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FINAL RESEARCH PAPER

**PSYCHOSOCIAL ISSUES IN JAPAN AND INDONESIA
(COMPARATIVE STUDY)**

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CHAPTER I

THE PROBLEM

1.1 Background of the Study

Both Japan and Indonesia are the disaster-prone countries. Several times both Japan and Indonesia hits by the great disasters such as earthquake, tsunami, and landslide. As we may know that disaster always brings impacts to human life. One of the impacts is the psychosocial condition that usually happened as the consequence of the changes from their ordinary life to the uncertainty situation caused by the disaster. There are some feeling that usually comes because of the loss of a family member, livelihood, house, and being evacuated to the new place and separated from their community. The psychological and social effect of a disaster is harder to see rather than the physical effect. The recovery from it often takes far longer. It is essentially difficult to understand what happened because the condition of life before and after a disaster will never be the same.

As mentioned in EQE International summary report (1995), after Kobe Earthquake (Great Hanshin-Awaji Earthquake), the most significant societal impact of the earthquake was the tremendous loss of human life. In addition, for more than 300,000 survivors in the heavily impacted cities of Kobe, Ashiya, and Nishinomiya who were displaced from their homes, there were the hardships of finding shelter; securing food and water; locating friends and family members; and acquiring warm clothing for the cold, damp winter weather.

In Indonesia, the earthquake and tsunami in Aceh 2014, killed approximately 129,775 people and displaced around 504,518. Moreover, around 38,786 people were missing and more than a thousand children lost their parent (Mathoenis, et al, 2016).

The effect of disasters can bring various reactions to the people. The experience of dealing with the disaster, such as earthquake and tsunami can bring unfamiliar emotional response for the abnormal situation. Helping people for facing the situation after a disaster is important. Psychosocial support program can promote the

individual's ability to adapt which their psychosocial condition can contribute to their psychosocial well-being. Psychological symptoms of people affected by disaster remain much longer and throughout their entire life span. It is necessary to include psychosocial issues in disaster preparedness and management.

The main purpose of the study is to gather information related psychosocial support issues. This research is to investigate the psychosocial support program and the best practices related the disaster preparedness activities in Japan that can promote the psychosocial well-being. The research will address the following specific aims ; to identify the psychosocial issues and psychosocial support program conducted after the disaster, and to investigate the best practices related disaster preparedness activities conducted in Japan.

1.2 Statement of the Problem

To carry out the purpose of the research, the following research questions will be addressed :

1. What are the psychosocial issues after the disaster in Japan and Indonesia ?
2. What kind of the psychosocial support programs conducted in Japan and Indonesia ?
3. What is the value or coping capacity of Japanese people that can help them to cope with the situation after a disaster ?
4. What is the good example of the disaster preparedness facility and program in Japan that can promote the psychosocial well – being of the community ?

1.3 Significance of The Study

The research is to identify the psychosocial issues after the disaster in Japan and Indonesia. It will identify the psychosocial support for the survivors of disaster based on Japan and Indonesia experiences. The research also to analyze how the disaster affects the lives of Japan and Indonesian community, especially on the psychosocial aspect. It will be a significant endeavor in promoting awareness of the dangers and risks of the disaster and how to alert people react proactively in the case of disaster.

1.4 Scope and Limitation of The Study

The scope and limitation of this study are focused on psychosocial issues and psychosocial support program for the survivors of the Great Hanshin-Awaji Earthquake on 1995 and Tsunami Aceh 2004. There will be a comparative study between the psychosocial support program in Indonesia and Japan. This research also to gather the best practices related disaster preparedness activities in Japan and its contribution to the psychosocial well-being of the community.

1.5 Definition of Terms

To ensure maximum comprehension and appreciation of the research, some relevant terms are defined in this section.

Disaster Preparedness refers to measures taken to prepare for and reduce the effects of disasters. That is, to predict and, where possible, prevent disasters, mitigate their impact on vulnerable populations, and respond to and effectively cope with their consequences.

Psychosocial : The definition of psychosocial is relating to the combination of psychological and social behavior.

Psychosocial support program : an approach to victims of disaster, catastrophe or violence to foster resilience of communities and individuals. It aims at facilitating affected people's participation to their convalescence and preventing pathological consequences of potentially traumatic situations.

Psychosocial impact : Psychosocial impact is defined as the effect caused by environmental and/or biological factors on individual's social and/or psychological aspects.

Well-being : a condition of holistic health in all its dimensions: physical, cognitive, emotional, social, physical, and spiritual.

Coping : in psychology, it means to invest own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize, or tolerate stress or conflict.

CHAPTER 2

REVIEW OF LITERATURE

Psychosocial refers to the two-way relation between psychological factors (the way of people feels, thinks and acts) and social factors (related to the environment or context in which the people lives: the family, the community, the state, religion, culture). Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience.

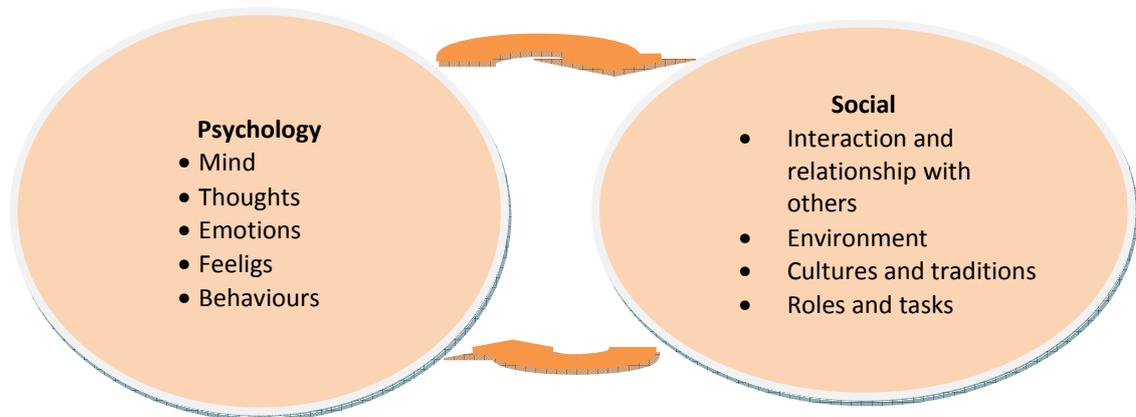


Figure 1 : correlation between Psychology and social

1. Disaster and Psychosocial Issues

Disasters such as hurricanes, earthquakes, transportation accidents or wildfires are typically unexpected, sudden and overwhelming. For many people, there are no outwardly visible signs of physical injury, but there can be nonetheless an emotional toll. It is common for people who have experienced a disaster to have strong emotional reactions. Understanding responses to distressing events can help people cope effectively with their feelings, thoughts, and behaviors, and help them along the path to recovery, (American Psychological Association, 2013).

According to Labadee & Bennet (2012), the emotions and reactions that follow a disaster are normal and natural responses to a stressful event. For most people, these reactions are temporary and generally do not become chronic problems. Individual

responses will differ and progress at different paces throughout the process. It is important for survivors to recognize that these reactions are expected and that everyone will experience them in some form and intensity.

2. Disaster and Vulnerable Group

Several agencies have identified a number of potentially vulnerable groups that may require or benefit from specific post-disaster interventions. The vulnerable groups are as follows: (1) People with pre-existing mental disorders, (2) Children and adolescents, (3) Gender-based vulnerability (women), (4) Older persons, (5) Homeless persons, (6) Indigenous peoples, (7) People living in shelters.

