

Chapter #4

MENTAL HEALTH IN JAPANESE PARENTS LIVING ABROAD: A Case Involving a Japanese School in Nairobi

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ABSTRACT

As the number of Japanese citizens living abroad has increased, mental health care for such individuals has become an important concern. Due to the language and culture peculiar to Japan, a number of Japanese schools that offer a Japanese curriculum for Japanese expatriate children have been founded to not only maintain their academic ability but also facilitate cultural transition. Moreover, these schools often have a role in the community for parents and other Japanese residents in the country. Therefore, supporting Japanese schools assists Japanese expatriates. This project involved the development of a psychological support system for a Japanese School in Nairobi. The first step involved exploring the needs of Japanese adults in Nairobi (N = 33) via the administration of a brief questionnaire survey. The results showed different types of stress reaction, which may have developed as a result of living in Nairobi, in this group relative to those of their counterparts in Japan. Although they tended to be preoccupied with the anticipation of stress, this did not always interfere with their mental health. In addition, the frustrations of daily life were assumed to generate their stress symptoms.

Keywords: Japanese, expatriate, cultural adjustment, mental health, Japanese school.

1. INTRODUCTION

Since the 1950s, the number of Japanese families living overseas has increased consistently, and their mental health is a primary concern. Families with children tend to face greater difficulties. According to the Ministry of Education, Culture, Sports, Science and Technology in Japan (MEXT, 2014), the proportion of children aged within the ages at which they attend compulsory education at primary or secondary school reached 71,000 in 2014. The Japanese government, Japanese private firms, and other relevant organizations have established schools in foreign countries to maintain educational standards for Japanese children. These Japanese schools are full-day primary or secondary schools that offer Japanese standard curricula. There are currently 88 Japanese schools in 51 nations worldwide.

The schools not only offer Japanese education to expatriate children but also have another important role in providing mental health support to Japanese residents in the surrounding area. Moving to a new culture usually has a detrimental impact on one's mental health (Caligiuri, Hyland, Joshi, & Bross, 1998; Haslberger & Brewstwe, 2008). The cultural adjustment is challenging, particularly for expatriate children, who are required to learn a new language and adapt to a new culture whilst simultaneously dealing with developmental issues. These Japanese schools can reduce language and cultural confusion in expatriate Japanese children. Another advantage of the schools is that there is no need for children to establish an international peer group to support them during periods of stress,

which would be necessary in a foreign school (Yeh, 2003). Therefore, Japanese schools provide a tranquil transition for expatriate children, which reduces stress. They also help parents by alleviating their concerns about both academic and social aspects of their children's school lives. Furthermore, the Japanese schools are often open to other Japanese residents, as well as children and their parents, and serve as community centres. The residents can help and encourage each other and exchange information and Japanese goods, such as food and other products, there. The Japanese schools therefore contribute to the maintenance of residents' mental health both directly and indirectly.

However, the schools are subject to specific difficulties. They do not receive financial support from the Japanese government; therefore, they often face problems resulting from staff shortages and lack of funding. Moreover, the teachers are under pressure and strain, because they also undergo their own cultural adjustment. Usually, Japanese school teachers are dispatched from Japan by the government for 2 or 3 years. They are therefore required to meet pupils' needs and manage their own adjustment to a new environment simultaneously. In addition, as the schools are isolated and far from Japan, it is difficult to access resources such as information, opportunities for professional development, and other specialized social institutions (Mizuno, 2013).

Therefore, it is fair to say that supporting these Japanese schools not only maintain certain educational standards for children but also increase psychological well-being in children, parents, teachers, and other Japanese residents in the surrounding communities.

