

# Displaced from Fukushima: lived experiences and mental health

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Photo: T.Davies

<http://theconversation.com/japan-earthquake-social-aftershocks-of-fukushima-disaster-are-still-being-felt-69241>

Of the **70.8** million people forcibly displaced around the world, **41.3 million** – or nearly six out of ten – are internally displaced.

**Internally displaced persons** are "*Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border*" (UN Guiding Principles on Internal Displacement, 1998).

### **The key elements are:**

- 1) The involuntary character of the movement.
  - 2) The fact that such movement takes place within national borders.
- (Internal Displacement monitoring Centre)

# Displacement, de-subjectification and the violence

'In an age that commonly celebrates hypermobility as the embodied emblem of freedom, displacement focuses on mobility as coerced, as against the will or wishes of subjects. Displacement can be seen as a mode of **de-subjectification** insofar as the bodies of the displaced are seen **as objects** operated on by outside hostile forces.'  
(Delaney 2004: 848)

Displacement as inevitable consequences of gentrification. The violence of un-homing (Elliott-Cooper et al 2019)

# Necropolitics

- ‘But under what practical conditions is the right to kill, to allow to live, or to expose to death exercised? Who is the subject of this right? What does the implementation of such a right tell us about the person who is thus put to death and about the relation of enmity that sets that person against his or her murderer?’ (Mbembe, 2003, 12) Sovereignty means the capacity to define who matters and who does not, who is *disposable* and who is not. (Mbembe, 27)
- ‘the slave condition results from a triple loss: loss of a “home,” loss of rights over his or her body, and loss of political status. This triple loss is identical with absolute domination, natal alienation, and social death (expulsion from humanity altogether)’. (Mbembe, 21)

# Slow violence

‘is a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all. Violence is customarily conceived as an event or action that is immediate in time, explosive and spectacular in space, and as erupting into instant sensational visibility. ...we also need to engage the representational, narrative, and strategic challenges posed by the relative invisibility of slow violence’  
(Nixon 2011: 2)

# Geographies of 'affect' and emotions

'The geography of 'affect' is ... concerned to express the motives and expression of our feelings and emotions as they are manifested and constituted in place and space' (Curtis 2016: 15)

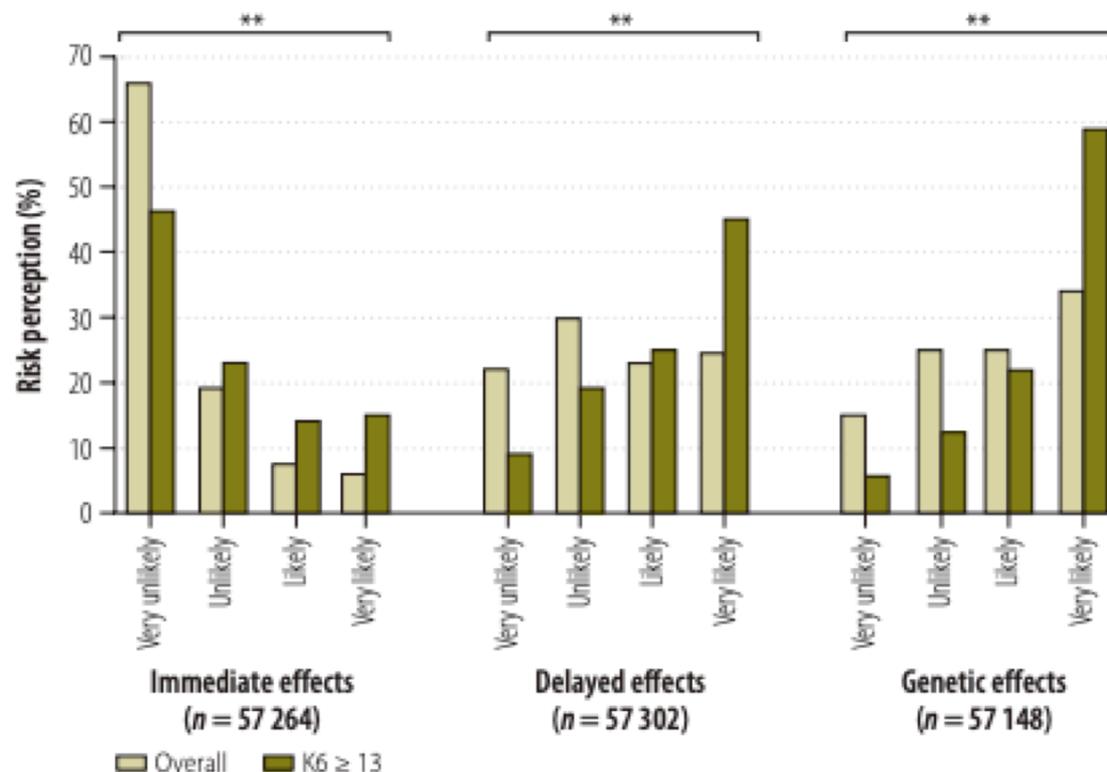
displacement needs to be considered as an affective, emotional and material rupture (Brickell et al 2017)