Children and adolescents are largely dependent on their families to supply basic needs such as shelter, food, and economic support, as well as to fulfill many of their social and emotional needs, Ortega et.all (2012). Their roles and activities are dynamic, changing over time as they get older, gain more independence, and acquire responsibilities; however, even older adolescents are frequently still dependent on their families for basic needs.

It is also important to consider that for most children and adolescents school is a significant component of their day-to-day lives, not just for education, but also for social interaction and as a support network. Post-disaster interventions addressing the needs on any level for children and adolescents must include both family and educational institutions and should be delivered in developmentally appropriate ways.

3. Psychosocial Support Program

According to The Psychosocial Framework of 2005-2007 of the International Federation, psychosocial support can be defined as a process of facilitating individuals, families, and community to bounce back from the impact of disasters or crises and helping them to deal with the situation in the future. The psychosocial

support promotes the restoration of social cohesion of the individual and communities, by respecting the independence, dignity and coping mechanism (International Federation Reference Center for Psychosocial Support, 2009).

Psychosocial support is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teacher, health workers, and community members on a daily basis but also extends to care and support offered by specialised psychological and social services.

The most basic issue in the psychosocial program following disasters is to transform those affected people from being victims to survivors. A victim is passive and dependent upon others; a survivor is not – he is able to take an active role in efforts to help his community and himself recover from the disaster (Ehrenreich & McQuaid, 2001). A victim feels as a subject to a situation over which he has no control over his environment or himself, whereas a survivor has regained a sense of control and is able to meet the demands of whatever difficulty confronts him.

Psychosocial support can be both preventive and curative. It is preventive when it decreases the risk of developing mental health problems. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises. These two aspects of psychosocial support contribute to the building of resilience in the face of new crises or other challenging life circumstances. (IFRC, Psychosocial Intervention, A Handbook, 2009)

4. The Urgency of Psychosocial Support Program

Experiencing difficult or disturbing events can significantly impact the social and emotional wellbeing of a child. Exposure to violence or disaster, loss of or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term consequences for children, families and communities balance, development, and fulfillment (ARC, 2009).

For children, psychosocial support can provide the opportunity by developed to their fullest potential. Psychosocial support empowers children and youth by providing opportunities to participate in social life, be self-reliant, develop self-confidence and empowerment with due regard to the maturity and involving capacity of the child, and respecting the rights and responsibilities of adults.

Psychosocial support established to assist affected people to attain stable life and integrated functioning. It can help the person affected by the disaster to restore hope, dignity, mental and social well-being and a sense of normality.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter provided the methodology for studying about psychosocial issues and disaster preparedness in Japan. The study focused on the psychosocial support program and the best practices related the disaster preparedness activities in Japan that can promote psychosocial well-being of the community.

Research Design

The researcher used the literature study and descriptive methods. The literature study conducted to gather information related psychosocial issues and psychosocial support program after the Great Hanshin-Awaji earthquake. Only the related literature selected as the resources of the study.

Data Gathering Procedure

Data for this research were collected using some technique and procedure.

1. Visit and observation in the visited places and institution related disaster management, psychosocial issues, during VR 2016A program.
2. Attend in the Activities related Disaster Management Issues.
3. Conduct interview ; Researcher conducted an interview to a certain number of people to get information related the situation after Great Hanshin-Awaji and Tsunami Aceh, the psychosocial support program, and the disaster preparedness activities.
4. Literatures Study / Documents analysis ; Review related literature on psychosocial impacts of the disaster.

Methods and Procedure

For gathering the information related psychosocial issues, the researcher uses online sources such as journal and article. Based on the information gathered from the reading source, the researcher also conducted an interview with a certain number of people.

CHAPTER 4

INTERPRETATION OF DATA AND DISCUSSION

This chapter presents the interpretation of data and discussion. The research is expected to know about the psychosocial issues in the post-disaster, and to identify a good example of the facilities and programs related disaster preparedness that can promote the psychosocial well-being of the community.

4.1 Japan and Indonesia as the Disaster Prone Countries

4.1.1 Disaster in Japan

Japan is located in the Circum-Pacific Mobile Belt where seismic and volcanic activities occur constantly. Although the country covers only 0.25% of the land area on the planet, the number of earthquakes and active volcanoes is quite high. In addition, because of geographical, topographical and meteorological conditions, the country is subject to frequent natural disasters such as typhoons, torrential rains, and heavy snowfalls, as well as earthquakes and tsunami (Cabinet Office, 2015).

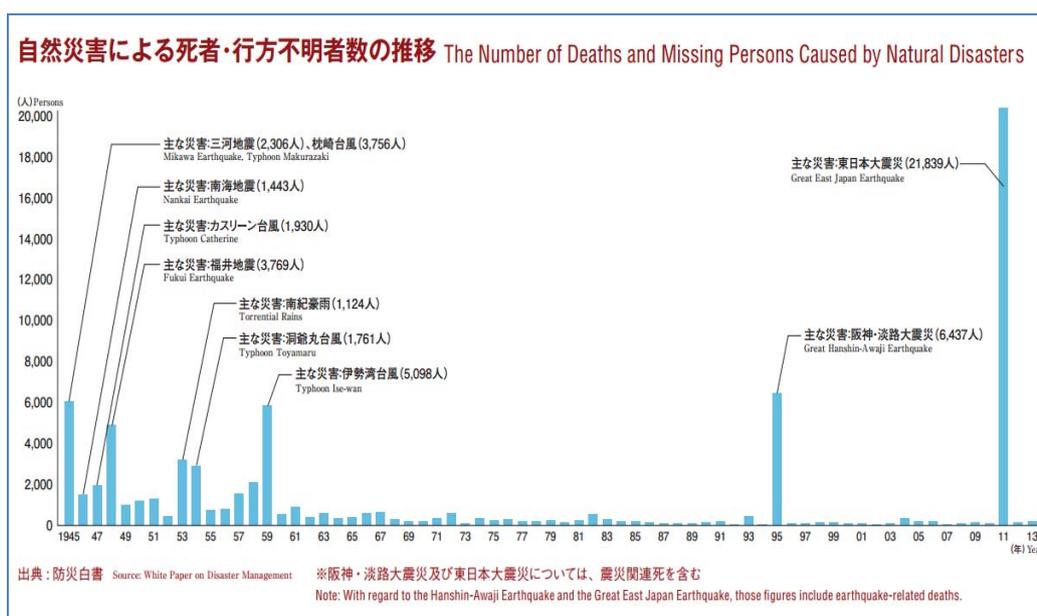


Figure 3: The Number of Death and Missing Person Caused by Natural Disaster in Japan

4.1.2 Disaster in Indonesia

Indonesia is located in disaster prone area, can be considered as Laboratory of Disasters, due to its geographical, geological and demographic condition. Indonesia is susceptible to various types of natural hazards due to its geographical location and physical environment; being situated in the “Pacific Ring of Fire”, between three Tectonic plates (Indo-Australia, Eurasian and Pacific), an area encircling the Pacific Ocean where frequent earthquakes and volcanic activity result from the movements of said tectonic plates.

Indonesia ranks 12th among the most vulnerable countries witnessing high mortality risk from multiple hazards (UNISDR, 2009). According to DIBI BNPB, floods followed by strong winds, landslides and droughts killed the largest number of persons in Indonesia between 1815 and 2015. Some 189,711 people lost their lives between 2005 and 2015 in Indonesia due to natural disasters.