2. BACKGROUND

2.1. Previous Studies Examining Expatriates' Mental Health

In spite of the rise of the global community, there have been few studies conducted to examine mental health in expatriates. Truman, Sharar, and Pompe (2012) found that expatriates face a higher risk of mental health issues including the internalization and externalization of problems and substance use disorders. Their empirical study included American subjects and was the first to compare mental health problems between expatriates and individuals resident in their countries of origin. Black and Stephens (1989) defined adjustment as the degree of psychological comfort experienced in new situations and identified three cultural adjustment factors experienced by expatriates: adjustment to work, adjustment to general conditions in a new environment, and adjustment to interaction with the host nation. Caligiuri, Hyland, Joshi, and Bross (1998) claimed that adjustment involves adaptation to stressors, which involves positive perceptions of living in a host country and a lack of concern regarding present difficulties. They identified two aspects of cultural adjustment: adjustment to home life and adjustment to work life. They posited that adjustment to home life occurs first in the cultural adjustment process and predicts adjustment to work life. Van der Bank and Rothmann (2006) reported that the relationship between perception of the situation (i.e. the stressors experienced) and personal traits determined cultural adjustment, and the stressors experienced were both organizational and cultural. These previous studies all found that cultural adjustment is the key to psychological well-being in expatriates and is contingent on stressors, motivation, expatriates' characters, and the existence of support. In other words, an external stressor itself does not directly cause mental problems, and the expatriate's perception of the stressor is essential; therefore, understanding the socio-psychological burdens they face is crucial to providing effective support.

As the experiences of expatriates vary widely between cultures, studies examining Japanese expatriates were considered. Egawa (2001) found that promotion and treatment upon returning to Japan, educational problems in children, and the management ability of the overseas workplace were significantly related to overall social stress levels in Japanese expatriates. Katsuda (2008) and other clinicians reported that language, food, and lifestyle differences; relationships with those in the host country; uncertainty upon returning to Japan; and security issues were major stressors in Japanese expatriates. Fukuda and Chu (1994) found that family-related problems are the most crucial explanation for Japanese expatriates' failure in the workplace, leading to problems such as mental disorders and withdrawal from work. Although these findings suggest psychological burden or stressors, there have been no empirical studies conducted to examine these issues. Moreover, it is not clear how these stressors relate to expatriates' mental health.

2.2. Our Goal

As stated above, offering effective support for Japanese schools not only contributes to the maintenance of children's educational levels but also increases emotional well-being in children, parents, teachers, and other Japanese residents in the surrounding communities. The authors initiated the Nairobi Japanese School Project in 2013 to explore ways in which to assist Japanese Schools and develop a support system prototype. There were two aspects to the project: exploring expatriates' difficulties and needs and offering support programs. The Nairobi Japanese School is comparatively small (50 students and 8 teachers) but is subject to specific difficulty with respect to security. The school has a central role in the Japanese community. The first step of the project focused on the stress experienced by expatriate Japanese adults in the community. We examined their stressors and how they perceived them. Thereafter, the ways in which those stressors were related to their stress symptoms were examined. This study focused on cultural rather than work stressors, because 1) many adults in the community (e.g. housewives) did not have a workplace and 2) supporting Japanese schools, which was our aim, would not address work stressors directly.

3. METHODOLOGY

3.1. Overview of the Entire Project

Aside from providing distant online consultations, Japanese clinical psychologists undertake annual visits, during which they stay at the Nairobi Japanese School for a week. The aim of these visits is to understand the school's actual circumstances and needs whilst providing practical and effective support for children and their parents and teachers. The first visit occurred in October 2014. The visit included 1) individual consultations with the teachers or parents on demand, 2) observation of the children to assess their needs, and 3) a psycho-education seminar for adults. As the first step of the study, we used questionnaires to examine the stressors and concerns experienced by Japanese adults in Nairobi. In particular, we examined whether they experienced a greater degree of stress relative to adults resident in Japan, their specific concerns, and how these concerns were related to their mental health.

3.2. Procedure and Participants

We offered a psycho-educational seminar, which was open to all Japanese community members, at Nairobi Japanese School. Subsequent to the seminar, we explained the questionnaire surveys to those present and recruited participants. Two questionnaires were

completed by 33 of 38 adults (9 men, 24 women; mean age: 44.9 years; mean length of residence in Kenya: 49.0 months) who attended the seminar. Twenty-one of the subjects were parents of school children.

