



Face of despair: Fujiko Sato, 82, sits on the flattened remains of her home in Rikuzentakata, Iwate Prefecture, on April 5. ROB GILHOOLY

Suicides upping casualties from Tohoku catastrophe

By ROB GILHOOLY
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Yamada, Iwate Pref. — On June 11, a dairy farmer in Soma, Fukushima Prefecture, chalked a note on the wall of his cattle shed. "If only there wasn't a nuclear power plant," the message read, in reference to the damaged Fukushima No. 1 plant just 45 km away, which had effectively ended his livelihood.

The man already had culled his livestock after raw milk shipments from the area where he lived had been stopped. Now, he chose to end his own life, too. "I have lost the energy to carry on working," he added in what would be his final words.



His is not an isolated case. Suicides have been reported throughout the quake region.

In March, a cabbage farmer in Sukagawa, Fukushima Prefecture, hanged himself after radioactive substances detected in the soil resulted in restrictions being placed on local produce, while a man in Ofunato, Iwate Prefecture, reportedly killed himself after losing his family, home and business during the March 11 disasters.

In Yamada, one of the worst-hit towns in Iwate, rumors of suicides abound.

"One of them lost his wife and two children in the tsunami and could not bare the distress and guilt of surviving them," said Yamada public health official Yuko Sasaki.

Now, however, a different kind of suicide threat lingers, she added. "The situation has calmed down, but there is concern about the long-term psychological impact on residents, many of whom have lost everything."

Similar fears are expressed throughout the devastated region. In Kamaishi, Iwate Prefecture, municipal official Hideki Yamazaki said the continued lack of some lifeline services, the slow arrival of government funds to some survivors and lengthy stays in evacuation shelters for residents left homeless by the tsunami could have an adverse impact.

"We are trying to move people to temporary homes as quickly as possible, but there is a concern that the sudden transfer from community- to individual-based living could have even more dire consequences," Yamazaki said.

Particularly at risk are survivors who have been left on their own after losing family members during the disasters, said Ofunato health official Yoshiko Shida.

"For those who are alone but have been surrounded by people in similar circumstances since the disaster, the move to temporary housing is going to be a huge change," Shida said. "Some may feel completely cut off."

Some of those in shelters are skeptical about the inevitable move. "I'm alone here, but the people in this shelter don't make me feel alone," said Kamaishi resident Keiko Komabayashi, 82. "I am grateful for the offer of a place of my own, just as long as I have such people nearby."

A middle-aged woman in the town of Sanriku, Iwate Prefecture, who requested anonymity said survivors who lost their houses and jobs have



Helping hand: A man comforts a distraught fellow resident at a shelter in Minamisanriku, Miyagi Prefecture, on March 13. ROB GILHOOLY

too much time to dwell on the past, some saying they wish they had died along with family members who perished. "Others say they have given up hope. Hopefully, those sentiments will fade with time."

Ofunato's Shida said the main task of local health officials and volunteer care teams operating in the region is to ensure conditions don't get any worse. The goal "is to prevent conditions such as depression and, ultimately, suicide among those left homeless," she said.

The link between depression and suicide is well documented, particularly in Japan, where depression has been shown to be a major suicide trigger.

Concerns about the possibility of survivors turning to such extreme measures is based partly on Japan's overall suicide rate, which according to the World Health Organization is the highest among developed nations. Suicides in May for the whole nation were 20 percent higher than a year before, according to National Police Agency figures, and experts believe the total for 2011 could surpass 30,000 for the 14th straight year.

With the prequake rate in some Tohoku prefectures already among the nation's highest, the risk of a surge in suicide numbers there from this point forward is especially strong, said Yoshinari Cho, director of the psychiatry department at Teikyo University Hospital in Kanagawa Prefecture.

"Survivors, especially those in shelters and temporary accommodations, are at risk of becoming exhausted and depressed, and over time this could lead to clinical depression brought about by the perceived hopelessness of their situation," said Cho, author of the book "Hito wa Naze Jisatsusuru no ka" ("Why Do People Commit Suicide?"). "This would further increase the risk of suicide."

This is especially true of residents in Fukushima Prefecture who have been severely affected by the radiation scare, he added. "Many farmers have lost everything and while the radiation issue remains unresolved they can't predict what the future holds."

Survivors who went through traumatic experiences during the tsunami — including having to identify the bodies of lost loved ones — could also be at risk of posttraumatic stress disorder, Cho added. "PTSD itself is directly connected with suicide, but it has been shown that when it overlaps with depression, the chance of suicide rises significantly," he said.

A recently published government white paper on suicide prevention supports Cho's views, adding that survivors may feel extreme guilt for escaping death while other family members perished. The report concludes that long-term mental health care and screenings for survivors

are essential.

While care professionals are providing consultations throughout the quake area, the Tokyo-based suicide prevention group Lifelink has offered support via a 24-hour hotline targeting survivors who lost family members.

"Many callers say they wished they had been swept away together with the people they lost," said Lifelink Director Yasuyuki Shimizu, who set up the help line in the fear that suicides could escalate in Tohoku.

"They also say they find it difficult to talk about their problems with care officials and others around them."

Sen Hiraizumi, director of Iwate Prefectural Hospital in Yamada, said people in affected communities such as his may shy away from seeking counseling because it is an alien concept for many residents.

"Japan is way behind the West when it comes to psychiatric care," he said. "In Yamada, for example, we have never even had a psychiatry clinic. People just don't tend to talk about stress or depression."

Teikyo University's Cho believes it is this very issue that could cost lives in the long run.

"Tohoku people are notoriously stoic and self-sacrificing, and the chances of them seeking counseling is low."

This is particularly true for middle-age and older men, who are unused to expressing such emotions, he said. "They wouldn't admit it, but it's quite possible that many of them are clinically depressed. With the elderly, too, the suicide threshold is already lower. Traditionally, they do not want to be a burden on their communities."

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