

## An endeavor for a multidisciplinary case study : discussion on immigration and adaptation from the perspective of Human Sciences : Part 2

メタデータ	言語: en 出版者: 武蔵野大学心理臨床センター紀要編集委員会 公開日: 2024-04-10 キーワード (Ja): キーワード (En): 作成者: HATAKEYAMA, Megumi, SHICHIJI, Somei, YAMAGISHI, Shohei, ASANO, Keiko, KITA, Yoshiko, TSUJI, Keisuke メールアドレス: 所属:
URL	<a href="https://mu.repo.nii.ac.jp/records/2000285">https://mu.repo.nii.ac.jp/records/2000285</a>

■ Original Article

## An endeavor for a multidisciplinary case study—discussion on immigration and adaptation from the perspective of Human Sciences: Part 2—

---

Megumi HATAKEYAMA, ST, MS<sup>1)</sup> ; Somei SHICHIJI, CP, MS<sup>1)</sup> ; Shohei YAMAGISHI, CP, RN, PHN, MS<sup>1)</sup> ; Keiko ASANO, CP, PhD<sup>1)</sup> ; Yoshiko KITA, ST, MS<sup>1)</sup> ; Keisuke TSUJI, MD, PhD<sup>1)</sup>

1) Department of Human Sciences, Faculty of Human Sciences, Musashino University

### QUOTED FROM PART 1

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 Sciences, where multidisciplinary is flourishing to the highest degree.

### EVENT OVERVIEW

Date & Time: Friday, November 11, 2022, 20:00-21:45

Participants: Authors listed above

### BASIC INFORMATION ABOUT CASES

#### 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 wellbeing 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

**Tsuji:** Case A is a Japanese-Brazilian woman living in C prefecture. She was forty at that time. It seems Japanese-descendants tend to become more adjusted to Japan compared to those who are not Japanese-descent. While their lives are going well, they would choose to stay in Japan, but once their life become tough for some reasons, they tend to start feeling like going back to their home country.

I assume it could rather work against Japanese-Brazilian people when they are adapted both to Japan and Brazil. Case A grew up in a patriarchal environment and used to get sexually abused by her relatives who were living together with her.

Case B is Case A's daughter, fifteen years old back then. Since she moved to Japan when she was about five, she became very fluent in Japanese but would talk with her mother in Portuguese.

At her junior-high school, she began to miss school when she was in the second grade. If parents are wavering between going back to their home country and staying in Japan, their children may have trouble picturing a clear future vision. Those children wouldn't be able to decide whether they need to prepare themselves for entrance exams in Japan or for a life in Brazil. Their identity formation could be affected as well.

**Asano:** I was wondering if Case A's symptoms, developed more than 10 years after coming to Japan, were potentially related to her childhood trauma, considering she used to be sexually abused as a child. Case A married a Japanese-descent man out of her distrust towards Brazilian men in general. I suspect it possibly came from her experience of being sexually abused by her uncle. She might have decided to get married with a Japanese-decent man to avoid people who could have invoked her memory of the sexual abuse. I thought this could be an avoidance, one of the primary symptoms of PTSD. Patients suffering from PTSD sometimes feel their symptoms become eased when they find they are not surrounded by the environment or the people that remind them of their traumatic episodes. This doesn't mean their PTSD symptoms have subsided, but they are just adopting those

avoiding behaviors for their daily lives. So, the symptoms could reappear when they go back to their former lifestyle where they are more likely to remember their traumatic episodes.

Among PTSD patients who are victims of sexual violence, some can have relatively healthy day-to-day lives as long as they are in a totally different environment being apart from the situation where they experienced the sexual violence. For instance, those who suffered from a sexual violence in Japan often don't show PTSD symptoms while going on a trip abroad, but begin to develop them again once they come back to Japan.

In the same manner, though apparently Case A became ill without any clear cause ten years after she moved to Japan, I assumed she managed to adjust herself to Japanese lifestyle by avoidance despite her PTSD symptoms, but might have faced an incident that reminded her of the childhood sexual abuse. I can't tell the exact degree of the sexual abuse from the case description, but if what Case A went through was really traumatizing, it may be possible that she was developing amnesia and seemingly adapted to her life in Japan just on a surface level.

