priest, who had sheltered survivors in his temple and now worked with NPOs visiting the temporary facilities, recognized this change among residents. He explained:

The idea of “We are all suffering the same thing together” lasted for maybe a year or less. In fact, the disaster affected everyone so differently, and everyone was really disparate, but they just didn’t know it yet. But later, as the recovery process proceeded and gradually some left the shelters or left Tōhoku entirely, people realized this. As the recovery proceeds, preexisting issues, such as those who have no family to rely on, along with the new conditions for post-disaster widows and widowers, all came to be expressed more starkly.

The problems that emerged from these regional conditions were entangled with political, interpersonal, and psychological divisions, which continued to grow deeper in the years after the disaster. From the moment of the disaster, people were affected differently all across the region. Some communities were wiped out completely; others just across a jetty lost nothing. Some families had no survivors; others had no casualties; in others, only one survived. Some fled to safety while their houses were swept away; others lost their place of work; still others suffered only minor earthquake or flood damage. In short, the disaster hit everyone differently. And yet, in the evacuation shelters and later temporary shelters, survivors with very different experiences were put side-by-side.

In analyzing the local politics of the region, Kelly notes that “Tohoku was *already* challenged by a fragile economy of farming, fishing, and subcontractor factories, and by a population declining in numbers and aging in composition” (Kelly, 2012, p. 1). In this

sense, the disaster was like a massive shake-up of the region, and the recovery process has been like a sifting-board: once the debris from the disaster itself was cleared, what is left are the underlying, pre-3.11 problems, alongside new situations created through the disaster and its aftermath. In response to the massive destruction, the process of recovery in “post-3.11” Japan has produced a master-narrative of “Japan’s Recovery,” variously phrased in slogans like ‘United We Stand’ (*Ganbarō Nippon*) and ‘Social Bonds’ (*Kizuna*), which indeed inspired many citizens. At temporary housing facilities in 2018, one could still see many banners with these slogans decorating the walls (Figure 2). While generating a certain sense of solidarity, these slogans belie the internal divisions in the communities.

The diversity of disaster experiences lying underneath these slogans as well as within the homogenizing label of ‘disaster victim’ (*hisaisha*) and ‘disaster area’ (*hisaichi*) has had complicated effects on survivors. This is partly related to how individuals in Japan are socialized to be highly sensitive to contexts and derive a high degree of both support and stress from social relationships. In the case of disaster contexts, this dynamic can have both enabling and constraining effects. In her study of ‘care for the mind’ for disaster victims in Japan, Yamaguchi notes: “In disaster response in particular, social capital that enhances community solidarity and social cohesion plays a significant role in coping with collective trauma in a relationship-oriented cultural context” (Yamaguchi, 2017, p. 5). This view of the connection of the self to society has been called a “consciously socio-centric self”, as opposed to the

Western “ego-centric self” that treats individuals as independent and self-contained (Lebra, 1982; see also Kirmayer, 2002, p. 306), and there is a high sensitivity to social contexts and desire for social inclusion within this relation-oriented sense of self.⁶

In the immediate aftermath of the disaster, such cohesiveness and social inclusion among survivors could be empowering and supporting, as a ‘politics of sameness’ facilitated a feeling that ‘we are all suffering the same thing together’. This was further bolstered by the national narratives of ‘social bonds’ (*kizuna*) that were constantly intoned in the media. However, in the subsequent years, as the differences among survivors grew starker, the fissures in this veneer of ‘sameness’ grew clearer. As Yamaguchi warns, the expressions of self-consciousness and personal trauma “may remain private by way of using self-containment as a coping mechanism” (Yamaguchi, 2017, p. 6) rather than seeking for help from others (either in the form of reaching out to family or to medical specialists). This conscious self-containment of suffering and discontent fueled the growing sense of social isolation among residents of temporary housing as years dragged on, and this became further exacerbated by political divisions among survivors.

The deadlock of ‘participatory recovery’

Despite their desire to leave the temporary residences and restart their ‘real’ lives, many remaining residents, especially the elderly and those who wished to return to their original communities, could not take explicit actions for rebuilding. Instead, they were forced to *quietly wait* as their prospects of returning home largely



Figure 2. Banners in temporary housing (photo by author)

depended on the choices of others. This deadlock is partly due to the policy of ‘residents’ participatory recovery’ (*jūminsanka no fukkō*), which was designed to include community voices in the recovery plans. In order to gain government approval for rebuilding the region, local governments need a certain threshold of residents’ support and willingness to return home. Originally, many citizens wanted to return to their original land, but as the reconstruction took longer and people needed to find work, many of them moved out of the region. This made the issues of the aging population and depopulation more serious, as more than 70% of those who left were under 30 years old (MIAC, 2017), leaving mostly elderly residents who wished merely to rebuild their lives in their old communities.

