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■ Original Article

An endeavor for a multidisciplinary case study—discussion on immigration and adaptation from the perspective of Human Sciences: Part 1—

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Researchers older than a certain age probably have one or two pieces of report that have almost been finished yet remaining unpublished for various reasons; being occupied with their daily business, for example. This report is exactly one of that kind.

Tsuji K, who at that time had an interest in the issues regarding immigration and adaptation, directed his attention to Japanese Brazilians, who would show high flexibility to adapt to both Japan and Brazil. Tsuji K simultaneously became aware of the potential issue that because of the very fact that they were well adaptive to both countries, it might have become difficult for them to choose to which country to belong. Thus, they were led to rootless drift without a firm ground to settle down, and eventually to developing difficulties of adaptation. Despite having written this report consequently, Tsuji K had to leave it unpublished due to the pressing daily work and the fact that the main subject of his research shifted from the issues of immigration and adaptation to those of crime.

Approximately 20 years later, when Tsuji K was still wavering between publishing and discarding the report, Asano K gave him an interesting insight reading one of the cases presented in it. The insight suggested that the reason why A, who experienced sexual abuse repeatedly in her childhood, married a Japanese man and moved to Japan thereafter could be regarded as avoidance; one of the main symptoms of PTSD.

While being impressed by this new viewpoint, Tsuji K began to obtain multiple insights one after another from other researchers as well. Kita Y made him aware that it could be a heavy burden on a child to grow up in a bilingual environment from not only the aspect of culture but also that of linguistic development. In relation to this suggestion from Kiya Y, Hatakeyama M pointed out the importance of interprofessional relationships.

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The conversation with Shichiji S was very helpful to contemplate the association between cultural-identity, racial-identity, and ego-identity. Yamagishi S pointed out that cultural differences in stigma regarding access to psychiatric care may have been related to the motivation to seek care and the progress of symptoms in the course of treatment.

Although it has already been known that case discussions essentially become deepened by diverse opinions from participants with multiple backgrounds, it has exceptionally been interesting to gain insights from various fields such as Trauma, Life-Science, Rehabilitation, Psychoanalysis, Mental Health and Social Welfare, and Psychopathology. We are now realizing an enormous potential in case discussions conducted in the field of Human Science, where multidisciplinary is flourishing to the highest degree.

It is that discussion we should be presenting in this report. However, before that, firstly, the cases with which we dealt need to be introduced. We are sorry to offer readers a plot that resembles a storytelling that abruptly ends with the words “Now the story is getting into a truly exciting part, but I have to save it for tomorrow.” However, this time, we would like readers to look through the cases. We intend to publish a discussion article as a part 2 in due course; next year, 2 years later, or even further.

ABSTRACT

At the end of the 19th century, Japan faced the problems of dense population and unemployment, while Brazil experienced a severe labor shortage on coffee plantations following the emancipation of slaves in 1888. At this time, a large number of people emigrated from Japan to Brazil. Over time, however, the community of their descendents has grown and the world economy has changed. The Japanese economic boom of the late 1980's and early 1990's as well as a change in Japanese Immigration Control Laws in 1990 have brought an influx of Japanese Brazilians returning to Japan. They are more comfortable both financially and socially in Japan than other foreign laborers because of their cultural and family background. This report presents the cases of a Japanese Brazilian woman, diagnosed with a panic disorder while living in Japan with her husband of Japanese descent, and that of her daughter who was absenting herself from junior high school. The mother expressed a desire to return to Brazil when her symptoms worsened, but no longer talked of her desire to go home when the symptoms were abating. Her daughter's school refusal appeared to be the effect of uncertainty as to whether the family would settle in Japan or in Brazil. The emotional conflict experienced by returning Japanese Brazilian adolescents may result from concern over whether to live in Brazil or Japan in the future. They may experience confusion with regard to their ethnic and cultural identity, fluctuating between identification with Brazil and Japan.

KEYWORDS

Adaptation, Psychological, Adolescent, Emigration and Immigration, Japanese Brazilian, Identification

