

Commemoration and Meaning: The Case of Fukushima

Robert Jay Lifton, Scott Gabriel Knowles

Abstract: *Disaster commemoration serves as a moment to remember victims and honor survivors. In the case of 3.11, commemoration works differently. As a slow disaster, with radiation exposure and evacuation at the center of the story, 3.11 is not yet over. This places special importance on commemoration as a moment for memory, but also for ongoing commitments to research, justice, and health interventions for survivors.*

Keywords: *Fukushima, disaster, nuclear energy, commemoration, survivors, victims*

Commemorations of disasters are necessary. They can provide survivors—and the world in general—a sense of where things stand in relation to destruction, the pain caused, and the relief time may have brought. Commemoration can also be a way to give meaning to the disaster itself. But those meanings can be misleading if they minimize the effects of disaster or pronounce shallow claims of recovery.

A case in point is the tenth-year commemoration of the Fukushima Daiichi nuclear meltdown of 2011. The Director General of the International Atomic Energy Agency marked the occasion by claiming that “The equipment reacted just as it was designed to do—it stopped!” He did admit that “the ensuing damage caused nuclides to be released into the environment,” but insisted that “scientists have found no evidence that this caused radiation-induced health effects.”¹ The meaning he communicates is that there was a

bit of a problem, it was immediately taken care of, some dubious materials might have leaked out, but nothing bad happened. *There was no real disaster.*

That is not the meaning the event holds for the 37,000 people who had to be evacuated, and have still not returned to Fukushima prefecture.² Their meaning, and that of most thoughtful outside observers, starts with the vulnerability of the Fukushima Daiichi reactors to the extreme events of earthquake and tsunami. Survivor meaning would also turn on the unknown effects of the recent decision to deposit radioactive materials into the ocean.³ It would focus on the resistance by government and nuclear-industry officials to studies of future dangers from nuclear waste, and from radiation effects that could occur over decades and even centuries. Above all, that survivor meaning would include concerns about prevailing radiation levels as well as danger of future bodily effects on the part of people exposed.

At the heart of this meaning is the fear of what one of us (Lifton) has called “invisible contamination,” a fear of a poison that a survivor cannot see, smell, or feel, and whose effects are so lasting, even if they do not show up in one year—or in one generation—they may well do so in the next. As a Hiroshima survivor put it: “You may look healthy from the outside but all of a sudden something goes wrong and you are sick and you die.”⁴

Hiroshima survivors described their terror at witnessing and experiencing grotesque radiation symptoms: acute effects of severe diarrhea, bleeding from various bodily orifices,

dreaded “purple spots” from bleeding into the skin, extreme weakness and frequent death. Delayed effects including increased incidence of leukemia during early post-bomb years, and later of cancer of the thyroid, stomach, lung, ovary, and uterine cervix. Since it is known that radiation can have genetic effects over the generations, there was much fear in Hiroshima about giving birth to abnormal children.



Hiroshima August 6, 1945

The full panoply of nuclear fear is a constant anywhere radiation danger is involved. Fear of invisible contamination has been widely identified in people exposed in Fukushima, as well as in many living far beyond that province—this includes evacuees, first responders, and doctors and nurses who stayed behind in Fukushima.⁵ Such fear also emerged at the American Three Mile Island disaster of 1979, where less radiation was released than at Fukushima.⁶ With the much greater disaster at Chernobyl in 1986, that fear has been pervasive and remains at a considerable level. The same fear occurred in Americans exposed to nuclear radiation in various other places: to plutonium waste at Hanford, Washington, in connection with the production of the Nagasaki bomb; to nuclear testing over decades at Rocky Flats, Colorado; and to Ground Zero at test

sites in Nevada, from which G.I.’s were marched shortly after nuclear explosions. None of this should be dismissed as “hysteria” or “exaggerated psychological reactions.” We are speaking of the nuclear fear—the fear of invisible contamination—that results from substantial release of radiation, no matter what the source.

