

The potential of psychosocial sports programs in post-disaster situations: NGOs' efforts to promote resilience among young survivors

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1. Introduction

Both natural and man-made disasters occur across the world. These disasters have taken thousands of lives and have affected victims economically, socially, physically, emotionally, and psychologically. When disasters strike, victims urgently require emergency first aid, medical services, shelter, food, and water. However, besides the immediate first aid response, survivors, especially children and young people, need help in coping with the traumatic experience and must be provided with the appropriate psychosocial support.

In comparison to adults, children are more emotionally vulnerable to the devastating consequences of disasters, and they may develop post-traumatic stress disorder and related symptoms. Children need special physical, emotional, and social support to improve their resilience.

To enhance and promote resilience among young disaster victims, international humanitarian organizations, governments, the public sectors, and nongovernment organizations (NGOs) have begun to use sports as an emergency intervention. NGOs play a crucial role in assessing psychosocial support interventions to deal with young victims' issues in the aftermath of a disaster. Several international NGOs use sports, play, and physical activity as tools to mitigate children's trauma and stress resulting from disasters. However, sports and physical activities are hardly integrated into psychosocial programs for young survivors in Japan.

This study aims to evaluate the role of psychosocial sports programs in young survivors' intent to rebuild and enhance their resilience; it will then further discuss how to develop and promote these programs' approach in the context of Japanese post-disaster relief activities. Based on social and psychological approaches, this study analyzes the case of a Japanese NGO's disaster relief program in 2011.

The following section provides a theoretical basis and explores key concepts to understand the disaster, the role of NGOs, psychological impacts, child vulnerability and values, and the effects of sports in post-disaster situations. It also describes the experiences of Japanese NGOs after the Great East Japan Earthquake, specifically those of the Association of Medical Doctors of Asia International (AMDA). The subsequent section presents the findings and concludes with some

considerations for the NGOs' efforts involving psychosocial support programs through sports in Japan.

2. Literature review

Using sports for psychosocial intervention in the post-disaster phase is a relatively new approach. From the perspective of social and psychological studies, the importance of vulnerability and resilience are highlighted to understand the effectiveness of psychosocial sports activities.

2.1. The mental health consequences of disasters and the role of NGOs in Japan

Natural disasters have occurred worldwide in recent years. Japan is one of the disaster-prone countries, which are at risk of not only earthquakes and tsunamis, but also floods, landslides, and volcanic eruptions.

On March 11, 2011, a massive 9.0 magnitude earthquake hit the Tohoku region in the Pacific coast of northeastern Japan. This caused a tsunami and a nuclear power plant accident. Notably, 19,689 people were killed, more than 2,563 people were missing, 6,233 people were injured, 121,995 houses were completely destroyed, and 282,939 houses partially collapsed (Fire and Disaster Management Agency, 2019).

During the immediate post-disaster situation in 2011, NGOs implemented various victim support activities (Japan NGO Center for International Cooperation, JANIC, 2011). The role of NGOs is crucial in providing relief materials, arranging shelters and promoting the human recovery process, including physical and mental support for survivors. NGOs' contributions are not only effective in the immediate aftermath of disasters, but they also play a vital role in the mitigation and recovery phases (Arlikatti, Bezboruah & Long, 2012). Raphael (1986) points out that disasters, both natural and man-made, greatly influence not only physical health but also the mental health of survivors. Osa (2013) claims that the NGOs have a positive impact on saving lives and livelihoods; alleviate the physical and psychological issues of disaster victims. To heal their mental scars of disaster-affected victims, the promotion of recovery efforts should be emphasized after catastrophes. Since the Great Hanshin-Awaji Earthquake, which killed 6,434 people (Fire and Disaster Management Agency, 2006) in January 1995, the mental care of victims began to be recognized as urgent in Japan (Cabinet Office n.d.). The Cabinet Office (2012) states that the purpose of mental care is to reduce post-traumatic stress disorder, depression, and other disaster-related symptoms by helping affected people feel they belong to the community so that they are motivated to recover and reconstruct their lives and society.