‘Among evacuees of the Fukushima disaster, psychological distress was more frequent among people who **perceived health effects of radiation exposure** to be very likely, even after controlling for possible confounders. In terms of risk perception, the result of this study was consistent with findings from studies conducted in **Chernobyl**, which indicated that greater perceived radiation risks were associated with poor mental health.

In the event of a complex disaster such as the Fukushima disaster, living in an unfamiliar place might not strongly affect psychological distress, especially for those who voluntarily chose to move away from Fukushima.’ (Suzuki et al Bulletin World Health Organisation 2015;93:598–605)

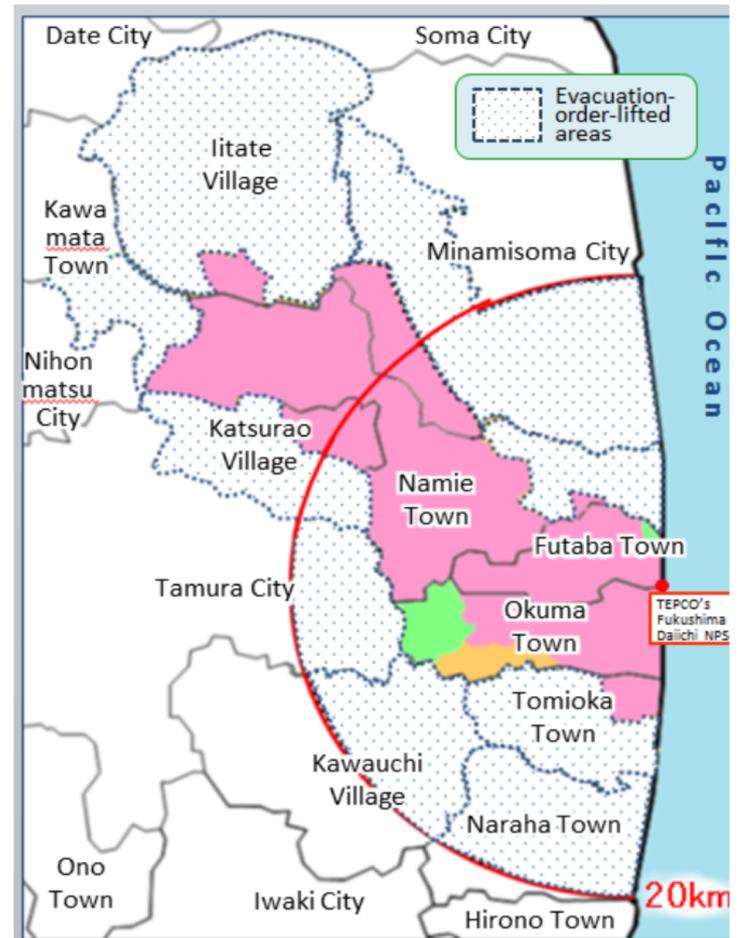
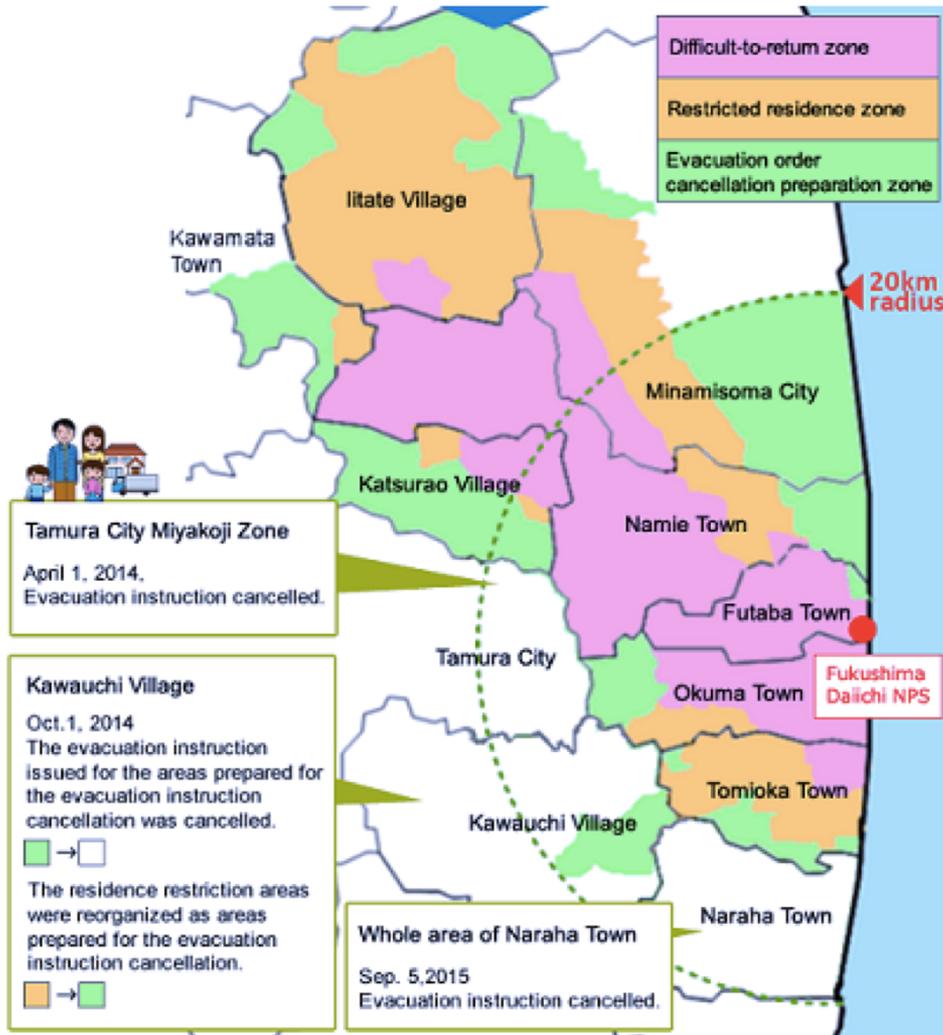
Chernobyl: ‘**The unmet need** for mental health care in affected regions remains an important public health challenge 25 years later.’ (Bromet et al 2011)

Fig. 1. Perception of radiation risks and psychological distress in Fukushima evacuees, Japan, 2012



