

## Perspectives

---

2018

Article 3

---

7-1-2018

# Social Integration and Suicide Rates in Japan: An Analysis

Emily Haley

*University of New Hampshire, Durham*

Follow this and additional works at: <https://scholars.unh.edu/perspectives>

---

### Recommended Citation

Haley, Emily (2018) "Social Integration and Suicide Rates in Japan: An Analysis," *Perspectives*: Vol. 10 : Iss. 1 , Article 3.

Available at: <https://scholars.unh.edu/perspectives/vol10/iss1/3>

This Article is brought to you for free and open access by the Student Journals and Publications at University of New Hampshire Scholars' Repository. It has been accepted for inclusion in Perspectives by an authorized editor of University of New Hampshire Scholars' Repository. For more information, please contact [nicole.hentz@unh.edu](mailto:nicole.hentz@unh.edu).

## Social Integration and Suicide Rates in Japan: An Analysis

**Emily Haley**

Japan has seen extreme changes in its social structures since the end of the 1800s. Before 1868, Japan practiced an exclusionary foreign policy known as *sakoku* (Japanese for “seclusion”), keeping Western influence out of the country for hundreds of years (Perez 1998:62). The end of this period, however, came with an intense modernization of Japan known as the Meiji Restoration (Stanlaw 2017). From this point to the present day, Japan has seen an increase in Western social structures and values, all while trying to retain aspects of its collectivist society. The economic growth of Japan was halted with the 1990 Asian financial crisis, an event that set off high rates of suicide for the country. While the initial increase of suicides from 1997 to 1998 in Japan has been attributed to middle-aged males ages 40-59, the subsequent years saw a shift in high suicide rates amongst youths aged 20-39 years old. These rates would remain high until the 2010s, where rates began declining in 2012 (Chen et al. 2015).

One of the explanations for these high suicide rates often cited by researchers is the cultural history of suicide in Japan. Suicide has been seen in Japan since its use by *samurai* (Japanese warrior class prominent in Japan during the Edo period (1603-1867)) in their commitment of *seppuku*, a ritualistic act of committing suicide. Others point to the neutral attitudes of death held by both Buddhism and Shinto, two prominent types of religion in Japanese society, to explain these high rates (Kingston 2011). However, this explanation is still criticized by many, as, despite Japan’s history with suicide, the act itself remains stigmatized (Chen et al. 2015).

The explanation for these suicides can be seen when analyzing the effects of individualism on Japanese society. With the use of Durkheim’s theory of suicide and social integration, as well as the theory of social support, I argue that both the initial increase in suicide rates amongst middle-

aged men and the high rates amongst youth are caused by changes in perceived and received social support. These changes are attributed both to anomie (in the case of suicides for middle-aged males), as well as shifts in individualism (suicides amongst youths). The tension between individualistic ideas held by many youths and the collectivist nature of many aspects of Japanese society has caused for a decrease in perceived social support, which has attributed to high rates of suicide amongst youths. With nationwide programs for comprehensive suicide prevention, Japan has seen decreases in these rates.

#### INDIVIDUALISM AND COLLECTIVISM: CHANGES IN JAPANESE SOCIAL STRUCTURE

To understand why suicide rates saw such an increase in Japan during the late 1990s, one must first understand the importance of individualism and collectivism in Japanese society. Distinctions in mental health and in social science research in general often place a dichotomy of Western versus non-Western, modern versus traditional society. This distinction often looks at the orientations of society, with Western countries being seen as more individualistic and non-Western countries as collectivist (Lefley 2017:145). Individualism and collectivism show whether an individual “value[s] personal autonomy or value[s] dependence” (146). While the categorization of countries into individualist or collectivist has been commonly used in social science research, it has been contested by some, researching the topic for the vagueness of these definitions, as well as the fact that the split of individualism and collectivism is not black and white; individuals in countries tend to experience both individualism and collectivism in their daily lives (Omi 2012). While both individualism and collectivism can affect attitudes towards mental health and mental health treatment, it is important to note the ways in which individualism and collectivism are present in societies, and how this can cause strain amongst individuals who may find conflict with the existing societal structures.