2.2. Psychological trauma and disaster

Psychological trauma occurs when a person directly or indirectly experiences or confronts life-

threatening events such as death, injuries, and social violence (Kolk 2000). These events frequently trigger the feeling of shock, fear, and helplessness. These feelings shape the life of affected individuals, who may feel meaningless and may never be the same again (Shaw et al 2007). The Centre for Research on the Epidemiology of Disasters (2016) defines disaster as *“a situation or event, which overwhelms local capacity, necessitating a request to national or international level for external assistance; an unforeseen and often sudden event that causes great damage, destruction, and human suffering.”*

Kunz (2005), who has discussed on how to deal with this issue in the context of humanitarian assistance, concluded that psychological trauma is widely acknowledged as one of the terrible consequences of disasters in the international community.

2.3. Children’s vulnerability and the psychosocial concept of affected children

Researchers point out that children are more vulnerable and are more likely to be affected psychologically than adults are (Fujimori 1995, Fothergill 2017). Children usually have yet to fully develop the coping skills that adults have obtained from their life experience. Natural catastrophic events cause fear, anxiety, and stress in children, which make them stay in “survival mode” to overcome the aftermath of a devastating natural disaster (Thornton, n.d). Raphael (1995) emphasized that close communication and relationship with parents or other family members are particularly important for affected children to help them cope in the post-disaster period; however, if parents or family members were desperately distressed from their loss; psychological issues or recovery process, they would need support from others to meet their children’s needs and support them emotionally. Especially for children who experienced devastating catastrophes, feeling caring, accepting and strengthening relationship with family or reliable non-family adults such as teachers and mentors are far more important to bring positive effect on children’s development to prevent the risk of severe stress or trauma (Markstrom, Marshall, &Tyron, 2000, Henley 2007).

To heal the inner wounds of children in a disaster-affected period, psychosocial assistance is useful to bring about positive change, confidence, and peace for children in the humanitarian context (ARC resource pac 2009, Sekar et al, n.d).

The United Nations Children’s Fund (UNICEF n.d) defines psychosocial support as *“helping individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims.”* Moreover, Save the Children (2005) asserted that early psychosocial interventions in post-disaster situations reduce the impact of trauma, alleviate psychological distress, and strengthen resilience. These must be integrated into humanitarian assistance.

Henley (2007) stated that “psychosocial support” implies a nonmedical model of rehabilitation, and its efforts not only focus on the impact on individuals but also on community empowerment.

Psychosocial programs help the community, as well as individuals, by supporting collective resilience.

2.4. The importance of resilience

There are many definitions of disaster resilience. Kunz (2005) claimed that resilience means inner strength, responsiveness, and flexibility, and it helps disaster victims to overcome stress and trauma. It is also helpful to recover to a healthy level of functioning more quickly after a traumatic event. Moreover, Manyena (2006) defined disaster resilience as the ability of people and the community to survive and recover from loss and disruption in post-disaster situations. To deal with and recover from hazards, shock, and stress of past disasters, disaster resilience is one of the important abilities for individuals, communities, organizations, and states (GSDRC, 2014). Disaster resilience enables victims to manage themselves to reduce their risks for future disasters at the international, regional, national, and local levels by learning from past disaster experiences (UNISDR, 2005). According to Manyena (2006), some researchers identify vulnerability as the opposite of disaster resilience, although others see it as a risk factor and disaster resilience is the ability to respond. However, Buckle (2006) argued that resilience is not the opposite of vulnerability; children are vulnerable in disaster situations, but it does not signify they are not resilient. Peek (2008) asserted that we could promote resilience in children by improving access to resources and information, empowering them by encouraging them to join disaster preparedness and response activities, and providing appropriate individual- and community-level support. Communities are more vulnerable if children are exposed to the negative impact of disasters. If children suffer physically and emotionally as a result of disasters, it would be difficult for families and community members to take steps to promote the recovery process (Fothergill and Peek, 2006). Hence, emphasizing building resilience in children leads to the same in families and communities. Disasters continue to increase in number, and millions of children around the world are affected each year. Peek (2008) insisted that disaster research and practitioners should cultivate alternative ways to make their lives safer and communities more resilient by learning and working with disaster affected children.

2.5. Psychosocial intervention through sports and NGOs

NGOs are groups of volunteer citizens that are largely or completely independent of the government. They work toward all aspects of humanitarian assistance, such as supporting international development and empowering marginalized people and communities. In post-disaster situations, NGOs conduct emergency relief by providing food, clothes, and healthcare, as well as strengthening the local capacity to confront future disasters in the post-disaster recovery phase (Walker 2002).