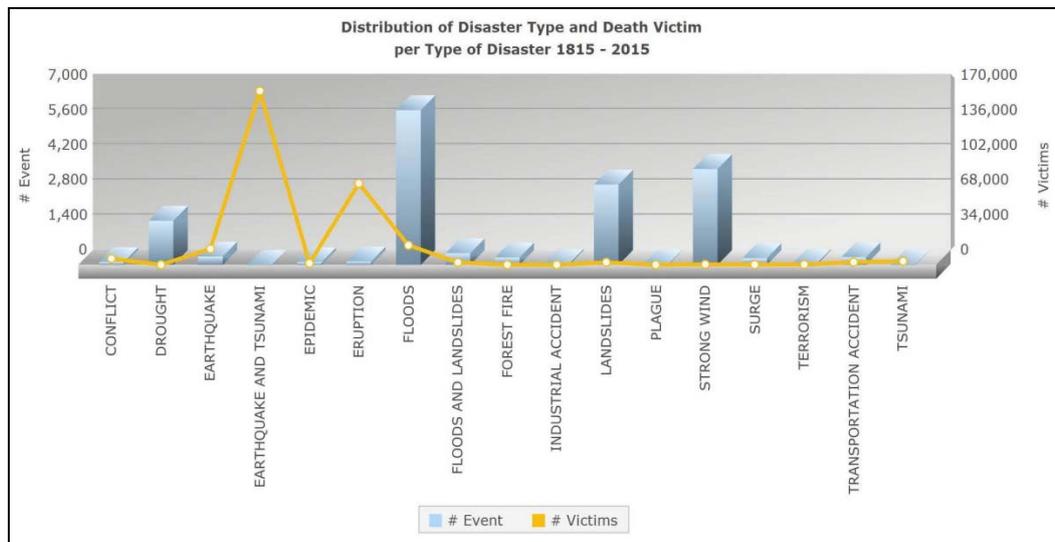


Figure 4 : Distribution of Disaster Type and Dead Victim in Indonesia

4.2 The Common Psychosocial Issues after Disaster

The level of human responses to the disaster may be physical, psychological (grief, anger, denial), social or spiritual (give meaning and something to live for). Wolfe (2000) mentioned that there are various common reaction from the survivors of the

disaster. There are 4 kinds of the people reactions, consist of emotional, behavioral, cognitive and physical.

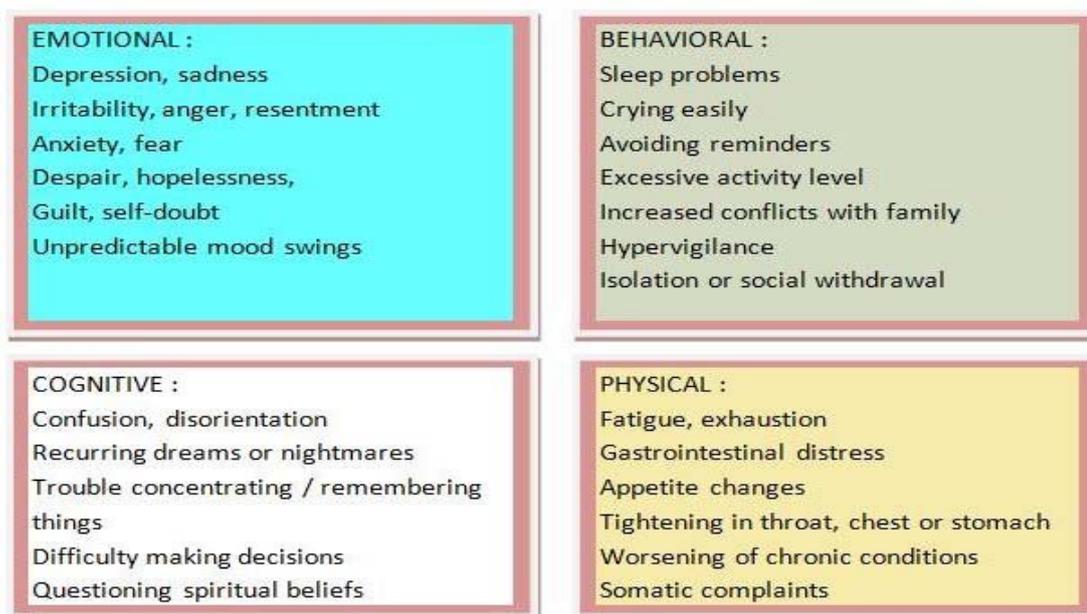


Figure : 5. The common reactions of disaster survivors, Wolfe (2000)

After the disaster occurred, some people may feel depression, sadness, irritability, anger, resentment, anxiety, fear, despair, hopeless, guilt, self-doubt, unpredictable mood swing. It may change their behavior, such as they will get sleep problems, crying easily, avoiding reminders, increased conflicts with family, hypervigilance, and social withdrawal.

In the cognitive aspect, people may get confusion, disorientation, recurring dreams or nightmares, trouble concentrating or remembering things, difficulty making decisions, and questioning spiritual beliefs. For physical aspect, people may get fatigue, exhaustion, gastrointestinal distress, appetite changes, tightening in the throat, chest or stomach, worsening of chronic conditions, and somatic complaints.

In a survey conducted by Hyogo Institute for Traumatic Stress (HITS) 14 years after Great Hanshin-Awaji Earthquake, shown that 54,1 % of 106 respondent who survived the earthquake but lost family members were still displaying symptoms of posttraumatic stress disorder (Aoki, 2011).

4.3. Psychosocial Issues in Japan

4.3.1 Psychosocial Issues on Adult and Elderly Group in Japan

"I want to work but there are no jobs. That's why I paint all day long. I feel each day is really long now." Said an elderly male survivor from Hyogo Ward, Kobe (UNCRED, 2003).

Five months after the Great Hanshin-Awaji Earthquake on 1995, a number of single residents at temporary housing units died alone, unnoticed, one after another, and these "lonely deaths" gradually developed into a major social concern. Men in their 50's and 60's were considered high-risk groups for a lonely death. Most of the dead were unemployed or workers with an unstable job. By withdrawing into their own housing unit, cutting off ties with other people, drinking too much, taking too little nutrition, and ignoring chronic illnesses, such people end up dying alone (Cabinet Office, 2001).

The Japanese Red Cross Society reported that many elderly people in evacuation centers fell into a neurotic or depressive state or showed behavioral disorders and dementia. Another report suggested that life in crowded evacuation centers might have left many elderly people bed-ridden and may have increased the incidence of dementia (Kunii, et al, 1995).

Based on the research conducted by Ishikawa (1997), the psychological distress of elderly people in Japan after Great Hanshin-Awaji is related to resource loss, and physical condition. The research result suggests that after a big disaster, the elderly and disabled suffer deterioration in physical condition and run the risks of worsening mobility. The loss of worsening of physical health status may lead to psychological distress.

Cabinet Office (2001) mentioned that drastic change in life after the Great Hanshin-Awaji created major stress and problem of mental health and feeling. In the disaster area, a huge number of persons experienced severe shock due to the powerful earthquake, loss of family members and assets, and having to

move to and live in evacuation centers and temporary housing units. All of these severe changes created major stress and led to mental and physical illness.

There were many cases where the survivors of the disaster became mentally unstable due to changes in the situation, not just after the earthquake. It was clear that it would take a long time before “feelings and mental well-being” could be restored. The survivors who could not rebuild their lives tended to feel left out as the signs and wounds of the earthquake disaster disappeared from around them. It became increasingly difficult for them to verbalize their anxiety and fears and problems of the heart grew (Cabinet Office, 2001).