Many see the structural and cultural changes in Japanese society since the 1880s as a period of modernity, leading to a shift from collectivist values to individualism in various aspects of life (Hamamura 2012). To show this pattern of a shift to individualism, researchers have looked at the economic development of the United States as a guide, comparing patterns and applying them to the social structure of Japan. Schooler (1998) found that individualism tended to increase with the occurrence of economic, technological, and agricultural developments in societies, developments that are mirrored by Ogihara's (2017) research into Japan's development. Economic changes in Japan include an increase in per capita GDP from 1870 to 2015; an increase in economic wealth is argued to promote individualism, and Ogihara (2017) predicts Japan's GDP growth to cause the country to shift towards individualism (4). Other changes include shifts from rural areas to urban, which has led to a decrease in family size in Japan from an average of 5 people per household in 1950 to 2.7 people per household in 2006 (Hamamura 2012:13). Another factor measuring individualism is divorce rate, which has also been on the rise since 1950 (13).

The increase in individualism has not affected Japan uniformly. Youths have seen increased rates of individualism compared to older generations. Sasaki (2004) found that youths answered more positively to questions about "others" than their parents or other adults, showing a more global perspective.

Where there are increases in individualism in Japan, there are also ways in which Japanese society is holding on to collectivism, or even increasing in collectivism. Hamamura (2012) found some changes in values amongst Japanese people to support the rise in individualism, like an increased importance of childhood independence and a decrease in the importance of following traditions, but values such as an increase in the importance of social obligation and a decrease in the importance of individual rights shows an increase in collectivism (13). Some collectivist values

such as the persistence of the importance of social harmony, as well as the importance of both friendship and the duty to love one's parents and family (14).

Looking at individualism and collectivism to see the way in which individuals interact with each other can be an important indicator as to how people approach mental health and mental health care. Cultural attitudes as well as intergroup differences can “shape the accessibility, appropriateness, and effectiveness of services for population subgroups,” as well as determine what types of behaviors are seen as deviant and which are deemed socially acceptable (Lefley 2017:146). The changes in individualism and collectivism in Japan have caused a disconnect between the ways in which individuals see themselves in relation to others. Individualistic characteristics have permeated Japanese society more quickly than changes to social structures have occurred, and the importance of collectivism in many social structures has made it difficult many to navigate these systems in times of distress or need. Specifically, the collective nature of the workplace has placed an emphasis on relationships with coworkers, an emphasis that contributed to the increase in suicide rates when many middle-aged men became unemployed in 1998. Additionally, I hypothesize that the collectivist nature of the school system and the increase in individualism amongst people has affected levels of perceived support, which explains the high suicide rates among this age group. Thus, collectivism, individualism, and their relationships within a society become increasingly important when looking at mental health.

## **SOCIOLOGICAL THEORIES AND SUICIDE**

Some of the first research done on mental illness in sociology includes the study of suicide by Emile Durkheim. His theory was created while comparing Western European countries during their shift in social structures from feudal to industrial from 1850-1891 (Crosby and Willis 2017:517). Durkheim's analysis of suicide rates showed unequal distributions amongst various

societal groups, including Protestants versus Catholics, married versus unmarried people, and groups experiencing economic expansion and recession (Thoits 2017:135). His underlying argument to account for these differences in suicide rates was the level of social integration between individuals and their society, with too much or too little integration often affected one's integration (measured as the connection of individuals to each other through social norms), and thus led people to commit suicide (135). The weak or too-strong ties of individuals based on expectations of shared behavior can lead to changes in suicide rates (136). Durkheim's theory of social integration and suicide rates falls under the social structural strain theory of mental health issues in society. While Durkheim focused on economic hardships leading to changes in suicide rates, other forms of structural strain can affect mental health outcomes, and can occur on local levels as opposed to macro-level issues (Thoits 2017:137).

