
“Support for Supporters” in Various Fields of Social Welfare under Severe Situations during the COVID-19 Pandemic in Japan

Takashi Fujioka

Abstract: There have been five waves of COVID-19 infection in Japan since last year to the present. In Japan, the fifth wave is converging as of now, but the situation remains unpredictable such as throughout the world.

Under this severe situation, not only social welfare service users but also supporters themselves face a critical situation. Deepening the understanding of stress associated with such interpersonal support work and knowing how to deal with it will lead to ensuring a stable quality of interpersonal support work as a result. The standpoints of “support for supporters” are always aimed at maintaining support for social welfare service users served by the supporter. This is achieved by the supporter stabilizing the situation.

In this study, the author first gave an overview of the state of infection in Japan and the world and pointed out the importance of supporting supporters during the COVID-19 Pandemic. Next, from the perspective of supporters and service users during the COVID-19 Pandemic, the author looked at several fields of social welfare in Japan and clarified related issues. Then, through the lens of “support for supporters” (Compassion Fatigue etc.), specific content of support for supporters during the COVID-19 Pandemic was observed and examined. The COVID-19 Pandemic may strike the world in different ways in the future. Therefore, considering “support for supporters” under such a pandemic protects social welfare practice and practitioners, and maintains continuous service provision. The conclusion pointed out that “support for supporters” is beneficial for maintaining the well-being of social welfare service users.

Key words: support for supporters, COVID-19 Pandemic, Acceptable Compassion Fatigue, Social Isolation, Social Solidarity

I. Introduction

Even now, amidst the unprecedented situation under the COVID-19 Pandemic, social workers and other supporters around the world are under great stress. Originally, such interpersonal support practice suffers from excessive stress, but under this severe situation, not only welfare service users (clients) but also supporters themselves face a critical situation. Not only healthcare/social welfare workers, public health center staff, and school teachers, but also general administrative workers who are busy dealing with citizens due to compensation for leave requests, etc. are stressed by interpersonal support work. Deepening understanding of stress associated with such interpersonal support work and knowing how to deal with it will lead to ensuring a stable quality of interpersonal support work as a result. The focus of supporter support are always aimed at maintaining support for social welfare service users (clients) served by the supporter. This is achieved by the supporter stabilizing the situation.

In this study, the author first gave an overview of the state of infection in Japan and the world (II), and pointed out the importance of supporting supporters during the COVID-19 Pandemic (III). Next, from the perspective of supporters and service users (clients) during the COVID-19 Pandemic, the author looked at several fields of social welfare in Japan and clarified related issues (IV). Then, through the lens of supporting supporters, specific content of support for supporters during the COVID-19 Pandemic was observed and examined (V). The COVID-19 Pandemic may strike the world in different ways in the future. Therefore, considering support for supporters under such a pandemic protects social welfare practice and practitioners, and maintains continuous service provision. Support for supporters is considered to be beneficial for maintaining the well-being of social welfare users (clients) (VI).

II. Overview of the state of COVID -19 infection in Japan - Five waves-

There have been five waves of COVID-19 infection since last year to the present. As of October 31, 2021, there are 229 new infections pre day in

Japan, and the total number of infected people is 1,722,733. The death toll is 18,268, with 7 people added every day (Asahi Shimbun 2021). Looking around the world on same day, the number of infected people is 334,123 per day, while the cumulative total number is 246,416,630. In addition, the death toll is 4,995,525, with 5,172 people added daily (Asahi Shimbun 2021). In Japan, the number of infected people is gradually decreasing, and the fifth wave is settling.