When it comes to reactions to sexual violences, alongside with how they were victimized and their personal traits, sexual norms surrounding the victims and social support provided for them also significantly affect how they react. With that said, there can be a large difference between Brazilian culture and Japanese culture so the possibility or the seriousness of Case A's PTSD symptoms don't go beyond my speculation.

**Kita:** We often see brothers or sisters of special needs children become more functional too when they get separated from their parents by moving to a foreign country or some other ways. Siblings who are holding back their wish for love and protection from their parents and trying to seem like a so-called "good boy" or "good girl" sometimes end up falling out with their parents and move abroad for study or something. In such cases, they stay abroad happily and energetically, but as they come back to their home country, they head back to the former state. I found this is really similar to avoiding symptoms of PTSD. Something like maltreatment might have been happening to those siblings as they were put in an environment with special needs children.

**Tsuji:** Masculinity is prevailing in Brazil. Under such a strong patriarchal tendency, people get involved in sexual conducts from much lower ages compared to Japan. This sometimes results in women becoming grandmothers while they are still in their twenties. I wouldn't be surprised if Case A was severely sexually abused.

In rural areas, not a few groups of Japanese-descendants have a social phobic nature, kind of a nature that makes them hide from outsiders. Taking such a context into account, Case A might have felt her husband non-invasive as a first generation of Japanese-descent.

**Kita:** May I know what "non-invasive" means?

**Tsuji:** It means a characteristic of a husband who follows his wife's opinions rather than forces her to obey him.

**Hatakeyama:** What were the husband's thoughts about his move back to Japan? How influential was he?

**Tsuji:** He was not particularly an influential person. It seemed he came to Japan with a casual mindset like "there will be some jobs for me". It was not the case where he forcefully brought Case A to Japan, or he was preventing her from going back to Brazil at all.

There is a concept of migration (temporary relocation) on one hand and immigration (permanent relocation) on the other. People who initially intended to migrate often result in immigration in the course of time. This person may be one of that kind.

**Hatakeyama:** He may decide whether to go back to Brazil solely depending on Case A's opinion, right?

**Tsuji:** Exactly. He was not a dominating type. That might be why Case A felt comfortable being with him.

**Yamagishi:** There can be motivations such as earning money behind the people working away from their home country, but for this person (Case A), the important thing might have been just leaving Brazil and when it comes to adapting to Japan, her motivation might have been low. Those factors could have led to her later unstable identity.

**Shichiji:** When we focus on the identity aspect, I suppose discarding an old identity and acquiring a new one can also be regarded as an avoiding behavior. Acquiring a new identity calls for a certain amount of time. The reason why it took ten years for her to develop the symptoms after coming to Japan may be related to these points.

Until a person gets used to an unfamiliar environment, he or she might be treated "like a guest" and able to avoid dealing with their past troubles or failures. However, after a while, they may have to face conflicts similar to what their past, supposedly discarded identity used to have. As a result, problems may reappear as they feel like "all the same here after all."

**Tsuji:** "Like a guest" sounds reasonable to me. Ten years already passed by the time Case A's panic disorder began to develop. Generally speaking, psychogenic reactions appear right after an initial traumatic episode. Those reactions turn into depressive symptoms in about six months, and panic symptoms usually start to show two or three years after the initial episode. It is schizophrenia that tends to take ten years to develop. In this case, it took a while for the symptoms to appear maybe

because she didn't directly face situations that potentially invoked her trauma.

**Shichiji:** Case A's family settled in Okinawa first. Okinawa also has some cultural differences from the rest of Japan, so she might have had an extended period of being "like a guest" as she moved from Okinawa to the mainland. This could be associated with the delayed onset of her panic symptoms.

**Hatayama:** Did this family result in going back to Brazil or staying in Japan?

**Tsuji:** After some vacillating, they settled in Japan in the end. The place they decided to live was appropriate for them. In the neighboring prefectures, there are areas where a lot of Japanese descendants live, but around Case A's house, there are just a small number of people with Brazilian backgrounds, not that many but not zero either. When there are too many immigrants with similar backgrounds in the same area, they tend to form a community just among them. It can lead them to missing out on a chance to adapt to Japan. When there are no foreign people in the area, on the other hand, the local people living there can't accept immigrants.

**Hatayama:** By the way, is the episode about Case A's son and his girlfriend related to the onset of Case A's panic symptoms?