#### SUICIDE AND FINANCIAL CRISES: EMPLOYMENT AND SOCIAL BELONGING

The financial crisis in Asia due to the 1990 burst of the financial bubble caused for the subsequent collapse of many Japanese businesses in the late 1990s (Chen et al. 2015:255). This caused a slight increase in the number of suicides in Japan, numbers that reached saw a 34.73% increase from 1997 to 1998 from 24,391 suicides to 32,863 suicides (254). This initial increase in the suicide rate from '97-'98 has been linked to higher numbers of suicide rates in males aged 40-59 (Chen et al. 2015:256). Chen et al. (2015) found through multiple regressions that this increase was positively correlated to unemployment status, and personal bankruptcy was a significant predictor in suicide rates amongst males (256). While economic hardships are related to mental health rates across many societies (Liminic and Lemon 2017), this is especially important in Japan when considering the structure of Japanese society.

Durkheim believed that “periods [of societal transition] are strenuous because individuals are forced to adapt to changes in society and restructure their lives accordingly” (Crosby and Willis 2017:517), which, when considering the changes in Japan’s social structure from a collectivist society to a more individualistic society, can provide a reason for why there may be an increase in suicide rates. This theory can be especially important when looking at the suicide rates amongst middle age men, especially those who lost their jobs after the financial crisis (Chen et al. 2015). In Japan, one’s job is a very large part of one’s social group, especially for men, who make up the majority of full-time workers. The expectations of full-time workers include working overtime, taking few holidays, and spending most of their leisure time with their fellow colleagues in exchange for services provided by the company (Hendry 2013). Thus, one’s colleagues are an important support system for men, and those who have lost their jobs lose an important support group.

There exists much research that looks at the connection between social support and mental health. The current hypothesis is that social support acts as a buffer between the impact of life stressors and the individual, which in turn protects the individual’s mental health (Lewis-Brown and Ciciurkaite 2017:209). In the case of middle-aged Japanese men, their social support comes mainly in the form of their family and their coworkers. By losing their jobs, their network of social support is reduced, causing them to lose important resources that help buffer negative events. Job loss, a common stressor in one’s life, is more harmful as it causes not only financial strain for individuals, but it also affects their social support networks.

Lewis-Brown and Ciciurkaite (2017) also make the distinction between received support and perceived support. Perceived support refers to “the subjective belief or appraisal that one belongs to a communicative and caring social network,” while received support refers to the actual

help given to an individual by their support group (Lewis-Brown and Ciciurkaite 2017:210). Middle-aged males who then lose their job experience a decrease in their perceived support, as they believe they no longer belong to that certain social network. Collectivism in the workplace is still very apparent, and when one no longer works with a company, they view themselves as no longer having the support from their former coworkers.

Relatedly, the reason why job loss is less detrimental to women compared to men is due to the fact that many women only hold part-time jobs compared to men. Yamamura (2010) found the relationships women fostered with people outside of the workplace contributed to their lower suicide rates. Women have more free time to spend with their neighbors compared to men who work full-time, which allowed for higher levels of social capital amongst women (1012). Yamamura's (2010) findings on women's levels of suicide and their relationships outside of the workplace help show how effective social support can be at aiding mental health.

That is not to say that job loss itself did not play a role in the increased levels of suicides, as economic hardship and unemployment has been positively associated with depression, anxiety, and shame, with reductions to low self-esteem and security (Liminic and Lemon 2017:233). Job loss is also important when looking at one's role in a family. Simon (1995) found through a series of interviews of married men and women that men viewed their economic contributions to their families as interdependent with their roles as husbands and fathers (186), and men who were unemployed but whose wives were employed for economic support by necessity often felt inadequate as both husbands and fathers (190). While these findings are from analyzing white men and women, similarities can be applied between Japanese men and women as well. The initial increase in suicides in Japan from 1997 to 1998 was due to financial problems, rates that affected men more than women (Chen et al. 2015:259).