3.3. Tools

3.3.1. Public Health Research Foundation Stress Check List (PHRF-SCL) Short Form

To examine subjects' mental health, we used the Public Health Research Foundation Stress Check List (PHRF-SCL) Short Form, which had been standardized in Japan (Imazu, Murakami, Ueda, & Kodama, 2005). The questionnaire is an easily administered self-report rating scale consisting of 24 items concerning symptoms of stress. Responses are provided using a 3-point Likert scale (1 = hardly ever, 2 = sometimes, 3 = often). They are divided into four stress reaction domain: anxiety/uncertainty (6 items), tiredness/physical responses (6 items), autonomic symptoms (6 items), and depression/feelings of insufficiency (6 items).

3.3.2. Current Concerns Questionnaire

We created a second questionnaire concerning the perception of stressors relevant to living abroad, in order to explore subjects' perception of such stressors. The questionnaire included nine items regarding concerns that had often been expressed by Japanese expatriates in previous reports: language differences, food differences, public security, medical services, lack of Japanese goods, children's futures upon returning to Japan, family in Japan, personal relationships in Nairobi, and their own careers. We did not include children's school adjustment, as children's social and academic lives at the Japanese school were not influenced strongly by cultural differences. The participants were asked to indicate the extent to which they were worried about each topic and responded on a 4-point scale (1 = not worried at all, 2 = not very worried, 3 = fairly worried, 4 = very worried). The questionnaire also included an open-ended question for each topic, to allow subjects to explain the reasons for their answers. In addition, a question requiring a descriptive response concerning the advantage of living in Nairobi was included at the end of the questionnaire.

4. RESULTS

4.1. Stress Symptoms (PHRF-SCL)

To compare participants' stress levels with those representing Japanese standard scores, one-sample t tests were performed for each subscale. The mean and standard scores are shown in Table 1. Their mean anxiety score was significantly higher than the Japanese standard ($t(31) = 2.74, p < 0.01$), whilst their mean score for autonomic symptoms was significantly lower than the Japanese standard ($t(31) = -3.92, p < 0.001$).

Table 1. PHRF-SCL scores.

Stress Symptoms	Expatriate in Nairobi (N=33) Mean Scores (SD)	Japanese Standard Scores
Anxiety	4.16 (2.20)*	3.09
Physical Responses	5.52 (3.09)	4.68
Autonomic symptom	1.22 (1.33)**	2.14
Depression	4.16 (2.03)	3.63
Total	15.54 (6.23)	13.54

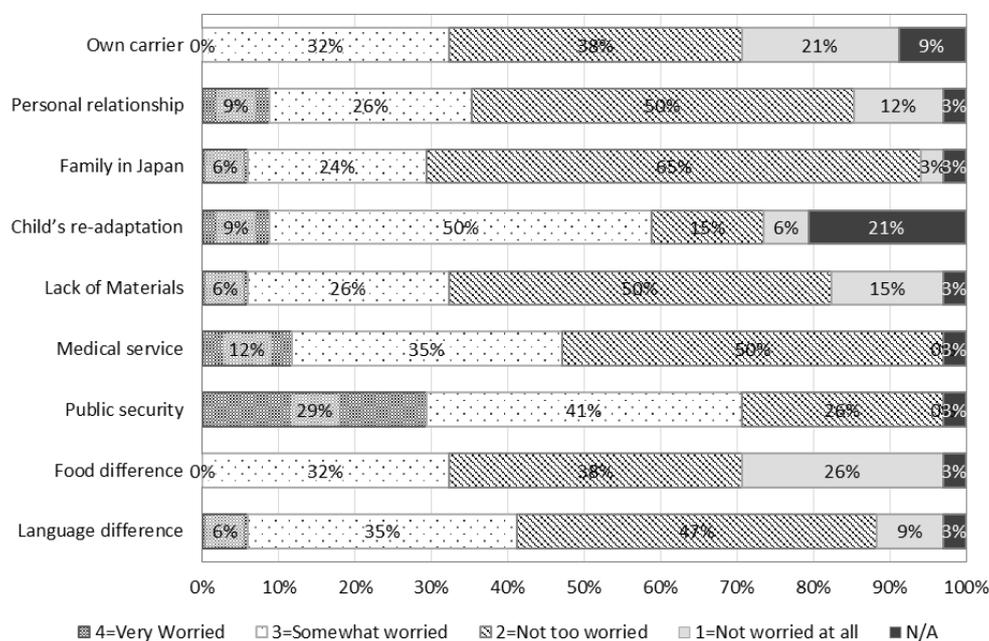
Note: One sample T-test, * $p < .01$ ** $p < .001$