Here, the author will describe the time of the waves so far and look back on the COVID-19 Pandemic until now with reference to Yahoo News Japan. The “First Wave” peaked on April 11, last year, when the number of new infections reported per day nationwide reached 720. The next is the “Second Wave” that recorded 1,605 people on August 7, 2020. In 2021, the number of infected people increased significantly, and on January 8, 2021, the total number of infected people nationwide increased to 7,955. This is the “Third Wave”. On January 7, the number of newly infected people in Tokyo reached 2,520 a day. After that, it settled, but a new wave that spread the infection again from the end of March, is the “Fourth Wave”. 7,234 daily infections were reported nationwide on May 8. A shortage of COVID-19 wards was pointed out nationwide, and medical care became tight. In addition, the exhaustion of healthcare and social welfare workers, childcare workers, and other essential workers was widely reported. Then, in July, the infection spread rapidly again. On July 31, the number reached 12,342 nationwide and 4,058 in Tokyo. This is the “Fifth Wave”. On August 20, it reached a high record of 25,871 people nationwide. In Tokyo, a record number of 5,773 cases were reported on August 13. The great challenge regarding this fifth wave is that the shortage of medical care is further accelerated. Hospitals for hospitalization cannot be found and care procedure at home is enforced. Medical treatment is not sufficient, thereby some patients die at home.

Now that the fifth wave is settling, pressure on the healthcare system is being alleviated. However, there is a possibility of a sixth wave, and preparations for it are currently being considered mainly by the government. Meanwhile, vaccination has progressed this year, and the rate for completing the second vaccination has reached 72.5% nationwide (on October 31, 2021). Vaccination is progressing on the global scale too, with the completion of the second vaccination being at approximately 39%.

III. The importance of supporting supporters during the COVID-19 Pandemic

Fujioka (2021b) already pointed out the importance of supporting supporters during the COVID-19 Pandemic. The author described the following tasks and issues related to the COVID-19 Pandemic.

1. Supporter's state of confusion and hesitation

We often encounter hardships and situations that make us want to look away. The content of practice has definitely become more serious due to the COVID-19 Pandemic, and the service content is not always visible to supporters. In interpersonal support work, it has been emphasized to be involved sympathetically and empathetically, listen to the other person's story as if it were one's own, and listen to the other person's story from the other person's standpoint. It means listening to the other person's story with all our heart, so if a service user tearfully talks about being beaten by her husband for example, it also involves listening intimately. Pain, suffering, and hatred at the moment may be felt together with the other person, and a supporter may be driven by the thought of "why do I do keep this?". The more empathetic a supporter is, the more hurt a supporter gets. In this sense, not only the supporter himself/herself but also his/her colleagues and supervisors should be aware of the supporter being hurt. For example, when a supporter listens to a child who has been abused, he/she feels the same feelings and it becomes painful. The supporter may not be able to sleep at night. The emotional damage of the supporter becomes a serious issue as to whether or not the work can be continued.

2. Depersonalization and dissociation during the COVID-19 Pandemic

Listening to such stories and being on the supporter side in addition to being hurt, is a source of fatigue. Supporters reflect on their own support skills while being hurt and tired. There was a colleague who said, "It may have been a few days or even tens of days, but it seems that I was in a dream under circumstances during the COVID-19 Pandemic" that has continued since last year. It is happening in every profession. We have a certain sense of maladaptation, which is everyday but extraordinary at the

same time. There is also fear and helplessness that stems from fighting an invisible enemy (COVID-19). “Looks like you were in a dream” can be thought of as a form of dissociation during re-adaptation in the workplace (where an irregular staffing system is enforced) and depersonalization (as a serious condition of burnout). There is a possibility that personality loss is also happening. In this COVID-19 situation, it is hard if we do not have something to “regain ourselves.” Many supporters have been saved by music, drama, movies, sports, etc. as a hobby on a daily basis.

3. Realization of potential issues before the COVID-19 Pandemic

As we were engaged in interpersonal support work, we were forced to change the way of interviewing methods. As for the method of such interviews, the face-to face situation was changed completely, and it became a standard in service to use various means such as online interviews, e-mails, and the telephone. This changed not only our relationship with our service users/clients but also our relationship with our colleagues and supervisors (such as how to hold a meeting etc.). In this extraordinary situation, there may have been many workplaces where various potential interpersonal problems and communication method problems became apparent. For example, if we cannot make a judgment on site due to restrictions on the system, we have to make organizational changes, but at the same time, we are forced to transfer what we have done face-to-face to e-mail or telephone. In this case, information would include only text and sound, and attention is given to line spacing and tone, and it also takes a considerable amount of time to send this information. This greatly reduces the efficiency of our work. Moreover, our relationship with our colleagues and bosses that was built with a certain sense of distance and atmosphere in face-to-face settings became suddenly closer via e-mail or telephone, or on the contrary, it became more distant. Even friends who usually thought that they have built a relationship of trust had unexpected reactions such as “anger, dependence, commitment, etc.”, and there is a difference in enthusiasm difference between staff when sharing information due to confidentiality obligations. We were also exposed to a situation where we had to rebuild. Since last year, there have been major restrictions and confusion about how to share information about cases under consideration, how to make decisions, and how to share personal information.