NGOs have played an important role in disaster response and the recovery process. They work to provide the necessary support for victims and communities where the government may not be able to provide adequate assistance. NGO relief activities focus more on vulnerable and marginalized populations (Arlikatti, Bezboruah & Long, 2012). Furthermore, when disasters strike, the government and United Nations agencies such as the UNICEF, the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), and the World Health Organization (WHO) respond to emergency matters. Osa (2013) claimed that these agencies need partners in operational implementation to provide the specialized support that communities urgently need to rebuild. Local NGOs know more about the area, culture, and needs on the ground than these agencies; they can mobilize volunteers and funds, and importantly, they can connect different actors to one another (Osa 2013).

In post-disaster situations, several international governments, humanitarian aid organizations, and corporations have begun to use sports as an alternative approach to deal with health and social problems (Henley 2005). There are various definitions of “sports,” but the UN (2003) defined it as *“all forms of physical activity that contributes to physical fitness, mental well-being, and social interaction. These include play; recreation; organized, casual or competitive sport; and indigenous sports or games.”* This definition has been adopted by various actors engaged in emergency support, development cooperation, and humanitarian aid efforts.

Sports programs in the post-disaster phase have drawn attention as a possible instrument to develop the psychosocial rehabilitation process, especially for children and the youth (Kunz 2005). While various actors also use sports in their psychosocial programs, cooperation with local NGOs is the key to implement these programs effectively and successfully, as they know local communities and their specific needs better than any other actors (Selvaraju 2008).

Sports and development efforts implemented by NGOs started in the 1980s and increased in the 1990s. These grassroots efforts were recognized as good practices, and using sports in development processes has become mainstream (Suzuki 2011).

2.6. The potential of psychosocial sports programs in the aftermath of disasters

Sports and play are very popular activities worldwide (Kunz 2005). Because of their popularity, sports, and play activities can be conducted in different forms and diverse cultural settings. Moreover, psychosocial sports programs focus on creating a cooperative, safe, and friendly environment rather than competition so that children and young participants can share their emotions nonverbally (Kunz 2005).

The UN (2003) asserted that *“the life skills learned through sport help empower individuals and enhance psychosocial well-being, such as increased resiliency, self-esteem, and connections with others.”* The Sport for Development and Peace International Working Group (2008) discussed that

sports can develop self-esteem and physical and mental health, as well as help build connections among individuals. In addition, sports activities positively affect many disaster-affected children by facilitating and encouraging their resilience process (Henley et al 2007). Team sports, in particular, can be a positive instrument to nurture team spirit that helps strengthen mutual trust and social integration (Kunz 2005). The International Council of Sport Science and Physical Education (2008) argued that the aim of sports and physical activities in post-disaster intervention is to build social unity. Sports and physical activities help participants interact and communicate with one another and provide relaxation and enjoyment, which relieve the suffering caused by the experience of loss. It is important to create a supportive and cooperative environment for implementing psychosocial sports programs because the culture of cooperation promotes the recovery of psychological health and social function. Through these programs, participants can regularly contact reliable persons such as program providers as well as other people who support disaster relief, which is crucial in building resilience and overcoming trauma.

Psychosocial sports programs have been recognized as a meaningful post-disaster intervention tool for disaster-affected survivors and societies. Even though this concept is a relatively new approach in the sports and development field, several international NGOs have incorporated it into their disaster relief projects to help survivors from their past disaster experiences and build resilience. The Swiss Academy for Development implemented a psychosocial sports program for children who survived a magnitude 6.5 earthquake in Bam, Iran, from 2005 to 2007 (Kunz 2005), and Women Without Borders had psychosocial sports projects for women and girl tsunami survivors in 2006 (Selvaraju 2008). Psychosocial sports programs implemented by NGOs have been growing, and Japanese NGOs have also supported survivors through sports and physical activities in post-disaster settings. Details of the efforts of the Japanese NGO will be discussed in the following case study.

3. A Japanese case study

3.1. Efforts of the NGOs in response to the Great East Japan Earthquake

Japan is one of the world's most disaster-prone countries that are at risk of not only earthquakes and tsunamis but also other natural disasters such as typhoons, floods, mudslides, and volcanic eruptions.