What does it mean to pass the 10th anniversary of 3.11 under such conditions? Disaster anniversaries sit on the calendar, they are predictable. Historians know that they can reliably look back at news coverage one, five, and ten years after any disaster to see how recovery proceeded, how the disaster was framed by different political regimes, and which victim support groups persisted while others disappeared. But history is not a stable element, and as such anniversaries sometimes re-ignite political battles over the meaning of a disaster. The commemoration of a disaster anniversary opens the possibility for cynical revision and exploitation by politicians and industry groups eager to declare that the past is now safely in the past. Commemoration meaning can be falsified by bureaucratic collusion between industry and government, which can contribute to denial, rejection, and cover-up of radioactive consequences. Such collusion is notorious in Japan. There were significant protests in Japan against the use of nuclear energy, but pro-nuclear forces prevailed, in part by insisting that there was a significant difference between the technology of nuclear power and that of nuclear weapons. This illusory distinction is restated by those who use moments of commemoration to promote nuclear energy.

The anniversary also demands a recapitulation of trauma, a command performance for survivors and families still grieving, as well as those who may have truly integrated the disaster into their lives and chosen no longer to publicly engage with it, if they ever did. A disaster like 3.11 has its own special

complications, a combination of earthquake, tsunami, and radiation, affecting people of all ages, from fishermen to nuclear power plant workers—spread out over a large area, and with many thousands of bodies never recovered. There is not a coherent 3.11 experience for survivors. The harms were many, and variable, and this makes activism for victim support more complicated. Due to the radiation exclusion zone going into effect, many survivors have found themselves advocating for resources to return to empty towns and shattered homes they aren't totally sure they want to live in again.

Nowhere is the timescale of disaster memory more unpredictable than in cases of radiation exposure. With Hiroshima survivors, for instance, every year brings new testimonials from survivors who tell their stories of August of 1945 for the first time. Similarly, as STS scholar Kyoko Sato has noted, there will most certainly be Fukushima survivors who will not share their truths for many years to come.⁷ In this way it may be possible that Fukushima memory could “puncture the nuclear mystique” that has gripped Japan since reactors were built in the 1960s.⁸ This can occur only if anniversary discussions give way to a greater focus on survivor-based memory. Victims' families, and activists can find in such anniversaries the opportunity to bring their own memories and demands into discussion once again for new audiences. Memorial ceremonies, the reconvening of dormant support groups, educational outreach to students, even phone calls and emails from distant friends and family all serve positive roles for a disaster affected community, even ten years later. And the anniversary serves as a meeting ground for disasters past and present—any discussion of Fukushima now, for example, must take place in the context of the COVID-19 pandemic and the ongoing need for strong public health measures.

New dynamics are at play now as well that

offer hope Fukushima memory might not recede so easily from the public mind once this year is over. Research and public policy insisting on post-traumatic mental health support (in Japan starting after the 1995 Great Hanshin-Awaji Earthquake) for survivors has been effective in countering the more traditional idea that disasters end once relief payments are made and buildings are rebuilt.⁹ We are increasingly recognizing that a disaster is a process, not a single event in time. Victims will suffer on the day, and in the aftermath. As we note in the recently published volume *Legacies of Fukushima: 3.11 in Context*, “the linked disasters of 3.11 were in crucial ways part of a much longer process, a slow disaster that connected the events of a disastrous era ... traumas of the Japanese past: radiation exposure, tsunami flooding, seismic destruction, massive evacuation and loss of home and community.”¹⁰ Climate change can also be an important factor in causing and sustaining disasters.

Nuclear disaster commemorations can and must leave space for the new exploration of old harms—and they must be in sync with ongoing strategies of mental health service provision as well. Is this too much to ask in a Fukushima commemorative year marked by pandemic and climate change related disasters around the world? Not if disaster history is to be of any use at all in the struggle to reduce disaster risk and heal survivors. As Liz Maly and Mariko Yamazaki note in their recent review of Japanese disaster memorials, 3.11 demands special attention to the overlapping historical trajectories of loss and trauma in Japan. “Important issues for future consideration,” they note, “include comparisons across not only pre-3.11 museums about disasters caused by natural hazard events, but also Japanese precedents of how experiences and lessons from other human-made disasters are conveyed, including by the Nagasaki Atomic Bomb Museum, Hiroshima Peace Memorial Museum, and Minamata Disease Municipal

Museum, which tells the story of industrial pollution and poisoning of the local community.”¹¹

What’s needed now in this year of Fukushima commemoration is a turn towards the fusion of these ideas, grounded in the reality that nuclear fear demands. We should emphasize the healing function of commemoration. That includes enhancing the mourning process of survivors, instead of impairing that process by negating their pain. Survivors and victims’ families can find in such anniversaries the opportunity to bring their own memories and demands into discussion for new audiences. Memorial ceremonies can reintegrate sources of support and provide extensive educational outreach. By confronting painful disaster effects, there can emerge valuable forms of what can be called survivor wisdom. These anniversaries can also connect, psychologically and politically, with disasters past and present.