As in the case of earthquakes, it is assumed that vulnerabilities in relationships that are usually ambiguous are likely to be exposed. It is presumed that many social workers are facing this problem. Hence, rebuilding support for staff is important. It is necessary to have more discussions and to consciously listen to staff complaints. It is also important to have time to eat together, even if we cannot say anything. Sharing “living time” is a way to deal with exhaustion and dissociation. We should recognize in face of the COVID-19 situation the “feeling of being alive” and the “recovery of one’s personality” that we may actually feel as supporters while we are busy providing service.

IV. The issues in several fields of Social Welfare under COVID 19 Pandemic.

An overview of the areas of the elderly, children with disabilities / persons with disabilities, medical social work, and child and family welfare. As mentioned above, five waves of infection rushed in Japan, and the situation has changed for each wave. Here, the author especially reported on the status and issues of the “Third Wave” (around January 24, 2021) and other periods as needed to describe. Fujioka (2021a) already reported the severe situation in the welfare fields around the “Third Wave” in Japan.

1. The areas of the elderly

Regarding the current situation and issues in each area, first of all, the risk of aggravation was high in the elderly area, so there were many infected elderly people who died and increased. And elderly people refrained from going out while having anxiety about clusters at each facility or gathering place.

The most important issue was consideration for family interviews, and families who can visit facilities for the elderly as an infection control measure should wear masks, face guards, and protective clothing depending on the location. The response differed depending on the facility, but basically the time was limited. In some places it was limited to 15 minutes. And because of the limitation of the method, there were places where some families had a remote interview. And the number of people who can meet is limited to one person, and the interaction with the family

was limited. In this way, it was difficult for the elderly themselves to be admitted, but it was also very difficult for them to meet with their families.

And even when supporting elderly people at home, the risk of aggravation was very high and there was anxiety about infection of the family living together, so young people also hesitated to go out, especially when elderly people live together. The elderly are still continuing to limit self-restraint.

2. The areas of children with disabilities / persons with disabilities

Then, in the area of children with disabilities, the situation was in April of last year when there was an emergency, but due to the restrictions on home-based facilities and outpatient facilities, it was possible to shorten the time. According to this, it was closed, and the support at home was prolonged. Even now, since then, children with disabilities and their families have been refraining from going out, and the behavioral unrest of people with disabilities has become higher, and above all, the severe situation have them go to the facility. Or, the person who has been admitted may have a big change in the relationship with the family, and it may be necessary to build a family relationship again, and then the family member may also work remotely. Partly because of the fact that there are families who are not usually together during the day, there are times when we need to rebuild a new family relationship.

This may have strengthened the family relationship, but on the negative side, the family relationship has deteriorated, and the relationship with the child and going out for a walk together are also things. Children may be confused due to changes in the division of roles. And as for masks, many people have said that it is difficult to deal with hypersensitivity to masks, even at home, and even when they get on the train, it is difficult to wear masks. There is anxiety about the situation and the stress of the family when riding the train with a child who does not mask, and the feeling of resistance to going out is increasing.

3. The areas of child and family welfare

And in the general situation of child and family welfare, in Japan, for example, a child care facility, an infant institution, a mother and child life support facility, and a psychotherapy facility etc. In addition, there are many welfare-related facilities such as child independence support facilities and independence support homes. There are also various

facilities in the judiciary area, but the school was closed when the state of emergency was declared. At the time of the first state of emergency last year. Even so, support and support at home have increased, so it was difficult to share time and space with children, and troubles between children increase, or in the facility Observance of the rules has been required more than usual, and troubles between children and staff have increased. And because of the stress of the staff, there are concerns about the imbalance of the work-life balance of the staff and the abuse of children under treatment. And because the usual annual events have been canceled more and more, there are times when the staff are also under a great deal of stress because they are required to develop events at home and in the park.