**Asano:** I think it's unlikely just by the episode about the girlfriend's pregnancy alone, since Case A herself has an experience of a delivery.

**Shichiji:** It could be the case that she unconsciously experienced something that caused the panic.

**Tsuji:** At this point, I have no way of confirming the fact directly with her, but besides the possibilities you have suggested so far, I suspect she might have developed her symptoms because she was standing at the crossroad of her life options.

**Kita:** I wonder if her symptoms came on the surface because she was finally able to take a breath after the ten years of her life struggle. Maybe she unintentionally had a quiet time after she managed to have her two older children enter the correspondence high school.

**Tsuji:** She might have been in a period when she was contemplating how her life was going to turn.

**Asano:** Speaking of that, we often see victims of sexual violence unconsciously occupy themselves with things to do, so they can "avoid" thinking about their trauma. In this case too, it may be possible that she was unable to avoid the trauma anymore, since she was no longer occupied after

the upbringing of her children settled.

**Yamagishi:** I think Case A's words like "I want to go back to Brazil" had an important function. She might have been able to keep her life in Japan out of her daily experience by those words. Also, by doing so, the status of being "like a guest" could have become attainable again. Additionally, those words may put her in a position where she was able to get sympathies from others much easier. As a result, her reluctance towards mental hospitals might have reduced gradually.

**Tsuji:** The people around her became concerned about her as often as she said, "I want to go back to Brazil."

**Kita:** Did that such a situation had some comfortable aspects for Case A?

**Shichiji:** She may have felt secure by having options in hand. For her, it might have been important to keep the option of going back to Brazil in case she had had enough.

**Hatayama:** If I'm allowed to move on, do you think Case B had a tough time with such a mother?

**Tsuji:** Children are quicker on learning new languages than their parents when an entire family moves abroad. While those children are helping their family as interpreters, the roles of the parents and the children sometimes become reversed.

**Kita:** Case B was five when she came to Japan and was fourteen at the time of this case, so she became fluent in Japanese. I assume she took on the role as an interpreter in this family. Case B began to skip her school almost at the same time as Case A's symptoms developed. The second grade at junior-high school is such a sensitive period. Generally, children start learning study-languages (reading, writing and logical, abstract languages) from six or seven years old, but coming to Japan at five, it could have been difficult for her to learn study-languages in Japanese like other children while she still hadn't spent much time here. It often becomes impossible to keep up with classes if a child doesn't acquire enough study-languages. Many students start aiming at entrance exams in the second grade at their junior-high school, so it is more than likely that a child falls into maladjustment.

Even for a "well-educated" family, life in a foreign country is not easy. It is quite hard to become "double (being able to use two languages fluently as one's mother tongues)" both linguistically and culturally.

Apparently, Case B would talk with her parents in Portuguese, but that might have been insufficient for her to become fluent in it.

I suspect both her Japanese and Portuguese were developed enough for daily conversations but



to such a limited extent that she didn't have a sufficient vocabulary for nuanced emotions or thoughts. Having said that, I would like to praise her for passing the high school graduate certificate later.

**Tsuji:** I think she did relatively well. For example, another case who came to Japan after becoming a high school student remained as a Brazilian ever after. Yet another case, who came here as a junior-high school student, was a bilingual in daily conversations but didn't have expressions to share the inner-self. A child who moved here as a second grader of elementary school became a "Japanese." It depends on their age of coming to Japan which culture they base their identity on more.

**Shichiji:** Having become a bilingual in English and Japanese as an adult, I feel language abilities for grammar and for emotional expressions are different. Case B was at an age when her classmates began to use slangs or nuanced expressions, but since those were beyond her capability, she might have felt she wasn't well understood by others. Even when she had some appropriate words in Portuguese, if she was struggling with expressing her feelings in Japanese, she might have had a sense of isolation, not bullied but not belonging. If she used to put her struggle and isolation down to her mother's Brazilian nationality or the fact that she had to use Portuguese with her mother for daily conversations, it's understandable why Case B blamed her mother (Case A) for her difficulties.

**Tsuji:** As Case B blamed her mother, her expression was like "you sicken me." It could have come from not only her age but her insufficient Japanese language skills.