Citizens not directly affected by the earthquake had endured extreme disruption and confusion in their daily lives due to the long time damaged infrastructure. As a result of this terrible and complex disaster, Post-Traumatic Stress Disorder (PTSD) became widely recognized throughout Japan, (Takada, 2012).

Ishikawa (1997) mentioned some psychological distress that can be found on the group of elderly, such as ; trouble falling asleep, thought of frightening, feeling hopeless, temper outbursts, heart pounding, annoyed or irritated, feeling depressed, worrying too much and feeling critical.

In the health survey of disaster victim’s families, it was clear that the earthquake disaster had an impact on illnesses, bodily condition, as well as on mental health and wellness. The bad or traumatized in the past can give bad effect for someone life. The memory of the past disaster may bring psychological symptom and social effect.

4.3.2 Psychosocial Issues on Group of Children in Japan

The Great Hanshin-Awaji Earthquake also made the children also become the victims. Some of them lost a family member, relatives, or schoolmates. Many of them also had to stay in the shelter and then in temporary housing. Most

schools in the affected areas were closed for more than a month. All of that conditions mentioned above can create a psychological problem among the children.

The result of a survey for pre-school aged children, there are some symptoms related PTSD. Takada (2012) mentioned on his survey related the psychological reaction of pre-school aged children following the Great-Hanshin Awaji, that ; (1) sixteen symptoms related to PTSD, such as fear of dark place, inability to sleep alone, and startled by small sounds, were found more frequently in the small children whose houses had been severely damaged (table 1).

Table 1
Psychological and physical signs and symptoms in small children

1	Lack of appetite
2	Overeating
3	Frequent constipation or diarrhea
4	Frequent bed-wetting
5	Unwillingness to go to the toilet alone
6	Inability to sleep alone
7	Frequent crying during the night
8	Fear of dark places
9	Wanting to constantly stick close to the parent
10	Repeatedly talking about the earthquake
11	Extreme dislike of any talk about the earthquake
12	Startled by small sounds
13	Short tempered
14	Irritability
15	Inability to concentrate
16	Thumb-sucking and nail-biting
17	Excessive blinking, stammering
18	Wheezing

19	Complaining of itching in the skin and eyes
20	Wanting others to do things which the child should be capable of doing himself
21	Excessive intolerance
22	Other problems which cause concern

4.4. Psychosocial Support Program in Japan

4.4.1 Psychosocial Support Program for Adult Group and Elderly in Japan

To address the psychosocial problem of the affected people of disaster, there is various program conducted by multi-stakeholders. The government, NGO / INGO, volunteer and private sector participated in providing psychosocial support program. Some of the Psychosocial support program conducted in Japan for the survivor of the Great Hanshin-Awaji Earthquake as follow ;

a. “Ikiiki (lively life) Workshop” & “Phoenix Relay Market”

Some disaster victims who left their local communities and lost their family members, friends, and home, lost the meaning to live due to the loss of various relationships. For the reconstruction of the disaster-affected area, it was necessary for the local government to revitalize the power and independence of disaster victims themselves.

Hyogo established the comprising course for the survivors. The course is about health, gardening, and handicrafts for a fulfilling life. By discovering one’s role through a relationship with other persons, a person can find something to live for. The courses were designed to gain knowledge and create friendships with other persons. Moreover, for the course participants, the “Ikiiki Network” is used for a volunteer activity to utilize what they learned through the course. At the same time, the “Phoenix Relay Market (flea market event) was organized for the participants to display and sell handicraft.

b. “Kokoro no Care Center” (Mental Health Center)

Cabinet Office (2001) mentioned that long-term measures for care and mental health have become necessary. For that case, Hyogo Prefecture set up. The content of counseling and symptoms were wide-ranging such as anxiety, interpersonal relationship, sleep disorders, depression, and among men, there were also many alcohol related problems. Also, those who lost their home or a family member in the earthquake disaster most often experienced PTSD.

c. Counseling Access

Hyogo Prefectural announced a “counseling toll-free number for refugee outside of the prefecture. The counseling access set up on December 2, 1996, and on December 19, 1996, it announced its “Hometown Hyogo Comeback Plan”. The system of supporting disaster victims was broadened across prefectural borders.

d. Storytelling

For senior citizens, Hyogo also carried out a program called the “Storytelling and Passing on Olden Days Playing Project”. The project provided senior citizens with an opportunity to visit local primary schools and neighborhood children’s associations to pass on their disaster experiences and play games from olden days. Storytelling can be a model for releasing the feeling of survivors.

e. Established A “Fureai” (Social) Centre And Community Plaza

There was a need for bases for disaster-affected people to gather and communicate. The aim is for Making activity “bases” available. As mentioned by Shaw (2003), in the temporary housing, increased number of elderly people became a real problem. To solve this problem, volunteers gave active support and set up a community center.

The center located in temporary housing and reconstruction public housing locations. The center is the place where government policy briefings, consultations, dinner meetings and handicraft lessons were held for community rebuilding.

f. Religious Activity

“We rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produce hope and hope does not disappointed us” ; Roman 5:3-4

After Great Hanshin-Awaji Earthquake, there are some activities conducted by Church through social and religious activities. As mentioned by The Kobe Christian Missionaries Association, many volunteers joined in the recovery activities and facilitated the religious activity for the survivor.

g. Home Visit as a Psychosocial Support

“During the New Year’s holiday, I caught a cold and was in bed all the time. In fact, I didn’t have to go out anywhere. But I am so happy to see volunteers like this. Please come and visit me some day.” said an elderly female survivor from Hyogo Ward, Kobe (UNCRD, 2003).

It is important for disaster victims to express their feelings, and it is important for them to have someone to listen to their stories receptively. Speaking about their traumatic events helps them to understand their experiences, and that speeds the recovery process.

“Even if we can not do anything for victims, we can just listen to their stories and stay together. I think it is sufficient to do what we can do. I think we should not forget to sympathize with them

together. It is out of the question to look down on them and feel pity for them.” Hyogo Ward Kobe, 40 yo, female.

4.4.2. Psychosocial Support Program for Group of Children in Japan

There is some psychosocial support program for children in Japan conducted by volunteer :

a. Sing Together

Based on the interview that researcher conducted with the senior citizen (80 yo) in Hyogo Prefecture, he mentioned that in the post-disaster, there were many volunteers came and give the support for the survivors through play a music and sing song together. By playing a music and sing together it can build the social connectedness among the survivors.