Specifically, as of 2017, 40.9% of the remaining residents in temporary facilities were over 65 years old, and 22.3% of households consisted of a single elderly person living alone (Miyagi Health and Welfare Department, 2017). Masuno and Ohtsuki (2016) note that many elderly male residents were closely tied to their previous neighborhood in term of both work and life, being engaged in fishery and farming, while elderly female residents were mostly widows who had been supported by their long-standing neighborhood relations. The loss of their homes, neighborhoods, and livelihood is especially demoralizing for these residents who cannot imagine a future without the previous neighborhood and work relations, and who thus wish to restore as much of the old neighborhood structure as possible. In regions like Natori, this led to deadlock between those who decided to move away, those who wanted to return, those who wanted to wait until new safety measures were guaranteed, and a lack of agreement on reconstruction plans between residents, local politicians, and state policy. By 2018, I was told that only about 2,000 of the original 7,000 residents of the destroyed Yuriage district still planned on returning.⁷

Compounding their political dissatisfaction were socio-economically driven feelings of unfairness, specifically about how the new zoning plans would buy up property from some residents at a premium, while others’ whose houses had been just across the street were in a different zone and not purchasable. This meant that many were left with property that they could neither sell nor live on because of the lack of reconstruction progress, which created new economic divisions within the community.⁸

Despite the fact that many residents in some ways ‘chose’ to stay in temporary housing, two years seemed to be the limit of their patience. Some told me that “everything changed after two years”, adding, that they “could manage it for two years after the disaster,

but the third year is particularly difficult”. Others explained: “...there is a limit to temporary housing life and it is only two years, as even good relationships started to dissolve.” With decreasing numbers of events in communal spaces and declining volunteer-driven support activities, residents started shutting themselves in and stopped socializing. Indeed, the visits by volunteers became the main opportunities for many residents to leave their homes and gather together.

In the midst of this, some residents began quietly buying and building homes outside of the area without telling their fellow residents, only to suddenly disappear with all of their belongings one morning to leave for their new homes. Several residents explained to me how shocked they were to wake up and find their neighbors gone, and this plagued many with a feeling of being abandoned. For their part, residents who left in such a surreptitious way confessed to me that they felt too guilty to tell others that they had decided to move away, especially as they could not return to their home communities as they had originally intended. Altogether, the combined effects of the prolonged stay in this ‘temporary’ liminal state, the difficulties of not being able to make tangible plans for the future, and the feeling of being ‘betrayed’ by fellow residents accelerated physical as well as social isolation among residents.

Social isolation in a zone of liminality

In talking with residents and volunteers, it seemed that the chronic dislocation of survivors living in temporary residences created a specific kind social isolation. As explained earlier, immediately after the disaster, the majority of temporary housing residents were more or less united by the dream to “return home someday”. Yet, as the chance of “returning home” to the same kind of pre-disaster community grew slim, the remaining residents felt increasingly disconsolate.

The social isolation caused by this chronic dislocation has been a constant struggle for the elderly in particular. As several studies have shown, dislocated from the physical and social spaces of their local communities, many elderly persons in temporary housing stopped going outside and their physical and psychological health began to decline (Masuno & Ohtsuki, 2016; Tomata et al., 2015). The impact on single and widowed elderly survivors has been particularly acute. According to residents and volunteers, before the disaster, many of the single elderly in Yuriage had maintained social connections with their elderly neighbors by visiting each other at their homes for chats over tea. After the disaster, the evacuation to temporary shelters, relocation to prefab facilities, and then relocation again

to other temporary housing could take away the last remnant of security and stability, sometimes triggering dementia.

The acute sense of uncertainty and loneliness for elderly became clear to me during a visit in July 2018 to one of the three remaining temporary housing facilities in the outskirts of Natori. Home to over 180 households several years earlier, by the summer of 2018 it was virtually a ghost town. On the one hand, this was a visible marker of success in the resettlement of evacuees. On the other hand, for those who remained it was an even sharper reminder of being left behind.

During my visit with a local volunteer group, I met a 62-year-old man from Yuriage, Tanaka-san, who had escaped the disaster by following a tsunami alarm and fleeing to the designated evacuation area. However, he lost his house and his job in a fishery factory. He explained: “I can’t sell my land to the government or to businesses, because it is out of the planned development area, but I can’t build on it and live there either, because the infrastructure has not been restored. So instead I am left with loans and taxes for land and property that I can’t use. As a result, I can’t escape my old debts, let alone start a new life.” Stressed and frustrated, he also lost the desire to relate with others. Faced with such ‘zoned liminality’, Tanaka-san could neither return nor rebuild, and with outstanding loans for his house and car, he was not sure how to restart his life.