**Hatakeyama:** I know a half-Taiwanese and half-Japanese case who came to Japan as an elementary school student and used to move back and forth between Taiwan and Japan. She didn't have any noticeable flaws in Japanese pronunciations, but despite spending much longer time in Japan, her Japanese study-languages were not well developed. She couldn't understand not only what was being taught during the classes, but what was in his textbooks. Things she couldn't understand kept piling up from her early stage, and she ended up a "child falling behind at school." It doesn't mean her intelligence wasn't sufficient, but it was a matter of her language skills. Then again, she wasn't a proficient Chinese speaker either. she wasn't capable of what would be called adult-like Chinese. Because her Chinese vocabulary and grammar hadn't progressed since her early childhood, her Chinese fell short of a language for her thoughts. It was exactly the case that made me recognize that insufficient native language skills make abstract thoughts significantly difficult.

I think, like my case, Case B's first language skills weren't developed enough either, so it prevented her from further foundational learnings. Part of the reason for her absence from school may be lying in her inability to understand the classes or her concerns about high school entrance exams ahead. Because of her mother's panic attacks, she still had a possibility of going back to Brazil, which could have been her potential escape route from the upcoming entrance exams. If I were in

her shoes, I would have come to be absent from school as well.

When people establish their identities, it can be crucial whether they have a tool to consider them, that is, language skills for abstract thoughts. I'm sure we can't separate language from culture, so in that sense too, it will be difficult to form identities without a foundational language.

**Shichiji:** I believe there is a strong connection between languages and identities. For example, one of the common languages in Singapore today is English, but apparently, there used to be more Malay speakers in the past. People who miss such days sometimes say, "Today's Singapore is not the same as before," though the ways or the living there haven't changed that significantly. Another shining example would be words for colors. Those words have quite different resolutions and concepts from language to language, which means even when we are looking at the same color, we may have different feelings, thought processes, or even visions by using different daily languages. This could hold true for emotional expressions. We might feel uncomfortable when surrounding people are basing their thoughts on different languages.

**Hatakeyama:** In that case, the emotional communication, or the sense of connection between Case A and Case B might not have been aligned if the mother (Case A) spoke in Portuguese while the daughter (Case B) herself was becoming more comfortable with Japanese.

**Shichiji:** I suppose people's desire to share their emotions with others is associated with their need for secure feelings quite a lot.

**Kita:** When children feel they are not well understood by their parents, or their parents can't be their role model, it would work against their development in languages or identities.

**Hatakeyama:** May I know what has become of Case B?

**Tsuji:** Eventually, she entered a part-time high school while working. Then it became unnecessary for her to come to the hospital, so I was no longer able to follow her up.

**Kita:** I'm glad to know she has recovered to the extent that her regular treatment became not necessary.

## **CONCLUSION – the utility of a multidisciplinary case study**

Regarding case A, Asano, a specialist in trauma care, proposed that avoidance from trauma caused by sexual violence may have evoked the panic attacks. This insight became the threshold of a

speculation that living in a foreign country itself could work as an avoidance mechanism. However, based on his experience in living abroad, Shichiji suggested that even a foreign country might cease to function as a place for avoidance when one spends an extended period of time there. From a perspective of a clinical psychologist as well as a hygienist, Yamagishi pointed out that Case A's repeated phrase "go back to Brazil" could have had a function to divert her from facing the actual conflicts that she was experiencing in Japan.

Concerning the potential factors that caused Case B's absence from her school, as the physician in charge, Tsuji suggested that the problems regarding whether she would settle in Japan or return to Brazil as well as her unstable cultural identity.

In addition to Tsuji's suggestions, Kita and Hatakeyama mentioned as speech therapists the possible difficulties in language development for bilinguals. They posited that due to the insufficient acquisition of the native language, Case B had limited capabilities in her study-languages such as reading and writing, as well as abstract thoughts, which also could have been impaired her daily class-learning.

Concerning both Case A and Case B, the discussions by the professionals from multiple working backgrounds and specialties not only expedited the case assessments from various perspectives but also facilitated the understandings of the cases. In addition, an opportunity for a conference among specialists from a variety of fields who do not interact with each other often in their daily practice provided the participants with new insights that were not attainable from a conference held by professionals from a single field. It may be concluded that such an opportunity would lead to enhancement of case assessment skills for each participant.