“I tried to comfort people by playing the guitar which I played since I was 17” (Documentation of DRI Museum – Great Hanshin-Awaji)



Social connectedness, therefore, generates a positive feedback loop of social, emotional and physical well-being. Unfortunately, the opposite is also true for those who lack social connectedness. The low social connection has been generally associated with declines in physical and psychological health as well as a higher propensity to antisocial behavior that leads to further isolation (Seppala, on [www. psychologytoday.com](http://www.psychologytoday.com)).

b. Art Activities



"I will never forget people's favor in the disaster. I am happy if they are pleased with my handicraft", said a volunteer. (Documentation of DRI Museum – Great Hanshin-Awaji)

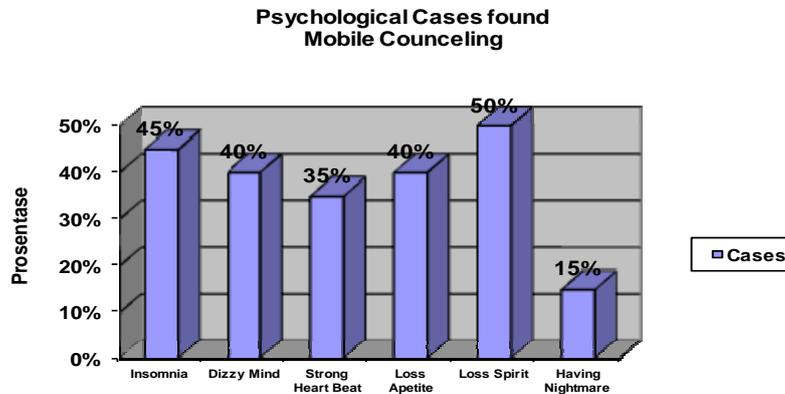


Figure 6 : Art activities for children

4.5. Psychosocial Issues in Indonesia

4.5.1 Psychosocial Issues on Adult Group and Elderly in Indonesia

After the natural disaster in Aceh on 2004, there are several cases found related psychological problem of the adult group. The adult survivors lost their spirit, got insomnia, dizzy mind, lost appetite, strong heartbeat and having a



nightmare as their reaction after the disaster. Based on the result of Psychosocial Participatory Mapping on adults survivors of the tsunami, conducted by YEU (Local NGO in Indonesia) in West Aceh, can be described as follow ;

Figure7 : Psychological cases identified by YEU

The physical reaction, after disaster mentioned by the survivors, such as ; feel being restless, sad, insomniac, worried, and pessimistic about their economy condition. They find difficulty in making money, feel uncomfortable, traumatic, panic, afraid and hard to start their lives from the beginning, and confused, and according to them, their economic condition getting worst.

The problem also comes from their thought. They confuse about how they get a way to restore the economy condition, heal trauma, start up and plan for future, children’s education, asset damage, restore life to a better condition before the disaster, find a job, look for side-job. And the most important thing according to them is how to save a life.

4.5.2 Psychosocial Support Program for Adult Group and Elderly in Indonesia

Psychosocial support program in Indonesia implemented in various forms. The presence of various humanitarian aid institutions in Aceh both from the national and international level shows that there is variation in the form of psychosocial support (Natael Sumampouw, 2008).

The implementation of psychosocial support program can be done through health services, livelihood activities, training activities, religious activities, recreational activities and discussion. For children and teenagers, the recreational activities such as sport, arts / creativity, play and learn can be used. The activities were organize based on participatory mapping of the survivor's needs .

For example, psychosocial support program conducted by a Non Government Organization named YEU (YAKKUM Emergency Unit) delivered in various kind of activities, such as ;

a. Psychoeducational and Relaxation

The material is about of the impact of disasters on thoughts, emotions, and behaviors in adults and children. The activity provides information about the impact of disasters on children and basic information about supporting children's emotional stability.

The content of the psychoeducation is about general skills (i.e., communication skills, interpersonal skills, relationship skills, etc.) and specific skills (i.e., coping with frustration). The survivors also learn about relaxation technique and coping exercises such as deep breathing.

The aim of the activity is to provide adequate information to the survivor for managing their feeling after the disaster.



Figure 8 : Psychosocial Staff provides information about psychosocial



Figure 9 : Relaxation process

b. Mobile Clinic Counseling

Mobile clinic counseling conducted for giving support to the survivors of natural disaster. Psychosocial support activity as part of the health program. Mobile clinic counseling provides support to people emotionally and psychologically in order to maximize their psychological functioning.



Figure 10 : Counseling Process

The survivors can release their feelings through share the story and their emotional condition. This activity will give disaster victims the chance to talk about what they're experiencing without forcing them to talk before they are ready, but it will let them know that they will be heard when they are ready to talk and share their feeling.

c. Traditional Dancing Group



Figure 11 :The Performance of Dancing Group Activities after tsunami

Support group community can be conducted through supporting traditional group activity. Culture and tradition are the closest part of the people daily living. This kind of activity can help the survivor to connect with others. Social ties are key to helping people bounce back after a traumatic event. By connecting people with family, friends and community help prevent social isolation later.

d. Sharing Group Activity



Figure 12 : The activity of sharing group

Sharing group activity was an effective way to decrease psychosocial problem and return people self-confidence. The group is formed with the same gender : male and women communities. Members of such group are varied. The regular meeting is done every once a week with flexible time, depends on consensus decision.

4.6.1 Psychosocial Issues on Children in Indonesia

In Indonesia, many children were suffering from psychological consequences following aftermath and it was exacerbated by losing and displacing family, staying in the shelter or tents for months, and lack of social support. Even, the children exposed to natural disasters are resilient and recover from early post-trauma symptoms. As a direct consequence of such natural disasters, PTSD is the most common and devastating mental health disorder identified in children.

In the wake of disasters, children are among those at the highest risk for developing psychological trauma (Belfer, 2006; Norris et al, 2002). One particular form of distress that is prevalent among children in the aftermath of disasters is Posttraumatic Stress Disorder.

In their review of the literature on children's PTSD responses, Dyregrov and Yule (2006) identified typical distress symptoms, including overt aggression (e.g. destructiveness, physical aggression), as well as symptoms of withdrawal (e.g. decreased activity levels, sadness, isolation from friends and family).

Based on the research conducted by Widyatmoko, et al, there is some distress symptom related the disaster.

Based on the table below we can find that the most of the post traumatic distress syndrome is related to school problems, fear, emotional problem, externalizing behaviors and withdrawal.

Table 2.
students identified by their teachers as experiencing a particular posttraumatic distress symptom

1	School problems 40.5%
2	Fear 37.6%
3	Emotional problems 20.5%
4	Externalizing behaviors 18.0%
5	Withdrawal 16.6%
6	Clinging to adults 6.8%
7	Somatic problems 6.3%
8	Hyperactivity 5.4%
9	Regressive behavior 2.9%
10	Forgetful 1.0%
11	Dazed 1.0%
12	Sleep problems 1.0%
13	Decreased self-esteem 2.9%
14	Culture-specific symptoms
15	Daydreaming 9.8%
16	Blank stare (ndomblong)

4.6.2 Psychosocial Support Program for Children in Indonesia

There are many different types and ways of providing psychosocial support to children, but the easiest to do is to provide recreational activities. The concept of the program is trough provide recreational activities for the children. The

psychosocial support program conducted by government, INGO, NGO, and volunteer in Indonesia can describe as follow ;

a. Art Activities (Drawing and Painting)

Most of the children love drawing and painting. Through painting, children can express emotions which are too difficult to express verbally, and other people can see what they are feeling. As with performances, these forms of art also show the children that there is more to life than what is happening to them right now.

As Math, et al (2008) mentioned that art can be a means of communication with the external world and give expression to thoughts and feelings. Among the younger children, it was noted that they did not talk or were too scared to recall their experiences. This media can be a model for the catharsis of feelings. Children were encouraged to participate by drawing. They can express their feeling through drawing.

Mostly, after the disaster, children will draw the related image with his experience. Initially, most children did draw pleasant images of rainbows, mountains, and the peaceful sea. Some, however, drew images of destruction caused by the tsunami. Therefore, what could be interpreted for most children was a wish to restore the sense of happiness and contentment that existed before the tsunami. All children were asked to describe what they had drawn. Some children, who had drawn the scenes of destruction, ended their descriptions on a positive note of returning to a “normal life.”