## SUICIDE RATES AMONGST YOUTHS

Conflict can arise based on discrepancies when looking at the changes in individualism in youths in Japan and the persistence of collectivism in various social structure. In fact, many Japanese people seem to view individualism as both positive and negative. Individualism allows for individuals to experience more independence and freedom, but it also affects their interpersonal relationships (Ogihara 2017:9). As Lefley (2017) notes, personal well-being depends on family and societal stability, which involves the interaction of one's personal characteristics and their interaction with "cultural norms and expectations, the status of the population subgroup of which an individual is a member, and the social stability of that subgroup within the dominant culture" (146). Ogihara et al. (2014) argue that individualism has not been historically established in the ways in which it has been in European and American cultures, which causes a strain between traditional Japanese values and the imported values of individualism (214-215). Traditional aspects of Japanese society emphasized collectivism, which have remained still even through Japan's experience of globalization (215).

When looking at the Durkheim's theory of suicide as it relates to youth, it is important to note that for many young people, their social roles are constantly changing and their undefined role in society may cause increased hopelessness and helplessness with less resources available to them compared to adults (Crosby and Willis 2017:517). This is supported by research done by Mirowsky and Ross (2017), who find that although adolescents have the higher rates of depression than middle-aged individuals (339), it is typically middle-aged individuals who utilise mental health services (Pescosolido and Boyer 2017). Other institutes of social support, such as churches, are on a decline, limiting the type of structures through which youth can gain support systems

(Crosby and Willis 2017:518). Crosby and Willis (2017) suggest research to be done about the influence of schools and social media on their influence for youth.

There exists research on schooling in Japan when looking at collectivism versus individualism. Although there are certain aspects of Japanese society that have seen an increase in individualistic characteristics, Japanese school systems tend to rely heavily on collectivist ideals, emphasizing the importance of a collective from an early age. Japanese schools stress the importance of equality in the classroom, and differences between children are often downplayed or used for the benefit of the group (Hendry 2013). The “mainstreaming” of Japanese children--which Borovoy (2008) refers to as an emphasis on collectivism and working together--prevents children from being labelled as different, even in cases that would be beneficial for them.

Another important issue in schools is bullying. Historically, Japanese school systems have done little to curb bullying attempts, as they have not had proper conduct systems in place. Up until the 1990s, the main way in which school safety was addressed was through parent-run organizations, especially dealing with issues such as travel to and from school (Morrone and Matsuyama 2008:364). When issues of bullying or violence against students did come to light, these issues were handled by teachers and the principal, and parents were consulted only rarely (364-365). Even when extreme cases of bullying occurred, the Ministry of Education was quick to label incidents as isolated events which did not warrant any national policies (365). Instead, the Ministry of Education viewed social ills as problems that were solvable with the return to traditional family and traditional neighborhood values (368), failing to address any problem related to bullying.

The response to bullying is extremely important to one’s mental health in their adulthood. Oshio et al. (2013) measured interpersonal adversity during childhood (both parental maltreatment

and bullying at school) and the effects of social support on mediating these variables' effects on adult mental health pathology. They found that social support had a mediating effect on the relationship between childhood adversity and adult mental health, reducing the strength of its association (757). This can partially explain why the perception of social support may cause increased rates of suicide amongst youths. With the Ministry of Education's response towards threats of violence against children, an emphasis on collectivist values is seen as the way to prevent bullying. The socialization children receive during schooling, with an emphasis on blending in, causes those who stand out to become somewhat of social outcasts, with no in-group to lean on for support. Even when support systems like mental health care are offered later in life, such as in university, those resources are often underutilized due to the individuals' expected stigmatization of support from both elders and peers.

Lamis et al. (2014) found that suicide rates were the leading cause of death amongst college students in Japan. Reasons given for committing suicide included issues such as failing classes, dropping out of university, experiencing difficulties in finding a job, as well as financial stressors and mental illness in general (Lamis et al. 2014:806). One of the most telling factors about the stigma associated with mental health care in Japan is their lack of use by many individuals. Only 19% of Japanese college students who committed suicide had sought help from their university's health center, and only 19% had received a diagnosis before their suicide, insinuating that the majority of college students who committed suicide did so without receiving any sort of treatment (Lamis et al. 2014:806). As suicide rates remain high in youths and young adults in Japan, efforts to lower these rates through suicide prevention programs are extremely crucial.