Also, when it comes to community support for children's cafeterias (Kodomo-shokudo) and learning support (Gakushu-shien), it was difficult to support children, go out in the community on a daily basis, and then deliver food by visiting homes. There were also restrictions on avoidance, so this was also the case where the cafeteria or learning support place was a need catching the risk of child abuse, or information on support for parents. It was also a gathering place, but it has become extremely difficult to develop regional alliances in that area.

And this is social upbringing. The issue of facilities and the subsequent social isolation of foster parents' children has just become apparent. Children who regularly go to the facility and receive aftercare may not be able to go or get in touch with each other, so avoid the risk of infection and leave the park. It means that some children or young people were reluctant to go to the facility for consultation. And because of the financial impact of the COVID 19 Pandemic, some children and young people suddenly fell into poverty due to dismissal from their place of employment.

By facing such a situation, they were exposed to the handicap part of living in the facility again and the fact that they were not raised by their own real parents. In response to this, remote restructuring of social networks has been carried out for a long time since last year, and by developing support methods that use both remote and face-to-face support, we will be able to deal with new everyday life in the future. As a support, we have to think about it from now on.

4. The areas of medical field and medical social work

And in the medical field and mental health and welfare areas, it has been pointed out that the number of suicides is increasing (Asahi Shimbun 2021a). This is a preliminary report by the Ministry of Health, Labor and Welfare, but it has exceeded the previous year's level for the first time in 11 years since the Lehman shock in 2009. At present, it is 20,919, and it is pointed out that the number of female suicides is increasing, and that the number of young people in elementary, junior high and high school, especially children, is increasing. Given this situation, it has been pointed out that there will be an increase, especially in the sales service industry and medical professionals. In this respect, it is a change in the COVID 19 Pandemic in the large social welfare area. And the reason is that there is an increase in social isolation, financial distress and anxiety, and above all, an increase in store closures and company bankruptcies.

And discrimination and prejudice against medical professionals is already a very big issue. There is a high risk of infection as a medical worker, and it was the person who should be protected above all, but it was very cold situation when there was a situation where they were refused to enter the nursery school or when they came in contact with their children. There were times when they were seen with others' eyes, which leads to a great deal of stress for healthcare professionals. The injuries of supporters who received contact with family members who had a hard time was also a big task and issue.

5. Common challenges in clinical practice at various institutions

And the common problem in various institutional clinical practice is to keep a social distance in this COVID 19 Pandemic, and to directly support by touching the body is minimized. Because of refraining from going out, users/clients and supporters couldn't go for a walk, or they couldn't go on a trip, which is an annual event. Also, for the same reason, dietary guidance does not go as expected, which is an issue for facilities for children with disabilities and daycare centers. The author thinks that this kind of review of support methods in social welfare has been a very big issue for the past year.

6. Social solidarity in the COVID 19 Pandemic and supporters' support to realize it

And based on the above, the issue is to connect again as a keyword. This social solidarity has to be reconstructed or reviewed again. By cutting off the connection with people and losing their place, it is like feeling the social isolation of living alone with this COVID 19 erosion, and while keeping a social distance and refraining from going out. However, it is possible for us to feel that we are alive by promoting isolation and facing the lack of communication. However, it means that it is being eroded more and more.

Under such circumstances, supporters will also be connected, and the point of social work will be asked again because of the connection between supporters and users, network construction, support circles, or the entire community. At present, the question of how to increase resilience is not limited to face-to-face support, but the expansion of social networks utilizing social media and faint connections.

In light of this situation, we have to think about the post-trauma growth of supporters who are exposed to trauma, so we pioneered this support program. The main idea is that “support for supporters” means user support, and user support is “support for supporters” . And the sharing of this well-being means that there is a very shared part between the well-being of supporters. After all, it is important for supporters to be stable, and to be involved in health in a stable manner without destroying themselves, and to create such a situation in the community and workplace. This time, the author would like to insist that supporting mechanism as leadership is increasingly required as a role of social workers.