Another man, Aoki-san, was 91 and lived alone in a temporary residential unit. Predeceased by his wife and with a son living in another city, he had been living alone in Yuriage at the time of the tsunami. His house was in the direct path of the tsunami, but he had followed the tsunami warnings and had fled to the third floor of an elementary school nearby, where he waited out the flood. As with nearly all of the houses in Yuriage, his home was completely swept away. Since 2011, he had moved from an evacuation shelter to a temporary housing facility, and then to another temporary housing facility once the previous one was closed. When I met him in July 2018, he had just moved again to the present facility after the announcement that the previous facility would be closing down at the end of December 2018. Despite the fact that his neighborhood was completely swept away by the tsunami, Aoki-san affirmed that he wanted to go “back home” and rebuild his house there.

His story of moving multiple times while waiting for a ‘permanent’ home was a common one. In his case, he was one of the small number of residents who made his dream to rebuild a house in Yuriage come true, and was waiting for it to be finished in Fall 2018. He was economically more secure than most evacuees, in that he had a good pension from working as a public

servant and he also received social security for a work-related disability. And yet, Aoki-san was quite lonely. As we chatted, he confessed that there were many days where he did not speak a single word to anyone. “Things were better at the other facilities,” he reflected:

This place [the current residence facility] is no good. There is no staff at the community center on weekends. There is no one to talk to. . . In the previous facilities, they had a table set up at the community center. You could just drop in talk with the community center staff or the other people there.

For Aoki-san, he had been uprooted from local communities four times – from his home, from the evacuation shelter, and then from two other temporary housing facilities. This time, moving to the new facility not only meant that he lost the connections with his previous co-residents, but he also lost the stability and security of knowing that there was a place he could go to be with others.

Indeed, Aoki-san was one of only a few men left in the temporary facilities by 2018, and he felt it difficult to join the almost entirely female activities at the community center. He would often come to events but sit alone in a corner and leave without talking to anyone. He used to occasionally take a walk around the home goods store across the street from the facility, but he became sensitive to the eyes of the employees, and worried that he would be mistaken for an “elderly shop-lifter” – “You hear a lot of stories about them these days,” he explained – and he also worried that his presence was a disruption to their business, since he did not buy anything. As a result of his discomfort in joining female-dominated activities at the facility and his fear of being seen as a vagrant or criminal in the community, he closed himself up and spent many days without human interaction.

Tanaka-san’s and Aoki-san’s distress was unfortunately typical for elderly male residents of these temporary housing facilities. Their experience of loneliness was a kind of self-reinforced feeling of alienation from co-residents and from society more broadly. Uprooted and living alone, they were separated from their communities, and combined with repeated relocations since 2011, they hoped for some place to feel comfortable and safe, where they could be with and recognized by others.

As a long-term local volunteer explained, after losing their job, their home, and loved ones simultaneously, many survivors felt alienated and isolated by not having anything to do with themselves day in and day out. Sasaki-san, a man in his 60s who was living in temporary housing in 2016, was one such survivor.

Diagnosed with 'temporary housing syndrome', he began taking sleeping pills as well as anti-depressants twice a day. Many residents were like Sasaki-san and were confronted with psychological and psychosocial problems which seemed to combine both PTSD-like symptoms as well as novel forms of despondency and dissociation.

Casual care for chronic dislocation: Social healing for social suffering

Social isolation among the elderly is not limited to the post-disaster context of Japan, and indeed, it is a common issue facing the elderly around the world. In Japan, social isolation has also been widely studied among other social groups, including cases of internet suicide and social withdrawal (*hikikomori*) among youth. While radically different in context, this literature resonates with the experience of disaster-dislocated elderly by offering insight into the relationship between social isolation and feelings of existential suffering. For instance, Ozawa-de Silva's (2008, pp. 519–20) study on collective internet suicide chatrooms reveals that even when individuals have tangible social networks (families or communities), they can suffer "a loss of the 'worth of living'". This can trigger a profound loneliness and social isolation, which simultaneously pushes them to seek out social bonds by connecting with others through the internet when confronting the possibility of dying.

A similar fear, not so much of dying alone but a fear of 'being left behind' or 'feeling increasingly disconnected', has been a deep concern among elderly residents of temporary housing as well.⁹ In talking with residents as well as volunteers who supported them, I learned how many residents felt socially isolated and disconnected due to their living situation; yet at the same time, they further self-consciously withdrew from social activities due to feelings of being a burden on family or the community. Ultimately, like with Aoki-san mentioned above, many felt paralyzed in a state of self-imposed isolation while yearning for social connections.¹⁰

Teatime gatherings and group calisthenics: Social healing by and for survivors

It was thus in response to the diverse and widespread suffering and isolation among survivors that local residents joined with social workers, mental health professionals, religious workers, and volunteers from community-based NPOs in order to address the complex needs for physical, social, and psychological support on a community-level basis through socially-directed activities.¹¹ Aside from psychological

counseling and medical treatments by professionals, residents and volunteer groups also developed more socially inclusive activities such as various kinds of 'teatime gatherings' (*ochakai*) and 'group calisthenics' (*rajio taisō*, literally 'radio calisthenics') in order to create casual spaces for people to come out of their residential units and participate together.