There are existing problems in the methods of treating mental illness in Japan today, many of which come from the stigmatization of mental health in Japan. Lefley (2017) discusses the

importance of viewing mental health in the cultural context of a society, as societies come to recognize deviant behaviors differently based on cultural norms (148). In Japan, mental illness and its treatment relies heavily on hospitalization, with the highest rates of hospitalized patients worldwide (27 per 10,000 people) (Tanabe et al. 2016:1). These high rates of hospitalization affect patients' abilities to interact with others, thus delaying deinstitutionalization in the country (1-2).

In general, Japanese people tend to have negative attitudes towards psychiatric care (Masuda et al. 2009:180), which may partially be explained by the use of hospitalization in Japan. Young adults in Japan are particularly against seeking help from professionals, and university students do so at rates less than university students in the United States (Masuda et al. 2009:180). Despite the presence of mental health professionals at university, their utilization remains extremely low, especially amongst individuals who have committed suicide. With the common stigmatization of mental illness in Japanese society, one may feel they are unable to rely on such systems or else they will isolate themselves from their in-groups. Studies have shown that Japanese youths have more difficulties with identifying and managing depressive symptoms than American students, which makes it more difficult for individuals who feel as though using professional resources would isolate them from their peers (Lamis et al. 2014). While changes towards the stigmatization of mental health need to occur in Japan, the immediate issue of high suicide rates can be addressed through other types of programs.

#### COMBATTING SUICIDE: PREVENTION PROGRAMS AND THEIR EFFECTIVENESS

The suicide rate in Japan only started to see a decline since 2012, the first year in which suicides totaled less than 30,000 (Chen et al. 2015:254). Despite the decline in suicide rates since 2012, rates still remain high, as Japan's suicide rates in 2013 were some of the highest amongst the Organisation for Economic Co-operation and Development (OECD) member countries,

following Korea's rate of 29.1 per 100,000 people and Hungary's 19.1 per 100,000 (OECD 2015). Suicide has been recognized as an issue for many countries throughout the world, with high rates amongst youths being of special notice (Crosby and Willis 2017: 513). For some countries, suicide is the leading cause of death amongst youths (513). In Japan, the high rates of suicide in the country were attributed to an increase in suicides amongst young adults aged 20-29 (Chen et al. 2015:256). While Crosby and Willis (2017) focus on youths aged 10-24, much of the data on rates of suicide in Japan consider youth/young adults up to the age of 29. Thus, numbers based on these results may differ due to the grouping from individual researchers.

Of the OECD members, 17 out of 37 countries have launched suicide prevention programs as of 2004, with the earliest being Finland to launch their program in 1992 (Matsubayashi and Ueda 2011:1395). These programs, while differing in their execution, share common themes of prevention methods, such as

public education, responsible media reporting, school-based programs, detection and treatment of depression and other mental disorders, attention to those abusing alcohol and drugs, attention to individuals experiencing somatic illness, enhanced access to mental health services, improvement in assessment of attempted suicide, postvention, crisis intervention, work and unemployment policy, training of health professionals, and reduced access to lethal means (1396).

Methods of suicide prevention have been present in Japan since 2006 (1396), and in 2007, the Cabinet Office released a "General Principles of Suicide Prevention Policy" suggesting nine initiatives towards suicide prevention. A national fund was created in 2009 to help enact five types of suicide-prevention programs across the different prefectures in Japan, finding that the creation

of the national fund encouraged areas to create suicide prevention programs (Nakanishi et al. 2015).