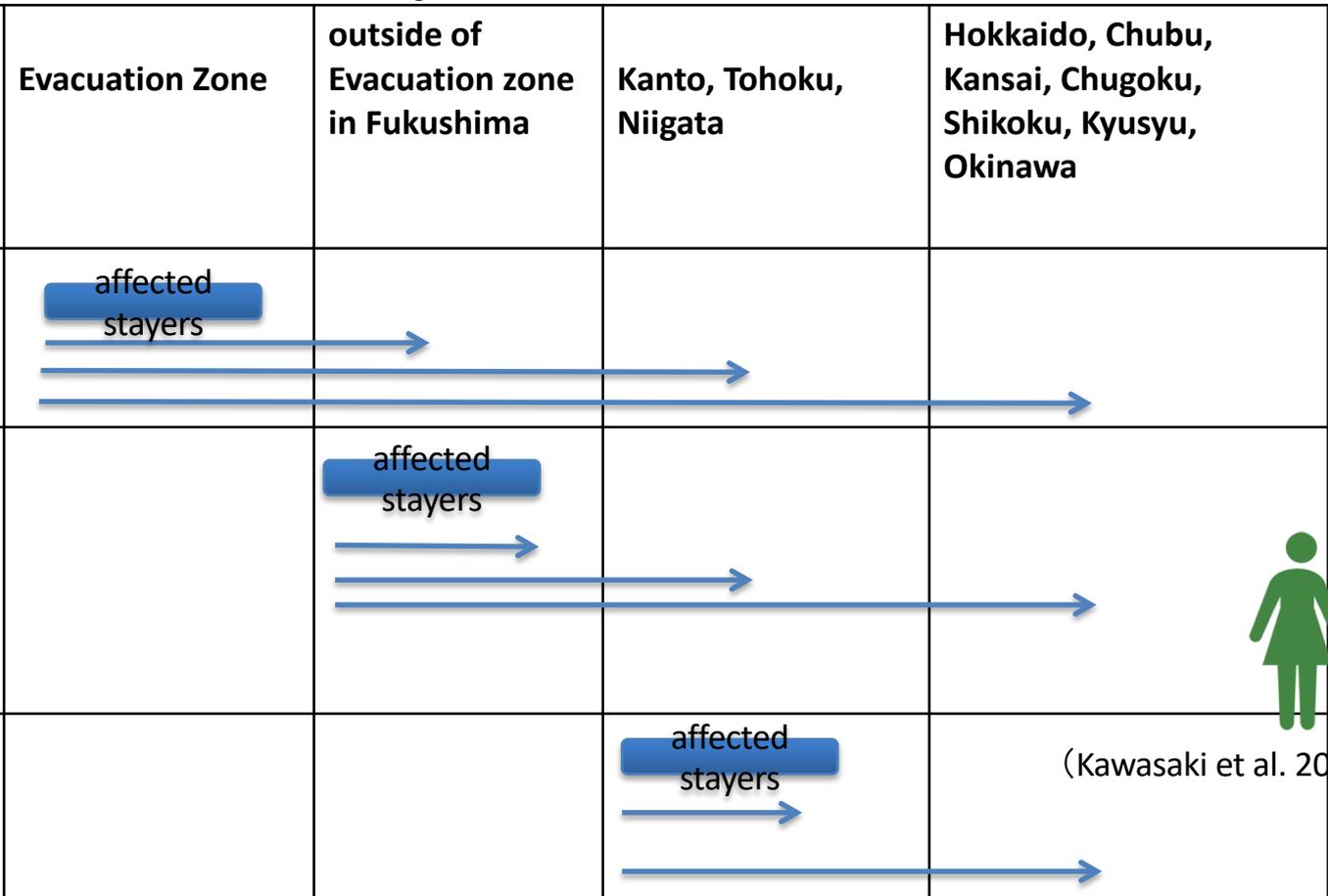
\*\*  $P < 0.001$ .

Note: Psychological distress was measured using K6 scale.<sup>15</sup> A score  $\geq 13$  was defined as psychological distress.



# A big picture of nuclear evacuees in Japan

From	To	Evacuation Zone	outside of Evacuation zone in Fukushima	Kanto, Tohoku, Niigata	Hokkaido, Chubu, Kansai, Chugoku, Shikoku, Kyusyu, Okinawa
(1) Forced evacuation (official evacuees)		affected stayers			
(2) Voluntary evacuation (non-official evacuees)			affected stayers		
(a) From Fukushima					
(b) From other than Fukushima				affected stayers	(Kawasaki et al. 2012)



affected stayers

Source: (Yamashita 2012; Takahashi 2014: 36)

→ Restriction of capability (Sung 2018)

# Research's design

Duration: Feb 2019 to June 2019

Place: Okayama, Japan

Methodology: Semi-structured interview with **non-official** evacuees (2-3 hours)

Interviewer: Eri Sakaguchi

# Everyday interaction about the displacement/ tactic to be “invisible”

“ When I get asked “Why did you come to Okayama?” I just respond “**Well Iwate is too cold you know.**” This is how I often start a conversation , to start with. Along the conversation, only when I see that the other person is interested in Great East Japan Earthquake, Fukushima Daiichi Nuclear Power Plant, politics in general, I gradually open my opinions. “