Through drawing and painting, the children can release their feeling. Drawing and painting are the enjoyable media and activity for those who love art. In the other side, drawing and painting can become a media to identify the children who need

more attention. By drawing and painting we can screen out children who were severely affected by the disaster and who required individual intervention.

Children whose drawings depicted extreme destruction, which was supported by their explanations of the drawings, were classified as extremely distressed and screened out for further management.

Themes such as helplessness, a sense of loss, hopelessness, frustration, and uncertainty did emerge, especially in the adolescent group. However, in the children's group, there was a sense of loss regarding losing



their homes and subsequently moving to camps. The psychological impact of losing a “place” or home can be profound and long lasting. Individual work focused on encouraging the survivors to speak about the disaster as they had witnessed it and, later, on instilling hope for the future.

b. Drama Performance

Drama performance is an effective way to help children develop their abilities to cooperate, to express themselves freely and to build their confidence. Drama can also help children work through their experiences and make sense of what is happening to them. Through drama show, children can get any moral message

c. Sport Activity

Children are full of energy. Sports activity can improve children’s ability to express themselves. As mentioned by Coakley (2001), emphasizes that sports are more than just games and meets; they

are also social phenomena that have meanings that go far beyond scoring and performance statistics.

Sports as a special form of human activity more emphasis on the human motion can be used as a strategy in recovery efforts after the trauma on survivor children of the disaster. Sports have a significant impact on the development of the human being, both physically as well as psychological. Because of that, sport can give a contribution to the human psychological and social recovery.

d. Storytelling

Both listening and telling stories can be useful in helping children to listen to other people, learn to show empathy, and respect. Stories can be used to explore moral values and ways of dealing with problems. A particular benefit of storytelling is that it can enable children to express ideas freely. It is not necessarily about 'them' but the characters they have created, although children may strongly identify with the characters and their stories. Storytelling can be done orally or in writing. Poems can also be used in storytelling.

e. Play and Learn

Play and learn activity has proved singularly effective in helping the children recover from the shock and upheaval and regain a sense of normality. Children can express their feeling and can gather with their peer group through the play activity. The activity provides social connectedness among the children.



Figure 13 : Play and learn activity for children

4.7 Best Practice from Japan

There are some best practices from Japan that can contribute to the psychosocial well-being of the Japanese community. The best practices come from their values as the coping capacity for facing the disaster. There are also institution and programs established in Japan for preparing the community to get the lesson learn from the past disaster. The knowledge and experiences will make people ready for facing the next disaster. By getting the experiences for facing the potential hazards can create the individual preparedness, both physically and mentally.

4.7.1 Coping Capacity of the Community

It is an acknowledged fact that there are individual differences in coping with stress and disasters. In general, based on the reviewed articles, and discussion with the number of the person, researcher find some value on Japanese and people, and that value can help them to cope with the distress situation.

Based on the interview with a senior citizen, and reviewed related articles, the researcher found the values of Japanese people as their coping mechanism. There is some Japanese people's value who can make them resilient after the disaster occurred ;

a. Acceptance ("*Shoganai*")

One of the coping mechanism of Japan's society is being patient. They are not accustomed to express their feeling to others. They are accepting the disaster as the thing that they have to receive. They do not need to complain and blame anyone else.

Katsuragi (1995) mentioned that Many Japanese have accepted the earthquake as being "shoganai". "Shoganai" means "it can't be helped" or "nothing can be done". Shoganai explains why Japanese people can deal with terrible situations such as disasters without complaining.

The traditional coping mechanism in Japan is not to express grief or anger, but to endure, tolerate and to move on, quietly supporting one another. This could explain why, amid this devastation, these communities have succeeded in maintaining social stability. After each disaster, people put the trauma to the back of their minds and re-establish their communities (Yamazaki, et al, 2011).

b. Spirit of Buddhism Philosophy

Japanese society is still firmly rooted in the philosophy of Buddhism. According to Buddhist cosmology, human life might be said to be nothing more than a speck of dust in the air (Katsuragi, 1995). The philosophy teaches Japanese people for being calm.

c. Use the experience as a good lesson to live

“We experienced once, and the experience has to make us survive and stronger even for the next disaster”, SK, 80 years old.

As mentioned by the interviewee, his believe or value from his past experience in dealing with the disaster should become his capacity for facing the next disaster. He uses his experience as the capacity for disaster preparedness. The life experiences can also make him more resilient for facing the catastrophe.

d. Protect Our Place by Ourselves

The concept above created cooperative behavior (self-help & mutual help concept) among Japanese society.

Based on the presentation of Dr. Michiko Banba from Education and Research Center, the University of Hyogo at her lecture on October 12, 2016, she mentioned that sometimes humans do not have strong wills to take actions to save their lives and wait for directions from leaders. It is important to have a strong will to overcome disaster and survive. In this case, Japanese people promote Self-help concept and make that concept as their daily life.

4.7.2 The good example of the facilities and programs that can promote the psychosocial well-being of the community in Japan

There is some good example of the facilities that can promote the psychosocial well-being of the community in Japan. After the Great Hanshin-Awaji, Japan became well prepare for mental health care and psychosocial issues.

a. Institution for Mental Health Care HITS (Hyogo Institute for Traumatic Stress)

After Great Hanshin-Awaji Earthquake, Japan established institutions focused on handling mental health and psychosocial issues. The institutions also as the research center for mental health and psychosocial issues.

In terms of reducing the vulnerability on mental health and psychosocial case, Hyogo Prefecture built HITS (Hyogo Institute for Traumatic Stress). HITS established in April 2004, to utilize the lesson of the Great Hanshin-Awaji Earthquake in 1995. HITS conducted training courses on mental health and per 2016, 632 health officers in Hyogo Prefecture participated in the training.

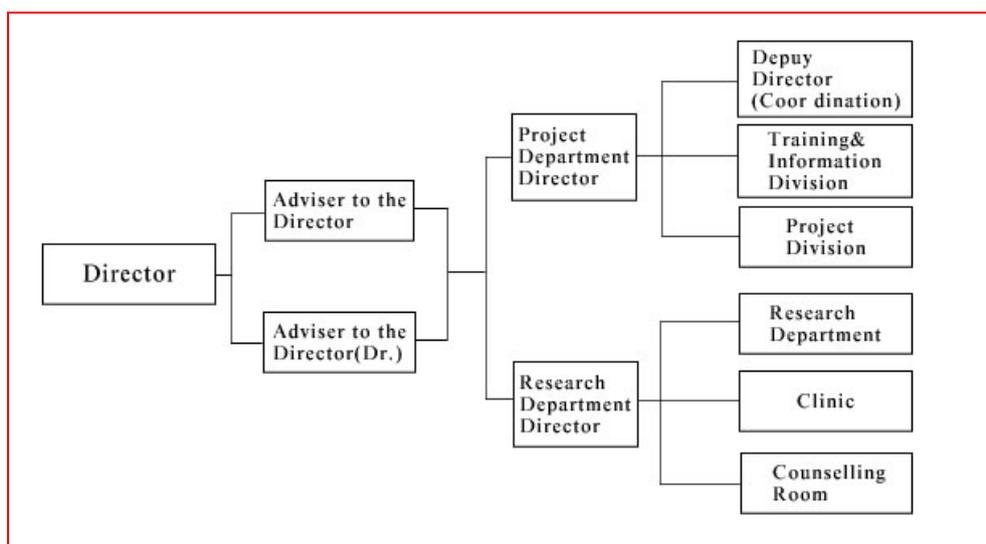


Figure : Organizational chart of HITS

HITS is the first base facility for emotional care in Japan. HITS established for those who suffer from (psychological trauma) or PTSD (post-traumatic stress

disorder) as a result of disasters or accidents. The function of HITS is to carry out research, training, information sharing, promotional activities, counseling, and consultations, it also works on human resources development based on the principle of “Human Care.”