While such mundane activities may at first seem to be relatively useless in the face of mass trauma and dislocation, they could in fact offer meaningful support for ameliorating the social isolation and loneliness of residents. 'Teatime gatherings' were one of the most common activities led by volunteers and were very popular among residents. In Natori, where I frequently participated in these events, volunteer groups would set up tables, snacks, and tea in the community room of temporary housing facilities. The community room calendars had these days marked in bold, and inevitably an eager group of elderly residents would come out to gather around over tea to chat. Conversations usually began in small groups around the tables, but as time went on, they became one-on-one private chats between volunteers and residents. Sometimes, volunteers would listen to individual residents' concerns about their fears and needs. Other times, residents would suddenly open up about the disaster and lost loved ones. Oftentimes, residents' conversations would go back and forth between their memories of their old neighborhood, stories of their children who lived in cities far away, and hopes to someday return to a rebuilt and revitalized Yuriage.

According to residents and volunteers, what made 'teatime gatherings' so popular was the familiarity of the practice, which residents had done in their old neighborhood, and the casual atmosphere, which enabled people to talk freely. Viewed in this light, rather than focusing on disaster-related trauma or psychological illness, the casual yet communal atmosphere facilitated by 'teatime gathering' activities can help prevent survivors from feeling disconnected from others and from society.

Another popular activity among the residents was 'group calisthenics'. This was initiated by residents of temporary housing facilities in response to the increasing number of elderly persons who started shutting themselves in and developed various physical problems. Group calisthenics are broadcast every morning on TV by the national broadcaster NHK. They are regularly practiced by schoolchildren and in many companies, and therefore many people are familiar with them and know how to do them. Residents explained that, because there was no need for an instructor or learning a new routine, they can easily join and do it by themselves. Moreover, as calisthenics are physical and a standard part of many company

routines, I was told that it was also easy for men to join (as opposed to the talk-oriented ‘teatime gatherings’).

When I joined one session in August 2014, a group of 10 elderly residents chatted amicably as they set up the stereo for their own customized version of ‘group calisthenics’ recorded in their local dialect, Tōhokuben. As they stretched and chanted in synch with the home-made recording, they looked lively and invigorated. Suzuki-san, the 68-year-old man who had brought the portable stereo, explained that they had started gathering several times a week as a way to get people out of their individual housing units to “get to know each other’s faces”, as well as to “prevent senility” (*boke bōshi*). Watching the participants focused on the movements and chanting along with the cassette recording, and watching them socialize before and after the exercises, it was clear that these small activities were vital to build a sense of community and camaraderie even for a short period, while also serving the purpose of motivating the residents to come out and care about each other.

The Tanakas, a couple in their late 60s, told me how they slept better after joining these activities. They also enjoyed meeting new friends through the activity and felt “more connected” as part of a community within the temporary housing complex. Another important feature of this practice was that it was often followed by ‘teatime gatherings’, thus serving as a bridge to encourage elderly men to join the usually female-dominated teatime socializing. Organizers explained that their goal for ‘teatime gatherings’ and ‘group calisthenics’ was to offer a space for responding to the range of needs of residents in a holistic way that alleviated the multidimensional psychological, psychosomatic, and existential suffering of survivors that went beyond conventional clinical treatments.

Here, it is important to describe the volunteers. The majority were residents from the area who themselves had been affected by the disaster in losing family or homes. They described themselves as “victims of the disaster” (*hisaisha*) or “persons directly involved” (*tōjisha*) who wanted to support others who had suffered like them. Oftentimes, these volunteers were housewives or retired men and women who felt that they had no skills to offer except for their ability to lend an ear to the survivors.

The participation of fellow survivors in such activities speaks to a recent emphasis on the healing power of relationships (e.g., Edwards et al., 2010) and to the primacy of mutual recognition – the “basic affiliative need” (Rochat, 2009)—in coming to terms with trauma and suffering (see also Matsuyama et al., 2016). The participation of volunteers who were themselves survivors helps to create a space of communal healing, which is premised on an egalitarian form of social

healing among *tōjisha* (e.g., Yatuzuka & Nagata, 2012). The power of *tōjisha* in connecting with others is a common theme in counseling, therapy, and support groups in Japan (see Oishi, Kido, Hayashi, & Inanaga, 2007): people feel more comfortable and open with someone whom they feel has also suffered, but not necessarily suffered more; the shared ground of empathic solidarity becomes the foundation of a trust relationship.

Crucially, in the Japanese context, these relationships can be most effective when individuals share experiences but do not have direct social ties to each other. Ozawa-de Silva notes that in Internet suicide chatrooms, the combination of sociality and anonymity can be liberating, where “a stranger may act as a tool to create a form of quasi-community, but without the emotional trappings that inevitably accompany a relationship with someone one knows better” (Ozawa-de Silva, 2008, p. 537). Hence, to participate in such casual ‘teatime gatherings’ or ‘group calisthenics’ with a group of sympathetic quasi-strangers can initiate and facilitate mutual recognition that is simultaneously free from other entailments.