Magnitude 9.0 earthquake on March 11, 2011 in the Tohoku region of Japan caused a massive tsunami, and these natural disasters left numerous casualties, property losses, and a nuclear crisis (Okada et al. 2011). This was the most devastating earthquake in Japan's modern history, and it is ranked as the world's fourth strongest earthquake since 1900 (Zhang et al. 2012). According to Zhang et al. (2012), after the March 11 disaster, countless aftershocks occurred, the largest being magnitude 7.9. These unprecedented disasters were officially named "The Great East Japan

Earthquake.”

Many Japanese NGOs that have mainly engaged in international cooperation quickly responded and offered disaster emergency and relief support. Most of these NGOs were already experienced in emergency relief support overseas, such as in Sumatra and Haiti, and had enough disaster-related project management skills and financial resources to implement relief programs (Yamaguchi 2014). The JANIC reported that 18 of its member organizations started emergency operations within 72 hours after the disaster, 29 implemented their programs within a week, and 37 conducted their support activities within 10 days. The AMDA is one of the NGOs that started emergency operations within 72 hours after the massive earthquake and tsunami. AMDA is a Japanese NGO, which has actively provided emergency medical support to people affected by natural and man-made disasters worldwide. AMDA mainly focuses on the medical sector; however, they have also implemented various mid- to long-term social development support projects in post-disaster areas.

In response to the Great East Japan Earthquake, AMDA started dispatching medical teams and volunteers regularly to local hospitals and evacuation shelters and providing medical support for disaster victims in affected areas such as Iwate, Miyagi, and Fukushima Prefectures (Omasa 2015). Besides medical assistance, AMDA also responded to local needs such as setting up a playroom for children in evacuation shelters, conducting recreational events and nutrition programs, as well as providing food (AMDA 2011).

3.2. Psychosocial sports events for young survivors of the Great East Japan Earthquake

In disaster-affected areas, schools that were not damaged by the earthquake and tsunami were used as evacuation shelters (Saitama Prefectural Education Center n.d.) Moreover, temporary/evacuation shelters were built in school playing fields, and 102 temporary/evacuation shelters were built in the playing field of Shizugawa Junior High School in Miyagi Prefecture, which was one of the schools that AMDA supported (Minamisanrikucho n.d.).

Besides providing medical support in evacuation centers, AMDA decided to hold a psychosocial sports program for young survivors about five months after the disaster. In August 2011, the program used football as a means of communication in Okayama Prefecture, where AMDA's headquarters was located. AMDA already had experience conducting psychosocial sports events through football for the child survivors in Haiti and has recognized that sports help support young disaster survivors psychologically (AMDA 2010).

The psychosocial sports program for young survivors of the Great East Japan Earthquake in 2011 was supported by different actors, such as the local government, corporations, schools, religious groups, and volunteers. AMDA invited 46 male junior high school students aged 12 to 15 who belonged to their school's football team along with six teachers from those three schools in Iwate and Miyagi Prefecture. In Okayama Prefecture, 123 male students from four junior high

schools who were members of their school's football team were invited to this event as well (AMDA 2011). This program was conducted in different locations for three years after the Tohoku disaster.

This program aimed to create friendship through football between children from disaster-affected areas and those who did not experience the catastrophe and to help build hope and resilience among young people, as well as solidarity, to facilitate the recovery process (AMDA, 2011).

3.3. Method

The author engaged in this psychosocial sports event as an AMDA organizer and conducted a questionnaire survey before the event to participants from affected areas, including 17 students from Kamaishi Junior High School, Iwate Prefecture; 20 students from Otsuchi Junior High School; and 15 students from Shizugawa Junior High School to elicit their reactions and thoughts on the event. Then, the results of the event were analyzed from semi-structured interviews and written reports from participants and teachers.

3.4. Results

1. Reactions to the psychosocial sports event before participation

Figure 1 summarizes the result of the questionnaire survey conducted before the sports event. Of the answers, 85% were positive about joining the psychosocial sports event; 14% felt relatively negative about it because of disaster-related feelings of fear and guilt.