HITS has several activities, as follow ;

- Holding research promotions conferences ; Annually HITS conduct symposium. In this year the symposium will conduct on November 12, 2016. Focus of the Symposium is about Kumamoto Earthquake.
- Holding training, coordination meetings
- Coordination and collaboration. HITS liaison with other organizations involves in mental health in order to create a broad network. HITS collaborating with other agency, such as NGO and international NGO and did not directly approach to the community.
- Community support efforts ;
In the event of disasters and accidents, where urgent and intensive intervention is required, HITS will provide appropriate advice and guidance on trauma and PTSD and will dispatch a support team if necessary. In Great East Earthquake HITS dispatched the staff for 3 months after Great East Earthquake, and in Kumamoto Earthquake ; HITS sent their staff for two days for assisting the survivors.
- Visited the affected peoples regularly ; staff of HITS conducting a home visit to the affected people and they will give any advice.



Figure 14 : Visiting HITS in October 2016

HITS also conducted training for school teachers for helping children in the traumatic accident. HITS also trained public health nurses for handling the victims of violence. HITS also provides special treatments for trauma. They use the chair as the methodology for asking the person with the problem to talk about their memory related trauma.

b. Museum and Learning Center

Museum and learning center can provide information and appropriate education for the community. Through visiting the museum, people can understand the destructive force from the disaster. At the same time, there is a lot to learn from past experiences to build the mental preparedness of the society against future disasters.

Through interactive programs and museum displays, the institution educates the public on how cities, communities, and individuals can be better prepared for disasters; how disaster risk management and mitigation requires involvement by both national and local governments, local communities and individuals.

Through providing adequate education and information related the occurrence of disasters that have been happening and the disaster hazards. It will give a contribution to the individual mental dimension, as the part of psychosocial well-being.

After the Great Hanshin-Awaji Earthquake, Japan built some museum and learning center, such as ;

1. The Great Hanshin-Awaji Earthquake Memorial (Disaster Reduction and Human Renovation Institution) ;

The DRI, established in Hyogo Prefecture in April 2002 with the support of the Japanese government, is operated by the Hyogo Earthquake Memorial 21st Century Research Institute. The mission is to mold a culture of disaster awareness, enhance local capacity for disaster management, support the development of disaster management

policies, and contribute to creating civic collaboration on safety and security as well as a society with reduced disaster-related risks.

There are 6 functions of the building ;

- a) Museum exhibits ; The exhibits provide accessible information on experiences and lessons learned from the Great Hanshin-Awaji Earthquake, thanks to the help and cooperation of many people, including survivors, city residents, and volunteers. This information is particularly geared toward children, as it conveys the importance of disaster prevention, respect for life, and how wonderful coexistence is.
- b) Collection and preservation of source documents and materials ; to prevent memories of the Great Hanshin-Awaji Earthquake from fading and to pass on to future generations the thoughts of the survivors and the lessons learned from the disaster, DRI continuously collect and store materials relating to the earthquake and disaster management, and organize and release it in a way that makes information on disaster management more accessible to local citizens.
- c) Training of Disaster Management Practitioners ; In order to train local government's disaster management officials and other key personnel charged with disaster response, DRI provides specific information on experiences from the Great Hanshin-Awaji Earthquake. DRI also systematically and comprehensively provide practical knowledge and techniques for disaster management that are based on the latest research findings.
- d) Action research on disaster reduction and development of disaster reduction professionals : DRI conduct practical disaster management research that helps the national and local government, communities, companies and other formulate and implement disaster management policies and disaster response measures.

- e) Headquarters assistance in disaster response ; When a major disaster occurs, DRI dispatch personnel with practical and systematic knowledge about disaster response to disaster response centers and other locations, provide appropriate information and advice on leading a disaster response, and contribute to damage mitigation, restoration, and reconstruction in disaster zones.
- f) Exchange and Networking : DRI promotes efforts to improve society's disaster management by forming a diverse network that includes government officials, researchers, citizens and companies involved in the Great Hanshin-AWAJI Earthquake or in disaster management, as well as by providing a venue for international collaboration.

2. The Osaka City Abeno Life Safety Learning Center ;

There is a learning center in Osaka. Osaka City Abeno Life Safety Learning Center give experienced to the community through practical in the disaster training area. This learning center was established to provide the lessons from the Great Hanshin-Awaji Earthquake and Great East Earthquake, and to promote the preparation for the many more earthquakes that have been predicted in Kansai.

At the Osaka City Abeno Life Safety Learning Center, people recreate earthquakes with intense videos and shaking motion. People can realistically experience the terrifying shaking and destruction first-hand. People can also learn and practice what to do after the earthquake, both indoors and on the streets, including how to put out fires, evacuate, rescue others, and a series of another necessary disaster preparedness training activities.



Figure 15 : People can get experience in Nankai Earthquake

Osaka City Abeno Life Safety Learning Center consist of 2 area, those are Practical Disaster Training Area, and Safety Training and Practice Area.

In the Practical Disaster Training Area, there some learning corner ;

- 1) Virtual Earthquake Corner ; This is the introduction to the earthquake disaster experience zone. First, earthquake information is presented as a newscast. At length, a vivid big-screen video with full vibration realistically recreates a major earthquake.
- 2) Fire Prevention Corner : Right after the earthquake, many things can start fires. The visitors have to turn off gas stoves, breakers, and other hazards as quickly as they can to prevent a second disaster.
- 3) Smoke Corner ; The visitors will experience on how they should do when the smoke is filling the hallway.
- 4) Early Extinguisher Corner ; The visitor can learn to use a fire extinguisher and practicing to base the flames.
- 5) 119 Practical Call Corner ; Visitor can learn how to call 119 and make a report in the emergency setting. They can practice calling from a payphone or a cellular phone.
- 6) Fire Extinguishing Corner : Visitor can practice using the pump when a fire erupts on the second floor of the building.
- 7) Hazards Corner : The visitors will learn to handle the dangers of fallen sign, exposed gas pipes, and broken electrical wires.
- 8) Experience a Magnitude 7 Earthquake : The room is equipped to recreate an actual earthquake. The shaking can get as intense as the Great Hanshin-Awaji earthquake.

- 9) Multipurpose Safety Training Room : This room has many potential uses, such as showing disaster-related films and holding lectures, orientations, and first-aid training.
- 10) First Aid Corner : The visitor will learn useful skills, such as how to stop bleeding, and set the broken bones.
- 11) Multimedia Learning Corner : Visitor can use computers and graphic panels to look up all sort of information about earthquakes, fires, wind and flood damage.

In the Safety Training and Practice Area, consist of 3 rooms as follow ;

- 1) General Training Room ; In this space set aside by the Life Safety Learning Center, simulation can be held covering the necessity actions during an emergency. The visitors can realistically practice putting out fires and leading evacuations.
- 2) Safety Training Room ; In this room, the visitor will start by learning the basics of fire and disaster prevention, and then learn to reduce damage and keep fires from spreading.
- 3) Life Safety Equipment Room : Safety equipment of every type is displayed as it used in actual buildings. The visitor can learn about the structures and other fire prevention system.