Commemoration events can serve as moments of collective renewal, with survivors in the vanguard.

References

- COVIDCalls. (2021) [Fukushima and the Pandemic: A 3.11 Memorial Episode with Sulfikar Amir, Kohta Juraku, Kyoko Sato, and Ryuma Shineha](#) [Online video]. March 8. Accessed: July 18, 2021).
- Cleveland, K, Knowles, S., and Shineha, R. (eds.) (2021) *Legacies of Fukushima: 3.11 in Context*. Philadelphia: University of Pennsylvania Press.
- Honda, N., Kelman, I., Kikuchi, S., Kim., Y., Kobayashi, N., Nemoto, H., Seto, M., and Tomita, H. (2019) ‘Post-Disaster Mental Health and Psychosocial Support in the Areas Affected by the Great East Japan Earthquake: A Qualitative Study’, *BMC Psychiatry*, 19(261).
- International Atomic Energy Agency. (2021) [Ten-year Anniversary of the Fukushima Daiichi Nuclear Power Plant Accident: A Decade of Improving Nuclear Safety](#) [Online] Accessed: June 15, 2021.
- Lifton, R. (1968) *Death in Life: Survivors of Hiroshima*. 2nd edn. Chapel Hill: University of North Carolina Press.
- Lifton, R. (1986) ‘[Chernobyl, Three Mile Island, Hiroshima](#)’, *New York Times*, May 18 [Online]. Accessed: July 18, 2021).
- Loh, S.L. and Amir, S. (2019) ‘Healing Fukushima: Radiation Hazards and Disaster Medicine in Post-3.11 Japan’, *Social Studies of Science*, 49(3), pp. 333-354.
- Maly, L. and Yamazaki, M. (2021) ‘Disaster Museums in Japan: Telling the Stories of Disasters Before and After 3.11’, *Journal of Disaster Research*, 16(2), pp. 146-156.
- Normile, D. (2021a) ‘[This Physician Has Studied the Fukushima Disaster for a Decade—and Found a Surprising Health Threat](#)’, *Science*, March 4 [Online]. Accessed: July 18, 2021.
- Normile, D. (2021b) ‘[Japan Plans to Release Fukushima’s Wastewater into the Ocean](#)’, *Science*, April 13 [Online]. Accessed: July 18, 2021.
- Rich, M. and Inoue, M. (2021) ‘[Ten Years After Fukushima Disaster, This Nurse May Be the Region’s Best Hope](#)’, *New York Times*, March 9 [Online]. Accessed: July 18, 2021.

This article is part of **The Special Issue: Legacies of Fukushima: 3.11 in Context**. Please see [the Table of Contents](#).

Robert Jay Lifton is a psychiatrist and writer who has taught at Yale University, Harvard University, the City University of New York, and who currently teaches at Columbia University. His books include *Death in Life: Survivors of Hiroshima*, which won a National Book Award; and *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, which received the Los Angeles Times Book Prize. His most recent book is *The Climate Swerve: Reflections on Mind, Hope, and Survival*.

Scott Gabriel Knowles is a Professor in the Graduate School of Science and Technology Policy at KAIST, the Korea Advanced Institute of Science and Technology. He is a historian of disaster worldwide. Since March 2020 Knowles has hosted #COVIDCalls, a live podcast discussion of the COVID-19 pandemic. He is author and co-editor most recently of *Legacies of Fukushima: 3.11 in Perspective* (co-edited with Kyle Cleveland and Ryuma Shineha).

Notes

- ¹ International Atomic Energy Agency, 2021.
- ² Normile, 2021a.
- ³ Normile, 2021b.
- ⁴ Lifton, 1991.
- ⁵ Rich and Inoue, 2021; Amir and Loh, 2019.
- ⁶ Lifton, 1986.
- ⁷ COVIDCalls, 2021.
- ⁸ Lifton in Cleveland, Knowles, and Shineha, 2021.
- ⁹ Seto, et. al., 2019.
- ¹⁰ Cleveland, Knowles, and Shineha, 2021.
- ¹¹ Maly and Yamazaki, 2021.