**Interviewee N6**, male(30s), single, evacuated to Okayama in Sep 2013, from Iwate pref.

# Food, health and the lost of trust

“...instead of “Food Action Nippon” only if the government had promoted “No Food Action Nippon,” though it is too much to expect from them. What else.. people do believe in, hold values in whatever they choose to, it is natural to have varieties in preferences in choices, ***however, TV and what the national government states and mass media, give great impact upon people. And these have not admitted, about the evacuees... harm to the health..***

**Interviewee N5**, Female(40s), married, a parent of 3 children, evacuated to Okayama in **Nov 2011** from capital region.

# Food, health and the lost of trust

“At that time, I was super nervous about what to eat, I used to say to my children, “Don’t eat Shiitake!” “Don’t anything grown in that area!” a lot, one day, my daughter had nothing that she could eat at school. My daughter said, “this has got shiitake in it,” “ I am not allowed to eat fish.” I got contacted by a teacher, “Your daughter is becoming unable to eat anything at lunch time, that could be an issue due to she is in a middle of her growth phase, what shall we do?” And I had a conversation with my daughter, asked her, “ What would help you to eat school meals?” And she said me to, “I can take a lunch box to school, but I prefer to eat what everyone is eating at lunch time.”

**Interviewee N5**, Female(40s), married, a parent of 3 children, evacuated to Okayama in **Nov 2011** from capital region.

# “You are too nervous”

“The test results showed my daughter was a vascular purpura. But why? the question hit me. Is that because she played outside at the kindergarten? Is that because she ate lunch at the kindergarten?”

The doctor said, "The nuclear accident occurred in Fukushima [which is far from where the family used to live]. ***You're too nervous. If you're too nervous that would affect badly on your children.***"

In addition to the incident, at a hospital in F city after the accident, I asked for thyroid gland tests for my children, the doctors refused to do it.”

**Interviewee N7**, Female(30s), married, a parent of 3 children, evacuated to Okayama in April 2016, from Tohoku region.

# “You are too nervous”

‘For the nosebleed, I visited the otolaryngology clinic. But the doctor said to me, “There are many parents who visit here being worried, but you’re **too nervous.**”’

Sakaguchi : “Too nervous” does it mean that “too nervous” about worrying the relationship with the symptoms and the radiation?

‘Yes. I felt as if I was denied, and I got hurt. Since then, I didn’t go to the hospital, but instead, relied on private remedies, such as drinking tea. When you go to a hospital, it is inevitable that you get denied or hurt.’

**Interviewee N5**, Female(40s), married, a parent of 3 children, evacuated to Okayama in **Nov 2011** from capital region.

# **Social isolation/ “punishment to be too vocal”**

“Also, I am tired of holding anger, keep crying, for that not coming true, I have given up on the hope. I wanted to be recognized, so put so much effort, but it was impossible. And more I spoke about it, more I got isolated, in fact, I got kicked out of the community.”

**Interviewee N5**, Female(40s), married, a parent of 3 children, evacuated to Okayama in **Nov 2011** from capital region.

# Social isolation

“ I was absolutely alone. During the first 6 months, that’s when I was here only myself and my children. So what I was to meet up with the members you know the ones we met the other day.. and cried together. It functioned as peer. No experts were involved in. But now reflecting back on that time, what we were facing was a situation where care for disaster trauma needed to be provided by psychologist. Our mental has been suffered by the disaster.”