3. Nara City Disaster Management Center

Nara Disaster Management Center was built in August 1995, 7 months after Great Hanshin-Awaji Earthquake. The center established by Government of Nara. The aim is to promote disaster preparedness for the community, even Nara does not affect by Great-Hanshin Awaji Earthquake.

By visiting Nara City Disaster Management Center, people can get appropriate information related the situation in Japan as the disaster-prone country. Being located in the disaster prone area will be never easy

to have adaptation, but the one that people can do is using their knowledge and experience for preparing themselves physically and mentally.

There are 4 education corners in this center ;



1) Fire Extinguisher Center

In this corner, visitors can learn how to use the fire extinguisher. There is a fire simulator on the wall as a media for practice. The visitor can get experience on how to use the fire extinguisher. They introduced the 3 steps for operating the fire extinguisher ; (1) Pull the

pin on the extinguisher. (2) Aim the hose nozzle low toward the base of the fire, (3) Squeeze the handle to release the extinguishing agent.



Figure 16 : VR got experience on Fire Extinguisher and Earthquake

2) Smoke corner :

In this learning corner, the visitor can get experience on how to evacuate during smoke / fire accident. They introduced the 4 rules during evacuating ; don't push, don't run, don't talk and don't go back.

- 3) Typhoon corner : In this corner, the visitor can get experience related the strong wind that usually happened in Japan.
- 4) Earthquake corner : The visitor can get experience in the various intensity of the earthquake, such as Great Hanshin-Awaji, Sichuan (China) Earthquake, and Nankai Earthquake. They introduced some important rules during Earthquake ; (1) protect yourself, (2) Stop fire (stove / electricity), (3) find where to evacuate, (4) don't need to go immediately, wait until the earthquake stop, (5) don't stay near the wall, river and other prone areas, (6) be aware of the potential tsunami that might happen, (7) bring the things that you can carry, (8), for the evacuation process, it will be better if we don't use the car, (8) collaboration with each other is important.

The facilities and programs mentioned above will be useful for preparing the community for facing the hazard of disaster. According to the interview conducted with teachers and volunteers, they mentioned that workshop and

education about the disaster issues are essential to prepare people's mentality to face disaster hazard. They will get mentality preparedness for facing the next disaster.

Getting appropriate knowledge, experience, and information related the disaster can give contribution for the psychosocial condition of the individual. By promoting disaster preparedness activities it can make people more ready rather than the one who does not have any information and experiences before.

CHAPTER V

CONCLUSION AND RECOMMENDATION

This chapter is a summary of conclusion from the study and recommendation for the future research. This study aim is to know about psychosocial issues among people after the catastrophe, and best practices institution, values, and program related psychosocial. Researcher reviewed related literature to collect information about related with the topic.

5.1 CONCLUSION

There are some findings related psychosocial issues and psychosocial support program in Japan and also in Indonesia, based on the literature study / document review, interview, and field visit ;

- Both in Japan and Indonesia, the psychosocial support program held by every party in society; community, government, and private sectors.
- Psychosocial support program considers culture and people's habitual actions, potency in the disaster area and done based on people's need and condition.
- In Japan, the collaboration between community, government and private sectors more comprehensive. Japan more active to create disaster preparedness program and facility event to promote psychosocial well-being among the community.

- Being participative in some activities can give a contribution to support the psychosocial condition of the survivor of the disaster. Treating survivors as an object of recovery process may jeopardize them. However, treating them as a subject in the recovery process after disaster can make them stronger because knowing that they are helpful and have the capacity.
- Getting appropriate knowledge, experience, and information related the disaster can give contribution for the psychosocial condition of the individual.
- In Japan, disaster education well integrated into the daily life. Disaster awareness becomes part of the culture and it is taught to children.
- Senior citizens participate in making hazard map and update the map. Psychologically, such activities can strengthen the psychosocial networking that helps them to be more ready and resilient in facing catastrophe. Senior citizens in Japan became more active and have a significant role in educating the young generation through their experiences on disaster.
- In Japan, Great Hanshin-Awaji disaster creates voluntary spirit to senior citizens. There were many senior citizens became victims when Great Hanshin-Awaji earthquake happened. At the moment, senior citizens are able to take the role as a volunteer and give education about preparedness.
- There is a museum related the phenomena of natural disaster that happened in Japan. The aim is to give information and knowledge to people, make them ready to face a natural disaster. The function is not only a monumental commemoration but also a source of information to educate people.

5.2 RECOMMENDATIONS

- Many people may not seek help at mental health facilities, mental health, and psychosocial support should be conducted with various and interesting activities.
- Psychosocial support using group activity help people to strengthen the social ties. Work with existing programs whenever possible. It will more effective in the recovery process.

- It is better for similar future research to do through an in-depth interview regarding psychology and social impact after a disaster to the survivor. Subjects of the interview can be segregated based on their age: children, teenagers, adults, and senior citizens so that researcher can get more comprehensive data.

REFERENCE

Aoki, Mizuho, 2011. Reaching out to Traumatic Victims (Survivors must be heard, must not feel alone, expert say), The Japan Times Special Report 3.11.

Cabinet Office (2001), Great Hanshin-Awaji Earthquake (research paper). Great Hanshin Awaji Memorial Research Institute.

Coakley, J. (2001). Sport in Society: Issues and Controversies. New York: McGraw-Hill.

DiBi database (Data and Information on Disaster in Indonesia), National Disaster Management Agency (BNPB). www.dibi.bnpb.go.id

EQE International, 1995. The January 17, 1995, Kobe Earthquake (An EQE Summary Report). USA.

Ehrenreich & McQuaide, 2001. Coping With Disasters (A Guidebook to Psychosocial Intervention)

God is our commander (A Report of June, 17th 1995, The Great Hanshin-Awaji) by The Rescue Measures Headquarters The Kobe Christian Missionaries Association, Japan, 1995).

[http : www.abeno-bosai-c.city.osaka.jp](http://www.abeno-bosai-c.city.osaka.jp)

<http://wp.preventionweb.net/wcdr/tag/great-hanshin-awaji-earthquake>

- Ishikawa, Yuichi, (1997). The Effect of The Great Hanshin-Awaji Earthquake on The Health Status and The Activities of Daily Living of The Elderly and Disabled. Japan. ICMR
- Katsuragi, Jiro (1995). The Earthquake; How the World Saw The Great Hanshin Earthquake. Kansai Forum, Vol. 3/No.19
- Kunii, Osamu et, al. 1995. The Medical and Public Health Response to the Great Hanshin-Awaji Earthquake in Japan: A Case Study in Disaster Planning. (214 Medicine & Global Survival 1995; Vol. 2, No. 4), accessed on October 26 2016.
- Marthoenis, et.al (2016) Mental health in Aceh – Indonesia : A decade after the Devastating Tsunami 2004 (Review). Asian Journal o Psychiatry.
- Michiko Banba. Disaster Education in Japan. Education and Research Center, University of Hyogo. Presented on October 12, 2016
- World Bank and UNISDR (2009) Disaster Risk Management Programs for Priority Countries Summary.
- Yamazaki, et. al (2011), The psychosocial response to the 2011 Tohoku earthquake (Bull World Health Organ 2011), accessed on October 24, 2016.
- Shaw, Rajib (2003). From Disaster to Community Development : The Kobe Experience. UNCRD (United Nations Centre for Regional Development) – Hyogo Disaster Management Planning.