INTRODUCTION

Following the Meiji Restoration of 1868, the population of Japan increased sharply due to the introduction of modern medicine and sanitation concepts. The limited domestic resources of Japan could not support this growth, resulting in excess population. At that time, the Japanese Government forbid Japanese to migrate abroad for work, fearing that Japanese laborers would receive poor treatment equal to that of slaves and thus tarnish the country's image. However, after 1885, Japanese migrant workers spread to the South Pacific, Southeast Asia, and South America, starting with the kingdom of Hawaii. Remittances from migrant workers increased foreign currency reserves and provided a means of subsistence to the rural population faced with economic trouble due to deflationary measures. At the beginning of the 20th century, emigration increased sharply to the US and Canada, where wage conditions were favorable; however, anti-Japanese sentiment, heightened because of their threat as a cheap labor source, led to severe restrictions of Japanese immigration to both countries in 1908. An alternative destination abroad for Japanese migrant workers became countries in South America such as Brazil, which faced a severe labor shortage on coffee plantations following the emancipation of slaves in 1888. Emigration to countries in South America proceeded systemically in order not only to resolve the unemployment problems of the post World War I depression but also to acquire foreign currency and displace the many victims of the Great Kanto Earthquake. Emigration to countries in South America was interrupted by the Second World War and the post war occupation by Allied Forces. This interruption occurred despite rapid growth of the population, caused by the return of more than 6.2 million Japanese from the Asian Pacific region, and despite the destruction of the nation's social and economic infrastructure by aerial attacks. After the San Francisco Peace Treaty of 1952, emigration to countries in South America resumed. In the mid-1960s, even though the fever to emigrate to South America began to abate due to the rapid growth of the Japanese economy, the number of descendants of Japanese living abroad grew to such an extent that they formed ethnic groups in countries in South America.

The dreams of Japanese traveling to Brazil as migrant workers were to save money working on coffee plantations and return home as a success, although in reality many of them simply put down roots and generations passed. Some continued farming in Brazil, although many moved to the cities and became involved in commerce and industry. Many Japanese were fervent about their children's education; therefore, the number of Brazilians of Japanese descent (Japanese Brazilians) who held socially important positions increased over time, as did the number of Japanese Brazilians conforming to Brazilian culture. Many Japanese Brazilians, while appearing Japanese, speak Portuguese as their native language and are culturally Brazilian. A number of studies provide interesting insight into the history and lives of Japanese Brazilians.¹⁻⁸

From the late 1980s to the early 1990s, Japan enjoyed robust economic conditions unlike any seen in the nation's past and the result was a shortage of unskilled labor. In contrast, economic trouble continued in Brazil, producing a massive gap in the average wage of workers in Japan and Brazil. In

1990, Japanese Immigration Control law was amended, and persons of Japanese descent were permitted to serve as unskilled manual labor in Japan, which other foreign nationals were not permitted to do. The appeal of Japan as a place to work was also helped by the fact that Japan has lower rates of terrorism and crime compared with Brazil. In 2004, the number of Japanese Brazilians living in Japan had risen sharply to exceed 180,000.⁹ The number of Japanese Brazilians seen as psychiatric outpatients has also increased.⁶

We have previously studied Japanese Brazilians receiving psychiatric outpatient treatment at a Medical School Hospital, located about 80 km north of Tokyo.¹⁰ In this study, we compared the adaptation to Japan of subjects who were classified into a schizophrenic group, mood disorder group, panic disorder group, and other neuroses group. Patients in the panic disorder group tended to have resided in Japan longer and were more fluent in Japanese than patients in other groups. This finding suggests that even individuals who appear to have overcome problems associated with working and living abroad may suffer panic disorders as time passes.

Here we present the cases of a Brazilian mother, diagnosed with a panic disorder while living in Japan with her husband of Japanese descent and that of her daughter who is absenting herself from junior high school. We discuss problems of immigration and adaptation during adolescence for Japanese Brazilians living in Japan.

CASE A (a 40-year-old woman, Brazilian of Latin American descent)

Case A was born in San Paolo as the sixth of eight daughters in a family of thirteen siblings. Due to the large number of siblings she was raised by her aunt and was repeatedly sexually abused by her aunt's husband. As a result, she came to distrust Brazilian men as a whole and, at 19 years of age, she married a man of Japanese descent. Together they had a boy and two girls. Her husband is first-generation Japanese who relocated to Brazil from Japan when he was 3 years of age.

In due course, many persons of Japanese descent return to Japan to work. Case A's husband sold the garage he operated in San Paolo, gathered funds, and traveled to Okinawa to work. Citing the lack of stability in Brazil, worsening inflation and a desire to live together as a family, Case A and her children also moved to Okinawa two years later.

Two years following Case A's arrival in Japan, her husband moved the family to Northern Kanto for work. Case A also started working for a manufacturer and, over time, learned to speak Japanese at a daily conversational level. Her eldest son and daughter graduated from junior high school and completed high school by correspondence while also working. The younger daughter, presented later as Case B, also became a junior high school student.

In the spring of year X, 10 years after arriving in Japan, Case A began to become short of breath for no apparent reason and to suffer panic attacks accompanied by palpitations, dryness of the mouth, dizziness, and fear of death. Some nighttime attacks resulted in her assessment by hospital emergency staff. She also became unable to continue work due to the expectation of anxiety and physical problems. Case A intended to continue living in Japan, although the desire to return to

Brazil heightened when her symptoms worsened.