Conclusion

The popularity and apparent effectiveness of mundane activities like ‘teatime gatherings’ and ‘group calisthenics’ raises important questions about how social suffering among disaster survivors must be understood within a framework of both sociality and psychology. If the goal of aiding survivors is to help them recreate livable lives, then this must take into account how their sense of selfhood as survivors is reconstructed, while also taking into account their pre-disaster lives and post-disaster desires. As scholars of Japan have shown, selfhood must be understood in a relational way, which changes depending on one’s social context as well as across one’s life course (e.g., Kirmayer, 2002, p. 306; Lebra, 1982; White, 1993). Instead of insisting that survivors ‘recover’ some sense of self that they have lost, as in conventional psychotherapies, these familiar, casual activities can encourage individuals to ‘remake’ themselves by and through participation in social contexts.

Volunteers who had clinical training and religious workers who were trained in hospice care often compared this ‘naturalistic’ and ‘humanistic’ dimension of psychosocial care with the compartmentalized and depersonalized nature of clinical psychiatric care.¹² In clinical settings, they told me, trauma is reduced to a range of symptoms to treat, and the sufferer is pathologized as a patient. Moreover, as one volunteer explained, the very experience of the ‘therapeutic encounter’ with a clinical specialist can put sufferers

on edge and make them see themselves as ‘sick’. As a result, individuals end up unconsciously somatizing themselves, i.e., talking only about physical symptoms, and are not willing or able to open up about underlying sources of stress such as social tensions, loneliness, or grief about loved ones who died (e.g., Goto & Wilson, 2003, p. 205; Kouno, Makishima, Numata, & Sugawara, 1998).

In these ways, the less institutionalized and more casual opportunities, such as participation in familiar social activities, can spur residents to become more proactive in reconnecting and recreating social bonds. By extension, such activities can be more comforting and psychologically reparative to survivors than the analyst’s couch. Moreover, for such individuals, this recovery does not require explicit *verbalization* of trauma narratives in a clinical setting, but rather *physical participation* with one’s peers.

Ultimately, addressing the complex effects of disasters and recovery processes is a long-term task that requires sensitivity to the cultural and social conditions both before and after the disaster. In the Japanese context, the socially-directed support activities led by local volunteers reveals how the particular kind of social isolation and concomitant psychological effects for elderly survivors in particular may be mitigated through egalitarian and non-professional, peer-based activities, which can create a space of empowerment through social participation and mutual recognition. Precisely because these activities are free from other restrictive social entailments, such as family, neighborhood, or work relations, as well from stigmatizing and constricting categories of medical treatment, they can become an empowering force for individuals. Furthermore, this combination of sociality and anonymity can be liberating, offering a space for humanistic recognition and empathy that is rooted in shared experience rather than particularized trauma. In this way, rather than psychological rehabilitation leading to social reconnection, *social rehabilitation* can lead to psychological recovery, facilitating survivors’ own agency in recovery and creating new pathways towards mitigating social isolation.

Acknowledgments

I would like to thank all of the volunteers who let me join them in their activities in Northeastern Japan, and to all of the residents of the temporary housing facilities in Natori who shared their time and their thoughts with me. I would also like to thank Takahashi Hara and Taniyama Yōzō at Tohoku University for their support and guidance, as well as Kaneta Taiō, The Nishi-Honganji Tohoku District Disaster Volunteer Center, and the Sendai Active Listening Association. Lastly, I would like to thank Chika Watanabe, Chikako Ozawa-de Silva, and Michelle Parsons for their

comments on earlier drafts, as well as the anonymous reviewers and the editors of *Transcultural Psychiatry* for their helpful comments and suggestions.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was funded by the Japan Society for the Promotion of Sciences, Grants-in-Aid for Young Researchers (B) (Project #26770297), Waseda University Grant for Special Research Projects (Project #2013A-960), and the German Institute for Japanese Studies (DIJ-Tokyo).

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Notes

1. I draw from the various studies on the long-term conditions of survivors by Koyama et al., 2014; Matsuyama et al., 2016; Matsuno & Ohtsuka, 2016; Tanisho, Smith, & Murakami, 2015; Tanisho et al., 2015; Tomata et al., 2015; and Tsutsui et al., 2014.
2. Ethical approval for this research was obtained from Waseda University’s Office of Research Ethics, Project Number 2013-223.
3. While this reflects the broad success in resettlement and recovery, these numbers do not include those who are classified as ‘voluntary evacuees’ (*jishu hinansha*) who left their homes due to radiation fears (Harada & Nishikido, 2017), as well as those whose homes are technically in ‘livable’ areas, but which have limited access to public infrastructure due to delayed reconstruction. Moreover, these statistics do not include the number of evacuees who have died while living in these temporary homes, estimated at 1,463 as of March 2017 (Mainichi Shinbun, 2017), including at least 213 documented suicides (MHLW, 2018).
4. Likewise, the author Yū Miri, who conducted interviews with survivors, noted that many of them “displayed a clear perception of 3.11 as a ‘rift in time’, which irrevocably separated them from their life *before*. Four and a half years into [her interview] program, Yū stated that the continued exposure to disaster narratives had altered her perception of time, and had given her the strange feeling that it stood still” (Iwata-Weickgennant, 2019, pp. 3–4).
5. One of the particular characteristics of this ‘chronic displacement’ has been the repeated displacement of evacuees from devastated homes, to evacuation shelters, to temporary residence facilities. A 2016 Japan Broadcasting Corporation (NHK) survey revealed that 69.7% of evacuees from Fukushima, Miyagi, and Iwate prefectures had