V. Support for supporters in COVID 19 Pandemic from the perspective of supporter support

Fujioka (2021b) already pointed out support for supporters in COVID 19 Pandemic from the perspective of supporter support. The author described about this in detail as follows.

1. The concepts of “support for supporters” science

And because it is this academic discipline to support this supporter, it

has recently been developed as an academic discipline called “support for supporters” science. And the main concepts are Compassion fatigue, Secondary traumatic stress, Vicarious trauma, Compassion satisfaction, Burnout, Emotional labor, and Post-traumatic growth, and Resilience, respectively. There is such a concept as a whole, but it means that they are related to each other (Fujioka 2020).

The role of supporting supporters by making full use of these concepts may be required more and more in the future, and it is necessary to understand these concepts through training etc. And the point that support for such supporters is necessary is that attention is paid to the secondary damage of staff and supporters, and the trauma itself is primary and secondary, it is premised that the ripples will spread as if they were tertiary.

2. Awareness of Tertiary Traumatic stress in COVID 19 Pandemic

Of particular note here is the primary, secondary and tertiary trauma of supporters, parents and staffs, foster parents associated with children and parents. The fact that attention should be paid to the aspect of the target has not been enough to pay attention to the supporter’s family, but especially in the situation of the COVID 19 trauma this time, the supporter is also a family member. The author thinks that there have been various major changes in life that have affected the quality of support. Especially in this COVID 19 -stricken situation, it is the aim of supporting the supporter’s family. The author think that it was support for supporters in this COVID 19 Pandemic that there was a very strong demand for re-evaluating the relationship between the supporter’s couple and the relationship with the child. This area should also be included in the newly constructed program.

And for compassion fatigue, the idea that emphasizes trauma, the idea that emphasizes stress, and the idea that emphasizes the depression of supporters, especially compassion fatigue of medical staff, the feeling of fatigue that falls into a depressive situation. On the other hand, the author think that we should pay more attention to this COVID 19 trauma. And tertiary and secondary traumatic stress is received by being involved as such a supporter. The author think that this is inevitable in continuing to be a supporter.

3. About the hardship that accompanies the support that occurs among supporters in the COVID 19 Pandemic

The tightness and pain associated with the support that occurs among supporters in the COVID 19 illness must be considered, in fact, the damage and anxiety of the COVID 19 illness, and the lack of prospects. They are at risk of infection with a counseling interview. The point that arises is that the degree of emotional empathy is significantly different from that before the COVID 19 Pandemic. Compared to before 2019, from the beginning of 2020 to today (2021), the author becomes more painful, fragile, or angry in counseling activities. The author thinks there are many people who say that. This is because the various emotional experiences that occur during counseling activities greatly change the supporter's own public and private environment, which greatly increases the appropriate distance from the emotions that accompany the accumulation of experience so far. It can be considered that it is in danger of collapsing. When emotional empathy is regarded as sympathy, the sympathy and emotional empathy that form the basis of the original support activities are amplified more than ever among supporters, and supporters suffer.

And, as a pain and difficulty in the consultation activities in COVID 19, there are cases where new consultation contents are increasing so that empathic understanding cannot benefit the experience so far. We supporters have been trained to think from the standpoint of the other party. If we think of it as empathy, it is the attitude in interviews that we always keep in mind in consultation activities. It is a concept that emphasizes cognitive empathy among empathy, such as taking a person's position and giving thoughts. It is very tiring to listen to the story while considering the situation of the unpredictable children under COVID 19 Pandemic. In this way, we must engage with the users while adapting the exercise of sympathy and empathy to the ever-changing situation. It is considered that this is the significance of reconsidering the issues faced by local government employees from the perspective of supporting supporters.

While making full use of sympathy and empathy, "appropriate sense of distance" from the supporter's side of the user, and "distinguishing oneself from others (my feelings)" that calmly grasps the situation of the user. If we do not continue the consultation activities with a clear awareness of "the difference in feelings of the child and the user)", the fatigue associated

with empathy will accumulate more and more in supporters without knowing it.