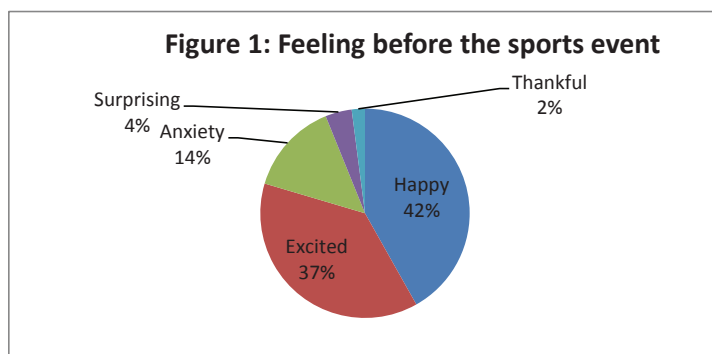


Figure 1. Reaction to psychosocial sports event participation.

(Source: Author)

(1) Happy 42%

Comments from participants:

- Our school was occupied as temporary housings, and we cannot play any sports like before

because there is not enough space anymore. I am very happy when I heard we are invited play football as much as we want in Okayama.

- It is wonderful to meet new people and play football together with students from different affected areas and students in Okayama.

(2) Excited 37%

- I am excited because I can make friends through this football event.

- Through this football event, I can meet many people not only from my school but also from other schools.

(3) Anxiety 14%

- I am afraid if the tsunami comes again while I am away from my hometown. I worry about my family and friends.

- I feel bad because I am the only one of my family who travels to Okayama and have a fun time.

(4) Surprising 4%

- I could not believe to play football again with my teammates in Okayama.

- I was surprised when I heard the people in Okayama invited us to play football.

(5) Thankful 2%

- I am thankful to the people of AMDA and other many people in Okayama who have supported this event for us.

- I would like to thank AMDA who implemented this event and invited us.

2. Impact of the psychosocial sports event

This event focuses on nurturing a culture of understanding, acceptance, and cooperation through sports rather than winning and competition. A teacher from Otsuchi Junior High School said that *“the tsunami washed away 70 % of the students’ houses, but students who came to Okayama to play football looked so happy, especially when they played with students from different schools. They did not care much about winning and losing. They just really enjoyed playing their favorite sport fully. Through this event, students could interact with other students from different disaster-affected areas, and it encouraged my students a lot because they found out that other students are also having difficult time to overcome the painful experience and situation of disasters but try to promote the process of recovery. They feel sympathy together”* (AMDA 2011).

One student from Otsuchi Junior High School claimed that he met many people who supported disaster victims through the event, and he could feel that he was not alone (AMDA 2011). A student from Kamaishi Junior High School stated that he realized the importance of the bond of friendship and the power of a compassion through this sports event (AMDA 2011). Another student from Shizugawa Junior High School, who answered negatively in the questionnaire before the program,

said that he thought he knew survivors are supported by many people, but he could not believe it because he has never met these people. However, through this program, he finally met and communicated with supporters directly, and he deeply felt that people far from his hometown have prayed and supported for the survivors of the Great East Japan Earthquake. These findings encouraged and motivated him to reconstruct his life and community for the future (personal communication, Aug 4, 2011).

4. Discussion

This study suggests that the NGOs' use of sports as a psychosocial intervention in post-disaster situations could enhance resilience among young victims in the post-disaster phase, as their resilience increased during and after the psychosocial sports event. It was observed that the event facilitated participants' direct communication and interaction with people who support them. These experiences helped them feel valued by many people after the devastating disaster. Also worth mentioning is that the participants could meet and interact with other victims who had similar experiences. This psychosocial sports program by AMDA is an example of how psychosocial sports activities influence disaster survivors and help them share their emotions, nurturing their sense of belonging and building resilience.

5. Conclusion

Only a few studies are examining the role of sports in the early psychosocial intervention within the recovery and resilience process in post-disaster situations in Japan. This study analyzed the effects of the psychosocial sports program conducted by an NGO and showed how resilience was enhanced among young survivors of disasters.

It is worth noting that NGOs work closely with victims in disaster-affected areas and are knowledgeable about the situation as well as people who have suffered and their needs. As this study revealed people's experience of AMDA's program, NGOs can clearly mobilize volunteers and funds and connect people to one another. These are critical elements when implementing an effective psychosocial sports program.

However, this case study focuses on an event involving only male survivors. Future research must address the impact of such programs on female or mixed-gender survivors. Also, this study only examined football as a sports intervention activity; thus, further research should discuss different types of sports and their respective selection process considering victims' backgrounds and analyze their effectiveness.

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