4.2. Current Concerns

The majority of participants were concerned about public security and children’s re-adaptation to Japan (Figure. 1). With respect to public security, 70% of participants rated their worry at 4 (very worried) or 3 (worried), and they expressed fear regarding terrorism and manslaughter in their responses to the open-ended question. In response to the item concerning children’s re-adaptation, 59% of participants reported being very worried or worried, and 29% did not respond, as they did not have a school-age child. With respect to the open question, some participants expressed the concern that their children’s ‘different experiences’ in Kenya would be noticed by peers. Others worried about their children’s lack of experience of large peer groups and the possibility that their children’s difficulties would become obvious in a large group. Approximately half of the participants expressed concern regarding medical services. In contrast, few participants worried about language differences, food differences, lack of Japanese goods, family in Japan, or their own careers. In response to the open-ended question concerning language differences, most participants communicated only with their maids and drivers and Japanese community members and did not require much language skill. In addition, personal relationships are often limited to those between members of the Japanese community in Nairobi. Moreover, participants also stated they often ate Japanese food; therefore, food differences did not cause concern, and participants expressed low levels of worry (1 = not worried at all or 2 = not too worried).

Regarding the advantage of living in Nairobi, whilst 6 of the 33 participants did not respond, 17 cited an increase in private or family time. Their answers included ‘it tightens family ties’ and ‘more time to spend relaxing or resting’.

Figure 1. Distribution of Current concerns by the topics.



4.3. Associations between Current Concerns and Stress Symptoms

Relationships between participants' current concerns and stress symptoms were evaluated using Spearman's correlation coefficients. The results are shown in Table 2. Concern regarding food differences was correlated with physical responses ($r = .519$) and total scores ($r = .515$). Concern regarding security was significantly correlated with anxiety ($r = .402$), physical responses ($r = .371$), autonomic symptoms ($r = .492$), and total stress symptom scores ($r = .503$). Concern regarding medical services was associated with autonomic symptoms ($r = .502$) and total score ($r = .389$). Concern regarding lack of goods was correlated with physical responses ($r = .379$), autonomic symptoms ($r = .361$), and total score ($r = .392$). Concern regarding personal relationships was correlated with autonomic symptoms ($r = .413$), depression ($r = .463$) and total score ($r = .497$).

Table 2. Association between current concerns and stress symptoms.

Stressors	Stress Symptoms				
	Anxiety	Physical symptoms	Autonomic symptoms	Depression	Total
Language difference	.009	.117	.219	.089	.146
Food difference	.336	.519 **	.299	.195	.515 **
Public security	.402 *	.371 *	.492 **	.283	.503 **
Medical service	.247	.316	.502 **	.303	.389 *
Lack of goods	.288	.379 *	.361 *	.207	.392 *
Child's re-adjustment in Japan	.321	.179	.232	.367	.313
Family in Japan	-.296	.131	.174	.127	-.034
Personal relationship	.330	.329	.413 *	.463 **	.497 **
Own career	.367	.068	-.036	.277	.120

Note: Spearman's rank order correlation coefficients, * $p < .01$ ** $p < .001$

5. DISCUSSION

The results showed that Japanese adult expatriates in Nairobi tended to experience a greater degree of anxiety relative to that of their counterparts in Japan, while they reported fewer autonomic symptoms. This is assumed to reflect their different social environment or lifestyle in Nairobi. Firstly, the anxiety score was related to concern regarding public security in Nairobi. Anxiety is a cognitive-affective response that is based on the appraisal of threat (Lazarus & Averill, 1972). Therefore, the results indicated that people who were concerned about security (i.e. those threatened by poor public security), tended to exhibit anxiety. However, unless anxiety is excessive or occurs within an inappropriate context, it is not clinically significant. As a sign of danger, it could be considered an adaptive protective mechanism, involving preparatory reaction to the danger. Given the difficult conditions in Nairobi, high levels of anxiety could be expected. Meanwhile, many of the participants reported improved regulation of their lifestyles and an increase in spare time as a result of freedom from hectic schedules since moving to Nairobi. Although chronic stress in everyday life can interfere with autonomic regulation, it constitutes a combination of psychosocial issues, lifestyle choices, behaviours, and general health (Lucini, Fede, Parati, & Pagani, 2005). Thus, those lifestyle factors may have reduced their autonomic symptoms.