4. Specific supporter support (self-care, support for others, organizational support, community support)

(1) Utilization of supporter support items

Then, how should we specifically support supporters? The author advocates the importance of utilizing the following 21 items for self-care (Fujioka 2020, etc.). The author will leave the detailed explanation to my book, but even if the supporter himself checks the following points when he / she is having a hard time or when he / she is having a hard time, he / she can recover the imbalance in the supporter support. Let's look at how often we have experienced these in the past week. Self-check the following items from 1 (not) to 5 (always) (table supporter support items).

Table 1 Supporter support items (see Fujioka 2020 etc.)

Recalling this week, please answer each item in 5 steps: 1, not: 2, rarely: 3, sometimes: 4, often: 5, always.

- ① Is there a time when your own policy does not match the policy of the organization / system of the workplace?
- ② Do you feel that your family accepts the hardships of your work?
- ③ Do you feel that your friends are accepting the hardships of your work?
- ④ Do you feel that your boss (or someone close to boss) accepts the hardships of your work?
- ⑤ Do you feel that your colleagues (or those in a similar position) accept the hardships of your work?
- ⑥ I feel that the person in charge of the organization / system accepts the difficulty and tightness of work.
- ⑦ Being a supporter can make your family (even if you are away) tired.
- ⑧ Do you consciously distinguish between work and your private time?
- ⑨ Do you ever forget your work because of your hobbies or your own enjoyment?
- ⑩ Do you ever get frustrated or dissatisfied with your family and friends when you go home?
- ⑪ Do you share the satisfaction you felt at work with your colleagues (or someone close to colleagues)?
- ⑫ Do you talk to your boss (or someone close to boss) or the person in

charge of the organization / system about the satisfaction you felt at work?

- ⑬ Do you convey or talk to your family and friends (including phone calls and emails) about the satisfaction you feel at work?
- ⑭ Do you value humor and laughter at work?
- ⑮ Do you value humor and laughter with your family and friends (including email and phone)?
- ⑯ Do you value your basic lifestyle such as sleeping, eating, and taking a break?
- ⑰ Do you relax your body or use relaxation methods when you feel tired?
- ⑱ The more painful you feel, the more difficult it is to convey the feeling of “hard” to people nearby?
- ⑲ Do you not only stay with everyone, but also secure “time to stay alone”?
- ⑳ Do you value the feeling of being connected to people (talking, spending time together, etc.)?
- ㉑ Do you tell people around you what you think you can’t do and what you think is the limit?

For 18 items excluding the 3 items ①, ⑦, and ⑩, in the case of 1 and 2, it is necessary to pay attention, and further efforts to support supporters are required. On the other hand, in the case of 4 and 5, it can be said that the supporter support is in a fairly good state. ①, ⑦, and ⑩ are inverted items, and care must be taken when the frequency is as high as 4 and 5. Even if empathy fatigue is high, checking these items will create an opportunity for self-care, and it will change to “Acceptable Compassion Fatigue.”

(2) About self-care “silencing reaction” seen by supporters

As mentioned in ⑱ above, there is a possibility that a considerable number of supporters will have a “silencing reaction” that makes it harder to put into words.

In addition, it is possible that people who have established work-life balance on a daily basis have all collapsed in the current situation of COVID 19. Eating out, theater and music, sports gyms, etc. are quite restricted, and it is a difficult situation both publicly and privately. Family members are also at risk of infection, and they are in a state of exhaustion, both inside and outside the home. It’s hard if you don’t have something to

“regain yourself”. At the very least, if you have a favorite drama, sports, etc., you will be saved. Since the amount of food and alcohol may increase, it is necessary to consider the addictive behavior of the supporter and to be self-reliant. In this way, along with “rebuilding work-life balance” between work and private life, “rebuilding relationships in the workplace” and “rebuilding relationships with family” have become major issues, as mentioned above. Rather, we take these as issues and can make them as small as possible, so we need to rebuild our relationships with ourselves and our surroundings.