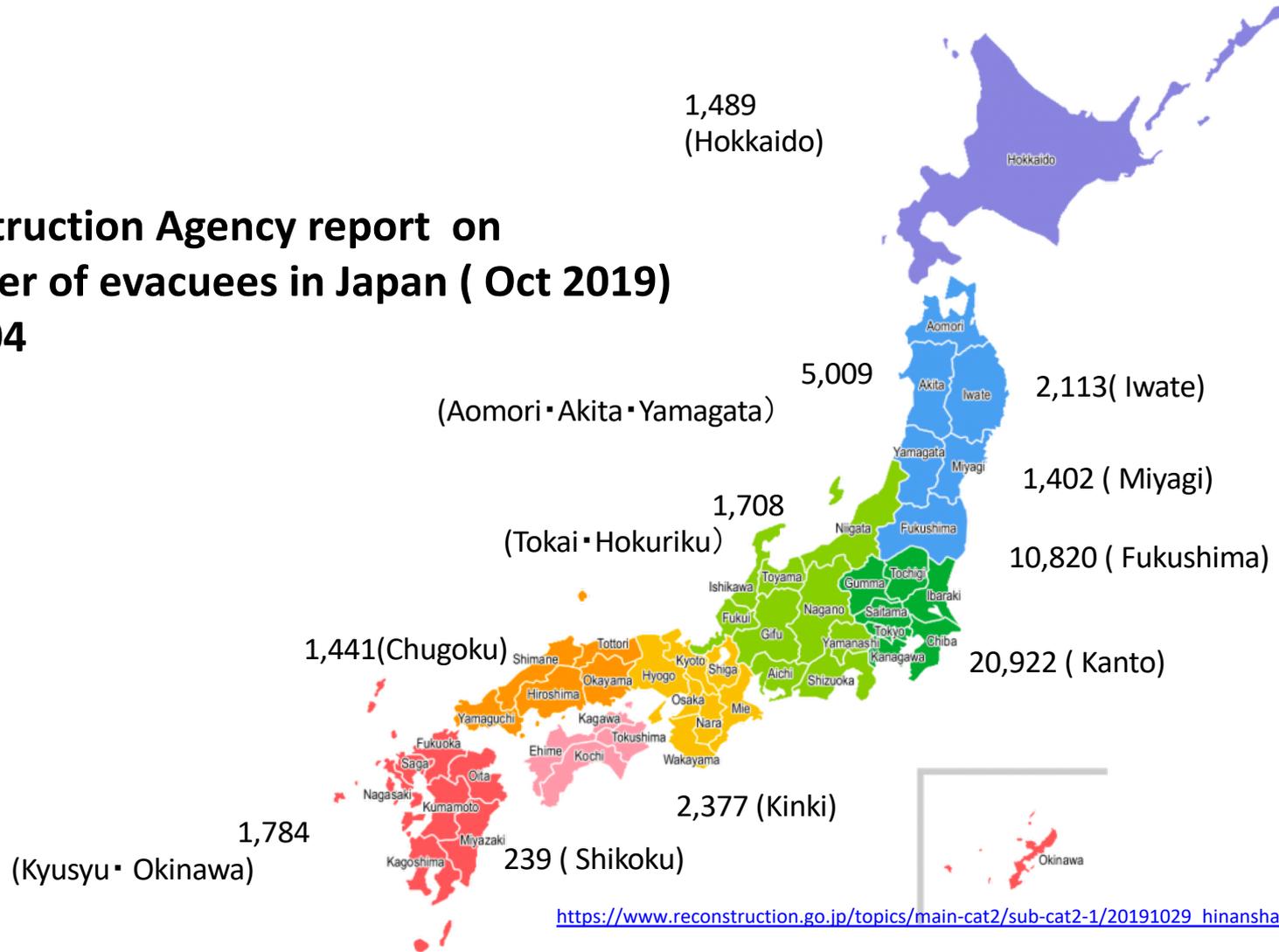
**Interviewee N5**, Female(40s), married, a parent of 3 children, evacuated to Okayama in **Nov 2011** from capital region.



NAME	Status	Current age/ household structure/ evacuation record/ 【future plan】
Interviewee #1	Non-official evacuee from <u>Fukushima pref.</u> + supporter	Woman(30s) / divorced, a parent of 1 child. Evacuated to Tokyo in <b>March 2011</b> , re-evacuated to Okayama in <b>April 2013</b> / 【Contemplating】
Interviewee #2	Non-official evacuee from <u>Fukushima pref.</u>	Female(40s), married, a parent of 2 children. Evacuated to Tohoku region E in <b>March 2011</b> , re-evacuated to Tohoku region T in <b>March 2011</b> (mother and children), re-evacuated to Okayama in <b>Oct 2011</b> (:whole nuclear family) 【Contemplating】
Interviewee #3	Non-official evacuee from <u>Tokyo</u> + supporter	Female(40s), married. Evacuated to Okayama in <b>Aug 2011</b> . (mother and children)【Contemplating】
Interviewee #4	Non-official evacuee from <u>capital region</u>	Female(40s), widow, a parent of 1 child. Evacuated to Okayama in <b>Nov 2011</b> (: whole nuclear family) 【Relocated】
Interviewee #5	Non-official evacuee from <u>capital region</u> + supporter	Female(40s), married, a parent of 3 children. Evacuated to Okayama in <b>Nov 2011</b> . (2011→2013: mother-children, 2013→current : whole nuclear family)【Contemplating】