- already moved three or more times (with 50% of evacuees from Fukushima prefecture having moved five or more times) (NHK, 2016). These repeated moves further prevented evacuees from establishing any sort of stable community and social network, let alone a grounded sense of their future lives.
6. Yamaguchi further argues that in Japan the “relation-oriented concept of self emphasizes cohesiveness and social inclusion by discouraging individuals from being different to other people: human differences and distress consequently become potentially manageable and containable through self-discipline and support from family and others in the social group” (Yamaguchi, 2015, p. 5; see also Borovoy, 2008, p. 559).
 7. Although mostly overlooked by national media, the complexity of recovery has thus also produced political divisions. Already during one visit to Natori in March 2014, I learned about the political division between the hardest-hit district, Yuriage, and the more-or-less unscathed regions of inland Natori. Residents of the latter supported the mayor’s plans for reconstruction, but the displaced Yuriage residents felt the mayor’s plan ignored important safety issues; it was also revealed that he had manipulated survey data. As of 2015, less than 25% of displaced residents wished to return to Yuriage under the mayor’s plan, suggesting a steady decline from a high of 34.1% in the first poll taken in 2012. As a result, nothing could move forward, and residents were paralyzed – some wanted to move out but could not afford it; some wanted to move back, but couldn’t because the recovery plan was stalled; and others simply wanted to stay in the temporary facilities as long as possible.
 8. For a similar case in Miyagi Prefecture, see also Posio (2019).
 9. This is not to say that ‘lonely deaths’ (*kodokushi*) were not a problem in the aftermath of 3.11, but rather this did not emerge as a voiced fear among survivors I talked with. There were several cases in Natori of residents dying alone and being discovered only several days or more later, and this was frequently framed as a community concern by local welfare offices, and one of the reasons for increasing community activities. (On discourses of *kodokushi* among elderly, see Dahl, 2020.)
 10. The recent focus on psychosocial problems such as *hikikomori* also draws attention to the impact of individuals’ hypersensitivity to the social world, which can paralyze individuals and disenable them to function normally in society (e.g., Borovoy, 2008; Teo, 2013). Here, the social world can be a trigger to cause mental health problems. Interestingly, elderly residents of temporary housing are the opposite of such *hikikomori*, who try to disassociate themselves from others in order to heal themselves by escaping from social pressures. In contrast, many elderly residents in northeastern Japan are painfully yearning to find a way to reengage with society, even as their chances and hopes of “returning home” grow thin. And indeed, social engagement is one way to heal their physical and mental disconnection. More broadly, ‘social inclusion’ of elderly residents has also been taken up as a key component of the new Community-based Integrated Care System model of local welfare in Japan (see Dahl, 2018).
 11. For another example of psychosocial volunteer activities by religious professionals, see Benedict (2016)’s study of heart care in post-disaster contexts in Japan.
 12. See also Benedict (2018)’s study of spiritual care in hospices performed by religious professionals in Japan.