Comprehensive programs to prevent suicide have been proven effective in reducing the number of suicides amongst OECD countries. For countries who have comprehensive prevention programs, the number of suicides in these countries decreased by 1.387 per every 100,000 people (Matsubayashi and Ueda 2011:1396). For countries with over 100 million people (like Japan), this is an estimated 1350 suicides prevented by comprehensive national suicide prevention programs (1398). These programs do affect both age groups and gender differently, with programs being more effective amongst elderly and youths less than 25 years old than middle-aged individuals. These programs are both significant in affecting men and women, but the effect on prevention of suicide in men is higher than that in women (1399). Knowing the effect they have on different groups can be effective in targeting high rates amongst certain populations.

## CONCLUSION

Suicide is a problem that affects countries all throughout the world. High rates of suicide in Japan have been attributed both to economic strain, as well as a shift in individual values that conflict with existing cultural systems (Chen et al. 2015). Since the end of the 1800s, Japan has gone through a period of modernization similar to the United States, measured in urbanization and economic expansion (Hamamura 2012). These, as well as other factors, have contributed to an increase in individualism (especially amongst youths). However, individualism is a concept created and evolved mainly in European countries and the United States. Individualism is not an inherent part of Japanese society, but instead was adopted from these Western countries. The adoption of individualism into a society that still holds onto many collectivist values has created conflict between these two opposing values. This conflict can be especially seen with youths in

Japan, who experience higher rates of individualism than older Japanese. Many Japanese people view individualism both as positive and negative, seeing the pluses of increased freedom and independence outweighed by the conflict between individualism and traditional norms. Additionally, the lack of uniformity in these cultural changes causes many Japanese people to assume others to be less individualistic and less willing to change their behavior, in turn affecting their own behaviors (Ogihara 2014:215-216).

An increase in suicide rates in Japan since the late 1990s can be contributed to conflict within these systems of individualism and collectivism, as well as the sense of social support one receives. The initial increase in suicide rates due to economic hardship follows Durkheim's assertion that times of social change (such as the recession Japan experienced) can lead to changes in social integration amongst individuals, which increases suicide. For middle-aged Japanese men, the loss of a job affected much more than financial stability--it came with a loss of an important social support group. The change in perceived and received support thus affected these men's ability to buffer the stressors associated with this job loss, relating to the increase in suicides.

Integration also played a key role in the increase in suicides amongst the younger generations in Japan as well. Youths are more likely than older generations to be individualistic, and the extremely collective nature of Japanese schooling can come in conflict with these beliefs. Children who stand out are often subjected to bullying, which is typically handled poorly by both school districts and the Ministry of Education itself (Morrone and Matsuyama 2008). A lack of perceived support in childhood can potentially explain the stigmatization of receiving psychological care for Japanese university students, despite suicide being the number one cause of death for that group (Lamis et al. 2014). While current efforts of comprehensive suicide prevention programs have been proven effective across many of the OECD member countries to decrease

suicide rates, the stigmatization of mental health in Japan should be addressed as a proactive measure of mental health practices.



## REFERENCES

- Chen, Joe, Yun Jeong Choi, Kota Mori, Yasuyuki Sawada, and Saki Sugano. 2015. "An Analysis of Suicides in Japan, 1997-2007: Changes in Incidence, Persistence, and Age Profiles." *Social Indicators Research* 121(1): 253-272.
- Crosby, Alexander, and Leigh Willis. 2017. "Preventing Adolescent Suicidal Behavior: Integrating Sociology and Public Health." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Hamamura, Takeshi. 2012. "Are Cultures Becoming Individualistic? A Cross-Temporal Comparison of Individualism-Collectivism in the United States and Japan." *Personality and Social Psychology Review* 16(1): 3-24.
- Hendry, Joy. 2013. *Understanding Japanese Society*. New York, NY: Routledge.
- Kingston, Jeff. 2011. *Contemporary Japan: History, Politics, and Social Change*. Chichester, West Sussex, United Kingdom: John Wiley & Sons Ltd.
- Lamis, Dorian A., Mokoto Saito, Augustine Osman, Jeffrey Klibert, Patrick S. Malon, and Jennifer Langhinrichsen-Rohling. 2014. "Hopelessness and Suicide Proneness in U.S. and Japanese College Students: Depressive Symptoms as a Potential Mediator." *Journal for Cross-Cultural Psychology* 45(5): 805-820.
- Lefley, Harriet. 2017. "Mental Health in Cross-Cultural Context." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Lewis-Brown, R. and Ciciurkaite, G. 2017. "Understanding the Connection between Social Support and Mental Health." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the*

- Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Liminic, L and Lemon, M.C. 2017. "Work and Unemployment as Stressors." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Masuda, Akihiko, Steven C. Hayes, Michael P. Twohig, Jason Lillis, Lindsay B. Fletcher, and Andrew T. Gloster. 2009. "Comparing Japanese International College Students' and U.S. College Students' Mental-Health-Related Stigmatizing Attitudes." *Journal of Multicultural Counseling and Development* 37:178-189.
- Mirowsky, J. and C. Ross 2017. "Well-Being across the Life Course." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Morrone, Michelle Henault, and Yumi Matsuyama. 2012. "School Safety in Japan: Mombusho and the Public/Private Divide." *Childhood Education* 84(6):364-369.
- Nakanishi, Miharuru, Takashi Yamauchi, and Tadashi Takeshima. 2015. "National strategy for suicide prevention in Japan: Impact of a national fund on progress of developing systems for suicide prevention and implementing initiatives among local authorities." *Psychiatry and Clinical Neurosciences* 69(1):55-64.
- OECD. 2015. "OECD Health Statistics 2015." <http://dx.doi.org/10.1787/health-data-en>
- Ogihara, Yuji. 2017. "Temporal Changes in Individualism and their Ramifications in Japan: Rising Individualism and Conflicts with Persisting Collectivism." *Frontiers in Psychology* 8:1-12.

- Ogihara, Yuji, Yukiko Uchida, and Takashi Kusumi. 2014. "How Do Japanese Perceive Individualism? Examination of the Meaning of Individualism in Japan." *Psychologia* 57:213-223.
- Omi, Yasuhiro. (2012). "Collectivistic Individualism: Transcending a traditional opposition." *Culture & Psychology* 18(3): 403-416.
- Oshio, T, M. Ueda, and N. Kawakami. 2013. "Impact of interpersonal adversity in childhood on adult mental health: how much is mediated by social support and socio-economic status in Japan?" *Public Health* 127(8):754-760.
- Perez, Louis G. 1998. *History of Japan*. Westport: Greenwood Publishing Group.
- Pescosolido, B.A., and Boyer, C.A. 2017. "The Context and Dynamic Social Processes Underlying Mental Health Treatment: Classic and Contemporary Approaches to Understanding Individual Responses to Illness in Light of the Affordable Care Act." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Sasaki, Masamichi. 2004. "Globalization and National Identity in Japan." *International Journal of Japanese Sociology* 13(1): 69-87.
- Schooler, Carmi. (1998). "History, Social Structure and Individualism: A Cross-cultural Perspective on Japan." *International Journal of Comparative Sociology* 39(1), 32-51.
- Simon, R.W. 1995. "Gender, Multiple Roles, Role Meanings, and Mental Health." *Journal of Health and Social Behavior* 36: 182-94.
- Stanlaw, James. 2017. "Japan's Meiji Restoration." *Salem Press Encyclopedia*. Retrieved November 15, 2017.

- Tanabe, Yosuke, Kunihiro Hayashi, and Yuki Ideno. 2016. "The Internalized Stigma of Mental Illness (ISMI) Scale: Validation of the Japanese Version." *BMC Psychiatry* 16(116):1-8.
- Thoits, P. 2017. "Sociological Approaches to Mental Illness." In Scheid, T.L. and Wright, E.R. (Eds.), *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems (3rd Edition)*. New York: Cambridge University Press.
- Yamamura, Eiji. 2010. "The Different Impacts of Socio-economic Factors on Suicide Between Males and Females." *Applied Economic Letters* 17(10): 1009-1012.