(3) Supporter support within the organization

Of course, self-care is important, but it is also important to support supporters as a whole. The author proposes that the existence of a supporter support coordinator and a supporter support supervisor is important (Fujioka 2020). In the support team (in the case of a local government, the same department, section, section, etc.), one of them (at least) as a supporter support coordinator, along with the physical condition of the staff such as sleep and meals. It is necessary to pay attention to the mental aspect (mood change caused by physical exhaustion, empathic fatigue, burnout risk, frustration and impatience with the unchanging current situation, depression, etc.). Ideally, the ratio of one support coordinator to five staff members is good. Supporter support coordinators are expected to give consideration in the workplace, keeping in mind what has been said so far. Furthermore, there is an urgent need to develop supporter support supervisors (specialists in supporter support) who support the coordinator. It is the existence that supports the coordinator. It is inside the organization (supporter support coordinator) or external supporter support (supporter support supervisor), and not only provides mental support for the supporter, but also “maintains a certain level of quality of support”. Is also a big purpose.

VI. Supportive acts (compassion) lead supporters to mental and physical health

Fujioka (2021b) already pointed out that supportive acts (compassion) lead supporters to mental and physical health. The author described about

this in detail as follows.

1. “Support for supporters” and Supporter’s physical health

As mentioned above, the author has reconsidered supporter support in consideration of the situation of COVID 19. Buddhist scholar Nakamura (1956) points out that the mercy and deeds of Buddhism bring about one’s own health and mental stability (p55-56). The suffering of the supporter saves the supporter himself. The author think that such a point must become a major theme of supporter support studies in the future. The compassion fatigue mentioned above is the fatigue caused by empathic involvement, but the support act (realization of compassionate behavior, empathic involvement, empathic voice, etc.) itself is the fatigue or hurt of the supporter (compassion fatigue). This is the “Acceptable Compassion Fatigue” already mentioned. This point is still a tentative plan, but the author has a feeling close to conviction because of this COVID 19 Pandemic. The happiness and well-being of the user guides the well-being of the supporter, and the well-being of the supporter supports and shares the well-being of the user. Indeed, “supporter support is user support. User support is supporter support”.

2. Five key points for supporter’s mental stability and “supporter support coordinator”

Important five functions of the supporter (Predictivity, Sensitivity, Availability, Proactivity, Existence) was named as the Attachment Vessel. It means that the user or the client in troubles can ask the supporter for help when a supporter has the available function (Attachment Vessel: “Aichaku No Utsuwa” in Japanese).

At the social welfare field, it is being asked whether such a supporter can be a “vessel for support” in each facility and each workplace. This is also a “vessel for users” and a “vessel for supporters themselves”. This dual meaning is in the “support vessel” . Finally, the author would like to propose the necessity of “supporter support coordinator” and “supporter support supervisor” in order to realize such a thing.

The supporter support coordinator will promote learning and training for supporter support for staff members in each workplace. The supporter support coordinator monitors the ever-changing state of the supporter, and provides occasional support. As a staff member, it is desirable that

the coordinator of supporter support has one coordinator for every five staff members. And in this COVID 19 -stricken situation, “rebuilding work-life balance”, “rebuilding relationships in the workplace”, and “rebuilding with the supporter’s family”, “community and support” “Rebuilding the relationship between the person and the supporter’s workplace” becomes important. And the supervisor will support such a thing in many standpoints and have such a role within the facility, institution, or engage as an external supervisor. In any case, the author think it would be good if both the coordinator and the supervisor could be positioned as a major role for social workers in the future.

3. Toward the growth after Trauma (COVID 19 Pandemic)

Based on the above, the recommendations are described below. New daily challenges, which originally existed in the social welfare field, have been exposed or exacerbated in this COVID 19 -stricken situation. And in that sense, it is necessary to rebuild relationships with oneself, one’s family, one’s workplace, one’s school, one’s facility, one’s community. And, after all, the meaning and significance of communication is greatly questioned. We must continue to consider the possibility of using face-to-face, remote online, SNS, LINE, etc.

And it is necessary to consider the growth after trauma. The author thinks this COVID 19 Pandemic left some trauma for most people. The idea of post-trauma growth will support the future of the COVID 19. It is necessary to create a mechanism for continuous support. And the importance of remote work, online interviews, and online meetings was reaffirmed under the COVID 19 Pandemic. However, it is necessary to reconsider the interaction between people, collaborative work in the workplace through dialogue, and face-to-face consultation activities. And that time (direct time and place sharing) is not long or short. Interpersonal contact is important even if the time is short.

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