References

- Adams, V., Van Hattum, T., & English, D. (2009). Chronic disaster syndrome: Displacement, disaster capitalism, and the eviction of the poor from New Orleans. *American Ethnologist*, 36(4), 615–636.
- Benedict, T. O. (2016). Heart care in Japan: Before and after the 1995 Great Hanshin-Awaji Earthquake. *Inochi no Mirai: The Future of Life*, 1, 147–169.
- Benedict, T. O. (2018). Practicing spiritual care in the Japanese hospice. *Japanese Journal of Religious Studies*, 45(1), 175–213.
- Biehl, J. (2004). Life of the mind: The interface of psychopharmaceuticals, domestic economies, and social abandonment. *American Ethnologist*, 31(4), 475–496.
- Biehl, J. (2013). *Vita: Life in a zone of social abandonment*. Berkeley, CA: University of California Press.
- Borovoy, A. (2008). Japan’s hidden youths: Mainstreaming the emotionally distressed in Japan. *Culture, Medicine, and Psychiatry*, 32(4), 552–576.
- Dahl, N. (2018). Social inclusion of senior citizens in Japan: An investigation into the “community-based integrated care system”. *Contemporary Japan*, 30(1), 43–59.
- Dahl, N. (2020). Governing through kodokushi. Japan’s lonely deaths and their impact on community self-government. *Contemporary Japan*, 32(1), 83–102.
- Edwards, A., Pang, N., Shiu, V., & Chan, C. (2010). The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: A meta-study of qualitative research. *Palliative Medicine*, 24(8), 753–770.
- Goto, T., & Wilson, J. (2003). A review of the history of traumatic stress studies in Japan from traumatic neurosis to PTSD. *Trauma, Violence, & Abuse*, 4(3), 195–209.
- Harada, S. & Nishikido, M. (2017). *Higashinihon daishinsai/ Fukushima genpatsujiko kara 7nen wo mukaeta kōikihinan no genjō to kadai* [The status and issues of wide-area evacuation from the Great East Japan Earthquake and Fukushima Nuclear Disaster]. *Rikkyo University Komuniti Fukushi Kenkyūkiyō*, 5, 51–67.
- Hata, N. (2015). *Saigai fukkō ni okeru jūmin sankā no purosesu ni kansuru kōsatsu* [Process of residents’ participation in disaster recovery]. *Kankyōkyōiku*, 25(2), 3–15.
- Ikeda, H. (2013). *Ōfunato-shi Sanriku-chō Ryōri chūku ni okeru fukkō machizukuri keikaku no sakusei purosesu to bōsai-men deno seika* [The process and disaster prevention results of the reconstruction town-building plans in the Ōfunato City Sanriku-chō Ryōri area]. *Kenchikuzasshi*, 128(1651), 2–3.
- Iwata-Weickgennant, K. (2019). The roads to disaster, or rewriting history from the margins – Yū Miri’s JR Ueno