NAME	Status	
Interviewee #6	Non-official evacuee from <u>Iwate pref.</u> (originally from Fukushima pref.)	Male(30s), single. Evacuated to Okayama in <b>Sep 2013</b> . (Single) <b>【Relocated】</b>
Interviewee #7	Non-official evacuee from <u>Tohoku region</u>	Female(30s), married, a parent of 3 children. Evacuated to Kinki area in <b>March 2011 to Aug 2011</b> (:mother and children) and returned. Re-evacuated to Okayama in <b>April 2016</b> (:whole nuclear family) <b>【Relocated】</b>
Interviewee #8	Non-official evacuee from <u>Fukushima pref.</u>	Female(40s), married. Evacuated to Chugoku/Shikoku region in <b>April 2017</b> . (whole nuclear family) <b>【Relocated】</b>
Interviewee #9	Non-official evacuee from <u>Gunma pref.</u>	Female(30s), married, a parent of 2 children. Evacuated to Nagano in <b>May 2018</b> (: whole nuclear family), and evacuated to Okayama in <b>Jan 2019</b> (mother and children) . <b>【Contemplating】</b>
Interviewee #10	Recuperation participant from <u>Miyagi pref.</u>	Female(30s), married, a parent of 2 children. Lives in Miyagi pref. and has been participating to private recuperation at least twice a year, <b>since 2014</b> .
Interviewee #11	<u>Local resident/ supporter</u>	has provided share houses (max 6 months stay/per) for.

**Reconstruction Agency report on  
number of evacuees in Japan ( Oct 2019)  
= 49,304**



[https://www.reconstruction.go.jp/topics/main-cat2/sub-cat2-1/20191029\\_hinansha.pdf](https://www.reconstruction.go.jp/topics/main-cat2/sub-cat2-1/20191029_hinansha.pdf)

# Coping tactics or strategies?

strategies are able to produce, tabulate, and impose these spaces, when those operations take place, whereas tactics can only use, manipulate, and divert these spaces

de Certeau, 1984:36

Coping tactics rely on;

- Knowledge
- Social networks (social capital – but not in a Putnam form)
- The use of place
- Relations to formal institutions

# Why doing the research in Okayama?

The characteristics of nuclear evacuees in particular areas  
(Hasimoto and Tsuga 2015 )

- Yagamata / Nigata: More than 90% is from Fukushima
- Ibaraki /Tokyo (Kanto): 80% is from Fukushima
- Hokkaido/Aichi/Okinawa: 60-70% is from Fukushima
- Okayama : 70% is from other than Fukushima

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## Did the trauma of rapid relocation cause persistent psychological or mental health problems?

Stress symptoms, depression, anxiety and **medically unexplained** physical symptoms have been reported, including **self-perceived poor health**. The designation of the affected population as “victims” rather than “survivors” has led them to perceive themselves as **helpless, weak and lacking control over their future**.

<https://www.who.int/mediacentre/news/releases/2005/pr38/en/>

If they stay, and choose not to return, the housing subsidies and compensation they were receiving will be discontinued. Even after evacuation orders are lifted, mothers cannot hide their anxiety, returning elderly people will find hospitals, pharmacies and transportation infrastructure are poorly maintained, community has weakened, and they grow increasingly isolated. Almost seven years after the earthquake, the hard reality in Fukushima is that less than 20% have returned in approximately 70% of the areas for which evacuation orders have been lifted, and more than 70% of those returned are **elderly**.

Japan Platform

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