With respect to the perception of stressors, the greatest concern was that of public security. The crime rate in Nairobi is much higher relative to that of Japan, and the city is plagued by terrorism. Obviously, these are life-threatening issues and may therefore constitute the most serious concern. This is also true for concern regarding medical services.

In particular, people with a higher number of autonomic symptoms, who experience insecurity regarding their health, tended to be more concerned about medical services. The second-greatest concern involved children's futures upon returning to Japan. As Nairobi Japanese School is small, it is able to provide sufficient supervision, and studying in small classes is beneficial. Therefore, parents were worried about whether their children would be able to adjust to larger schools in Japan. In addition, they were under the impression that their children could experience discrimination due to experiences peculiar to living in Kenya.

In contrast, the majority of participants were not concerned about language differences, food differences, lack of Japanese goods, family in Japan, personal relationships, or their own careers. This finding is incongruent with those of the studies mentioned above. Nairobi Japanese School may contribute to this lack of concern. For example, the school allows people to share numerous Japanese goods, including food, and talk to each other in Japanese in the community surrounding the school, which may help to reduce excessive concern. Although justification is required via further research, this could constitute a means of supporting Japanese people abroad. Even though food differences, lack of Japanese goods, and personal relationships were not considered large concerns, they were associated with stress symptom scores. This could be interpreted as an indication that daily inconvenience and dissatisfaction may be less conscious concerns but accumulate and lead to stress reactions. In addition, language differences, children's futures upon returning to Japan, family in Japan, and participants' own careers were not related to stress symptoms, in that negative perception of stressors did not always lead to stress reactions. Relative to others, some stressors may exert a stronger influence on psychological function. It is possible that concern regarding children's futures, family in Japan, and participants' own careers may be categorized as anticipatory stressors rather than daily life frustrations. The future outcomes of these issues are uncertain but contain the possibility that one or more will be negative. According to Brosschot, Gerin, and Thayer (2006), the anticipation of stress is an attempt to engage in mental problem solving and laden with affect but less closely related to psychopathology. In other words, individuals manage stress by preparing for it. Language differences normally cause expatriates to experience frustration resulting from communication difficulties; however, this issue may not have been related to stress symptoms in this community, because the need to communicate in the host country's language seldom arises. In contrast, food differences, lack of Japanese goods, medical services, and personal relationships are not only affective substrates but also frustrations that expatriates are currently facing. Therefore, these stressors may be directly related to their symptoms. However, another interpretation is also possible. As found in previous studies, mental health results from collaboration between stressors, support, and personal traits. The stressors that are not correlated with symptoms may be compromised by support and personal traits. This area is in need of further research.

In conclusion, Japanese adults in Nairobi tended to be preoccupied with public security and their children's futures upon returning to Japan. However, these worries do not always interfere with their mental health. In fact, frustration in daily life, regardless of whether they are aware of it, is assumed to generate stress symptoms. It is difficult to address and reduce stressors, such as security and lack of Japanese goods, directly. Nevertheless, we can help expatriates to cope with stress by providing psycho-education and consultation. Through the abovementioned surveys, we were able to roughly capture their psychological needs and state of mind. Using this information, we could develop efficient support.

The study was subject to a number of limitations. The sample size was small; therefore, the results of the statistical analysis should be interpreted cautiously. Moreover, although we examined only 9 stressors, we should consider more diverse stressors and verify their factor structure. Furthermore, expatriates' personal traits exert an impact on their stress symptoms. Therefore, further studies involving more variables are required. However, such studies would demand a large sample, and it is difficult to increase the sample size in the small Japanese community in Kenya. To address these limitations, more precise qualitative analysis is required in future.

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