- Station Park exit. *Contemporary Japan*, 31(2), 180–196. DOI: 10.1080/18692729.2019.1578848
- Kato, H. (1998). Posttraumatic symptoms among victims of the Great Hanshin–Awaji Earthquake in Japan. *Psychiatry and Clinical Neurosciences*, 52, S18–S24.
- Kawamura, K. (2013). *Hisaichi ni okeru jūmin sankā: hisaichi no chōsakekkakara* [Resident participation in disaster areas: Survey results]. *Yokohama City University Ronsō: Shakaikagaku Keiretsu*, 64(2), 59–81.
- Kelly, W. (2012). Tohoku's futures: Predicting outcomes or imagining possibilities. *The Asia-Pacific Focus*, 10(10-2), 1–6.
- Kirmayer, L.J. (2002). Psychopharmacology in a globalizing world: The use of antidepressants in Japan. *Transcultural Psychiatry*, 39(3), 295–322.
- Kleinman, A. (1997). Everything that really matters: Social suffering, subjectivity, and the remaking of human experience in a disordering world. *The Harvard Theological Review*, 90(3), 313–335.
- Kleinman, A., Das, V., & Lock, M. (1997). *Social suffering*. Berkeley, CA: University of California Press.
- Kleinman, A. & Kleinman, J. (1994). How bodies remember: Social memory and bodily experience of criticism, resistance, and delegitimation following China's cultural revolution. *New Literary History*, 25(3), 707–723.
- Kouno, M., Makishima, T., Numata, T., & Sugawara, K. (1998). *A guidebook for mental care*. Tokyo: Japan Red Cross.
- Koyama, S., Aida, J., Kawachi, I., Kondo, N., Subramanian, S.V., Ito, K., Kobashi, G., ... & Osaka, K. (2014). Social support improves mental health among the victims relocated to temporary housing following the Great East Japan Earthquake and Tsunami. *The Tohoku Journal of Experimental Medicine*, 234(3), 241–247.
- Lebra, T. S. (1982). *Japanese patterns of behavior*. Honolulu: University of Hawaii Press.
- Masuno, K., & Ohtsuka, R. (2016). *Kasetsu jūtaku ni okeru shakaiteki koritsu to seishin hoken* [Social isolation and mental health among disaster survivors living in prefabricated temporary housing]. *Gakuen*, 914, 28–37.
- Mainichi Shinbun. (2017, March 10). *Daishinsai 6nen: kasetsu jūtaku de shibō 31shichōnde kei 1463 nin* [Disaster 6 years on: Number of dead in temporary housing in 31 municipalities reaches 1463 people]. Retrieved from <https://mainichi.jp/articles/20170311/k00/00m/040/086000c>
- Matsuyama, Y., Aida, J., Hase, A., Sato, Y., Koyama, S., Tsuboya, T., & Osaka, K. (2016). Do community- and individual-level social relationships contribute to the mental health of disaster survivors? A multilevel prospective study after the Great East Japan Earthquake. *Social Science & Medicine*, 151, 187–195.
- MHLW (Ministry of Health, Labor and Welfare). (2018). *Higashinihon daishinsai ni kanrensuru jisatsushasū* [Number of suicides related to Great East Japan Earthquake]. Tokyo: Suicide Prevention Office.
- MIAC (Ministry of Internal Affairs and Communication). 2017. *Jūmin kihondaichō jinkōidō hōkoku 2017nen kekka* [Results of 2017 report of residential registry population movement]. Retrieved from: <http://www.stat.go.jp/data/idou/2017np/kihon/youyaku/index.html>
- Miyagi Health and Welfare Department. 2017. *Ōkyū kasetujūtaku (purehabu) nyūkyōsha kenkōchōsa hōkokusho* [Emergency temporary housing (prefab) resident health survey report]. Miyagi Prefecture: Health and Welfare Department.
- MPG (Miyagi Prefectural Government). (2018). *Ōkyū kasetujūtaku no nyūkyō jōkyō* [Occupancy status of emergency temporary housing]. Miyagi Prefecture: Health Welfare Department, Disaster Support Office.
- Nakane, Y., & Nakane, H. (2002). Classification systems for psychiatric diseases currently used in Japan. *Psychopathology*, 35(2-3), 191–194.
- Oishi, Y., Kido, K., Hayashi, N., & Inanaga, T. (2007). Piasapōto/piakaunseringu ni okeru bunken tenbō [Peer support and peer counseling: A review of the literature]. *Yamaguchi Prefectural University Shakaifukushi Gakubu Kiyō*, 13, 107–121.
- Ozawa-de Silva, C. (2008). Too lonely to die alone: Internet suicide pacts and existential suffering in Japan. *Culture, Medicine and Psychiatry*, 32, 516–551.
- Posio, P. (2019). Reconstruction machizukuri and negotiating safety in post-3.11 community recovery in Yamamoto. *Contemporary Japan*, 31(1), 40–60.
- NHK (Japan National Broadcasting Agency). (2016). *Higashinihon Daishinsai 5nen: hisaisha 1000nin ankēto* [The Great East Japan Earthquake 5 years on: Survey of 1000 survivors]. Retrieved from <https://www.nhk.or.jp/d-navi/link/shinsai5/> [last accessed: May 28, 2018].
- Reconstruction Agency (Fukkōchō). (2018). *Zenkoku hinanshasū* [National evacuee statistics]. Tokyo: Reconstruction Agency, Victim Support Office.
- Rochat, P. (2009). Commentary: Mutual recognition as a foundation of sociality and social comfort. In T. Striano and V. Reid (Eds.), *Social cognition: Development, neuroscience, and autism* (pp. 303–317). Malden, MA: Blackwell.
- Suzuki, Y., & Kim, Y. (2012). The Great East Japan Earthquake in 2011: Toward sustainable mental health care system. *Epidemiology and Psychiatric Sciences*, 21(1), 7–11.
- Tanisho, Y., Smith, A., & Murakami, H. (2015). Post disaster mental health in Japan: Lessons and challenges. The Global Health Policy Center, Center for Strategic and International Studies. March 11, 2015 Blog Post. Retrieved from <https://www.csis.org/blogs/smart-global-health/post-disaster-mental-health-japan-lessons-and-challenges>.
- Tanisho, Y., Smith, A., Sodeoka, T., & Murakami, H. (2015). Post-disaster mental health in Japan: Lessons and challenges. *The Health and Global Policy Center*, Issue Brief: March 2015, 1–7.
- Teo, A. R. (2013). Social isolation associated with depression: A case report of hikikomori. *International Journal of Social Psychiatry*, 59(4), 339–341.
- Tomata, Y., Suzuki, Y., Kawado, M., Yamada, H., Murakami, Y., Naka Mieno, M., ... & Tsuji, I. (2015). Long-term impact of the 2011 Great East Japan

- Earthquake and tsunami on functional disability among older people: a 3-year longitudinal comparison of disability prevalence among Japanese municipalities. *Social Science & Medicine*, 147, 296–299.
- Tsutsui, T., Hasegawa, Y., Hiraga, M., Ishiki, M., & Asukai, N. (2014). Distinctiveness of prolonged grief disorder symptoms among survivors of the Great East Japan Earthquake and Tsunami. *Psychiatry Research*, 217(1–2), 67–71.
- White, M. (1993). *The material child: Coming of age in Japan and the United States*. New York: Free Press.
- Yamaguchi, S. (2017). Rethinking the concept of *kokoro no kea* (care for mind) for disaster victims in Japan. *International Journal of Culture and Mental Health*, Nov. 2017, 1–11.
- Yatuzuka, I., & Nagata, M. (2012). Henkaku to hakken toshite no komyuniti fukkō [Community recovery as changes and discoveries]. In T. Fujimori & K. Yamori, (Eds.). *Fukkō to shien no saigaishinrigaku: daishinzai kara “nani” wo manabuka* [The Disaster Psychology of Recovery and Aid: What can we learn from the Great Earthquake?] (pp. 155–169). Tokyo: Fukumura Shuppan.
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