In August of year X, Case A, presenting with panic attacks, insomnia, headaches, hot flashes, etc., was initially seen as an outpatient by the author. Treatment was initiated following the diagnosis of a panic disorder. Symptoms such as panic attacks were alleviated with use of a minor tranquilizer and antidepressant medication. When Case A did not comply with her medical regimen, symptoms would return, although by the end of year X she was able to work 8 hours a day for the manufacturer and seldom mentioned returning to Brazil.

In August of year X + 1, a 17-year-old Japanese high-school student dating Case A's 19-year-old son was found to be five months pregnant. The two wanted to marry and have the child. The high-school student, whose mother had died when she was young, loved Case A like a mother; however, the student's father, who had lived alone with his daughter for many years, fiercely opposed the marriage and birth and was also verbally abusive to Case A, saying for example, "Don't try to steal my daughter!" Finally, Case A and her husband made a payoff to the father permitting Case A's son and the girl to marry and have the child. Support for the payment was provided by the relatives of Case A's husband who live in Okinawa. During this ordeal, Case A suffered numerous anxiety attacks, although the symptoms were less severe than before, and her emotional well being began to improve.

CASE B (a 15-year-old girl, half-Brazilian and half-Japanese)

Case B was born in San Paolo, the second girl of Case A's 3 children. She arrived in Japan with her mother and siblings when she was 5 years old and speaks exceptional Japanese. She speaks Portuguese when speaking with her mother, so her Portuguese is also at the daily conversational level. In first grade, she accompanied her family on their move to Northern Kanto. She looks Japanese, except her hair has a slight tinge of chestnut, making it lighter than is typical in Japanese. Teachers at her school recommended she dye her hair black to avoid bullying, although she did not report being bullied by her classmates.

Following a class changeover in April of year X when Case B became an eighth grader, she began to absent herself from school. She would attend for one week and not attend for two weeks. When she did attend, she would come home early. Because Case A, her mother, talked of returning to Brazil when her symptoms worsened, Case B did not study for high school entrance exams or study in preparation to enter a Brazilian school. There were apparent difficulties in blending in with her classmates who sought to take exams to enter high school, although she was not bullied at school and had several friends.

In December of year X, she was initially seen as an outpatient by the author with the principal complaint of school refusal. Mild insomnia, melancholy, and irritability were also noted, although she smiled faintly during interviews and stated, "I feel like going, but I hate the class and can't go to school. The current classes aren't consistent." In addition to the hardship of being unable to go to school, she expressed dissatisfaction with Case A, her mother, and said she didn't want to make eye

contact with her mother. Once she said to Case A, “You make me sick.”

Diagnosis of school refusal was followed by supportive and sympathetic treatment without medication. Although she became happier as her mother’s symptoms improved and was able to take classes, for short periods of time, she joined small groups of other students who were absenting themselves from school. After she graduates from junior high school, she plans to work while studying by correspondence for her high school diploma, as her brother is doing.

DISCUSSION

Case A married her husband, a man of Japanese descent, because of her distrust of Brazilian men. From her experience with her husband, she may have developed an affinity for Japanese culture and society. When Case A and her children arrived in Japan, there was no sign of whether she would live in Japan permanently or return to Brazil at a later date. In actuality, Japanese Brazilians residing in Japan for more than a few years usually have not decided whether to return home in the future or live in Japan permanently. Case A is the spouse of a first-generation Japanese and was relatively free to choose whether to live in Japan or in Brazil. Life in Japan has become an easier place to live for persons of Japanese descent compared to other foreign nationals, as evidenced by the monetary support given to Case A and her husband by his relatives. In terms of race, Case A is not of Japanese descent, although Japanese laws treat spouses of persons of Japanese descent, including spouses of Japanese Brazilians, as equivalent to persons of Japanese descent.

Case A and her family have conformed to life in Japan over the years. Although factors contributing to Case A’s panic disorder are not clear, the stress of adapting to Japanese culture and society cannot be ignored. Case A’s desire to return to Brazil heightened when her symptoms worsened. Being free to decide when to return to her native country is thought to have reduced Case A’s intercultural stress. When her ties with Japan were strengthened, such as through her son’s marriage to a Japanese woman, the possibility of settling in Brazil in the future decreased, but her symptoms instead improved. Freely choosing where one lives did not appear to have a therapeutic effect in terms of treatment in this instance. Case B’s school refusal appears to be the effect of uncertainty as to whether her family would settle in Japan or in Brazil. If she were to return to Brazil, there would be no need for her to pass the entrance exam for Japanese high school, so the resulting lack of effort in taking these exams is understandable. Nonetheless, students in Japan are aware of the importance of high school entrance exams, as almost every junior high school student advances to high school. Case B likely found that her disinterest in exams made it even harder to blend into her surroundings following the class change at the beginning of the new school year. Although not bullied in school, statements such as, “I hate the classes and can’t go to school. The current classes aren’t consistent” are evidence of her difficulties. Now that the symptoms of Case A have improved, and she no longer talks of her desire to go home, Case B’s school refusal is improving.

Japanese Brazilians often feel an affinity for the culture of Japan, which is the native country of

their ancestors. Upon arrival in Japan with their families, they are treated preferentially, in social and political terms, as persons of Japanese descent, and as such they are believed to settle in and conform to Japanese life more easily than other foreign nationals. However, Japanese Brazilians do not emigrate to Japan as refugees, and are thus able to return to their native country at any time. Unlike many foreign spouses of Japanese, Japanese Brazilians do not always seek permanent residency status. They are a generation in the prime of their lives because they are young migrant workers readily equipped to freely choose where they will live in the future. They have more flexibility in terms of their futures than do many other foreign nationals in Japan.^{11, 12} While this flexibility has strong advantages, the retention of both their native country's culture in the preparation for a return home as well as the incorporation of Japanese culture in an effort to blend into Japanese life are only completed in half measure. Even though children of immigrants of Japanese descent, while enjoying a multicultural existence, often firmly adapt to Japan or to their native country, instances of delayed adaptation to Japan also occur, resulting in individuals being unable to re-adapt once they return to their native country. Settling in Japan or in their native country becomes ambiguous, frequently leaving Japanese Brazilians in Japan facing a crisis of cultural and ethnic identity. Being a Japanese Brazilian in itself is a multicultural and multiracial existence and can lead to difficulty in adopting an independent culture and ethnicity, the foundation of the self. Wavering between the cultures and ethnicities of Japan and one's native country may lead to a crisis in self-identity.

Moreover, children who are establishing their own identities must move in subordination to their parents, leaving little margin for them to independently choose Japan or their native country, thus leading to more severe identity crises. For Case B, who has not established herself as a Brazilian of Japanese descent or Japanese of Brazilian descent, her mother's talk of returning to Brazil would be interpreted as 'Be a Brazilian.' In addition, concentrating on taking exams to enter Japanese high school and dying her hair black are equivalent to being Japanese. Case B's school refusal can be seen as the result of a crisis in ethnic identity and by extension self-identity.

As previously stated, establishment of the self amidst a culture one belongs to and a new culture to be accepted brings difficulties for children of migrants. One may not be able to adapt to the new culture, clinging to the old one, or confusion may occur if acceptance of the new culture is too rapid. The feeling of an affinity for both the cultures of Japan and their native country can be utilized as a source of support among other children of Japanese Brazilians in Japan. They can establish a healthy sense of self, with a foundation in both cultures, more easily than children moving to an area with a completely alien culture. Because future residence in Japan or in their native country is not known, children in this situation are unable to establish the culture and society to which they belong. They may become unable to understand which cultural or societal role they should accept and will likely struggle with establishment of the self.

In the two cases presented in this paper, firmer prospects for settlement in Japan and clear determination of the location of future residence had a positive effect in terms of treatment. Stress from adapting to Japanese culture was reduced by thoughts of being able to return to their native

country at any time. However, the decision to settle in Japan could not be made and obstacles to adaptation to Japan may have also arisen.

In the current cases, 10 years had passed from arrival in Japan to clinical presentation. Neuroses related to intercultural stress often appear in 3 to 5 years,^{13,14} while intercultural stress persisting for a longer period, like 10 years, is typically related to the onset of schizophrenia.¹³ In schizophrenia a subtle, deeply ingrained intercultural conflict is the contributing factor, so more time probably passes until onset. The delay past the normal onset period in these two cases, which are considered to be neuroses, likely means that acceptance of Japanese culture was delayed and the conflict had not deepened.

While both cases presented in the current report continue to live in Japan, there are instances of individuals returning to their native country after long-term residence in Japan. Problems related to the inability to re-adapt to their native country appear anew for those who have lived several years in Japan. Being able to return to Japan at any time probably hinders re-acceptance of their native country's culture. Those who return to their native country and cannot re-adapt often do return to Japan. In some instances, individuals can neither adapt to their native country nor to Japan.

Case A's children spent a long period of their childhood in Japan, so they were unaccustomed to the culture of their native country. Case B was bilingual, although many children are unable to speak Portuguese or Spanish adequately, further complicating the re-adaptation to their native country. Children are quicker at adapting to a different culture than adults; however, difficulties arise in re-acceptance of the culture of one's native country under conditions where there is a possibility of being taken back to Japan at some point. Resulting problems such as school refusal may arise in the native country as well.

Japanese Brazilians exist in a gap between Japanese and South American culture and are readily able to settle in Japan or South America. Unfortunately, they long for South America while in Japan and recall Japan while in South America; adrift, they face the danger of not being able to adapt wherever they go.

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