Original Paper

Mental Health Problems in Japanese Brazilians in Japan from the Viewpoint of 'Transnational Migrant Community' in a Post-Modern World

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Abstract *We examined the relationship between the various psychosocial problems in Japanese-Brazilians (JB) in Japan highlighted in our recent community-based researches (Miyasaka et al., 2002; Otsuka et al., 2003) and the structure of their community as one of the largest foreign immigrant groups in the country, through the point of view of 'transnational migrant community (TMC)' by Rouse (1991) and Tsuda (2003). We insisted that some characteristics of their community as a TMC in a post modern world would adversely affect their mental health status by promoting their ouble marginalization in Japan and Brazil and suggested the negative effects of the TMC on the mental health of their children and adolescence.*

INTRODUCTION The current contexts of culture and ethnicity have been drastically changing in even recent years in several important respects. Through mass media, travel, and electronic communications, migrants are able to maintain contact with their communities of origin (Kirmayer, 2006) . One of the concepts describing these socio-cultural situations of migrants across national borders is 'transnational migrant circuit' or 'transnational migrant community' (Rouse, 1991).

An American anthropologist, Tsuda, characterized the Japanese Brazilian communities in Japan as a kind of transnational migrant community in the post-modern world with their peculiar social, politic, economic and cultural context (Tsuda, 2003) .

This paper addresses the psychological and social problems among Japanese-Brazilians (JB) in Japan highlighted in our recent researches (Miyasaka et al., 2002; Otsuka et al., 2003). Through the point of view of "transnational migrant community (TMC)", we examined the relationship between the various psychological and social problems among JB in Japan and their TMC as one of the largest foreign immigrant groups in the country.

SOCIOCULTURAL BACKGROUND OF JAPANESE BRAZILIANS In

Japan, about 20 years have passed since the 'age of migration' began by the change of the immigration laws. The majority of so called 'newcomers' in Japan were Latin American and Asian migrant workers. Today the proportion of foreign residents to the whole population of Japan is

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about 1.6% and it is a much smaller number and proportion than those in other developed countries (Homusho nyukoku kanrikyoku [Immigration Bureau, Ministry of Justice], 2007).

Yet the 'foreigners' problem in Japan has come to the front increasingly. Japanese government have admitted the Nikkei people i.e. people of Japanese descent from developing countries such as those in Latin America exclusively as foreign unskilled workers. Most JB are descendents of Japanese emigrants and their spouses' children. Now, the population of them in Japan is ca. 300,000 and many of them are third or second generation (Higuchi, 2005). A few of them are biologically Japanese, but the majority of them are culturally more Brazilian than Japanese (Tsuda, 2003). The aim of their so called ethnic return migration is mainly to get better salaries in Japan and better economical status after their return to Brazil. They are granted a privileged status of residence by the Japanese government and the great majority of them in Japan are documented foreigners. They are a highly homogeneous population in terms of social and economic conditions regardless of their backgrounds in Brazil (Tsuda, 2003). Ca. 70% of Brazilians work at much higher employment rate than that of other nationality groups in Japan (Higuchi, 2005). Most of them are manual workers employed in the car electronics and food-manufacturing sectors. As employees, they are a flexible workforce that can easily be laid off. Therefore, they often move across some parts in Japan for a better salary. Generally speaking, their working conditions are very severe. Their works are often more dirty, dangerous and harder than those of Japanese. They have no time to learn Japanese and face communication problems with their children. They have a tendency to live in Japan longer than several years without a defined notion of their future, especially the time of returning to Brazil or to become repeat-circuit foreign workers between two countries (Tsuda, 2003; Higuchi, 2005).

From their severe working and life conditions, we predict their poor mental health status, in general. In fact, we had the impression that we were seeing more and more Japanese-Brazilians patients nowadays in the psychiatric clinics and hospitals in Japan. Now we would like to raise some questions. First, do such socio-cultural backgrounds of JB in Japan adversely affect their mental health status? If so, to what extent and how? Our second question contains a more specified question: Are there any relationships between their poor mental health status and their pattern of adaptation into Japanese society?

MATERIALS AND METHODS In order to answer these questions, we need the community–based mental health studies of them. However, very few studies have been done so far. In such a situation, we conducted a comparative study in Japan and in Brazil on their mental health status from 1997 to 1999 (Miyasaka et al., 2002). In Japan, the subjects were 158 JB , based on a partial list of addresses and indications given by neighbors (snowball sampling) in a industrial district in a typical local city where JB are working and living. In Brazil, the subjects were 213 JB were randomly selected from a list of 1,000 Nikkei households in a local city in the State of Sao Paulo. In both countries, we interviewed subjects by door to door visit at night or on weekends using Portuguese version of the self-reporting questionaire (SRQ-20) and an identification form with socio-demographic and clinical data. The response rate was 83.4% and 94%, respectively in Japan and Brazil. And then, as the next step, in 1999, we did a comparative survey between JB healthy control residents in Japan and JB psychiatric outpatients at the psychiatric department of our medical University in Japan by interview with a socio-demographic identification form and our original acculturation questionnaire for JB in Japan (Otsuka et al., 2003).

RESULTS As the results from our comparative study in Japan and in Brazil on mental health status of JB, the JB community in Japan had the higher percentage (17.8%) of high scores of SRQ-20 (total scores >8 points) i.e. more probable cases of minor psychiatric disorders than the JB community in Brazil (3.2%). In Japan, high scores were related to female, younger generation (16 to 30 years old), low income and previous students in Brazil (Miyasaka et al., 2002) .

The results from our comparative study[6] between the community sample of healthy JB in Japan and the outpatient sample of JB in our university hospital in Japan indicated as follows; the outpatients were most likely to have a past medical history (OR = 12.3), traumatic experience (OR = 10.1) in Brazil before immigration, short duration of residence in Japan (OR = 3.76), no occupation in Brazil (OR = 4.78) and to be living alone in Japan (OR = 5.71). The findings from the acculturation-questionnaire showed that outpatients were most likely to have sociability in Japan with either Brazilians or Japanese only (OR = 3.94) and to hope to hand down either Brazilian or Japanese culture only to their posterity (OR = 5.31). The findings from the acculturation-questionnaire showed that the community sample showed a higher acceptance of both Brazilian and Japanese culture than the outpatient sample.

We suggested that the mentally healthy individuals have a stronger orientation of cultural integration as an adaptation mode i.e. to keep the original ethnic-cultural identity on one hand, and to accept the cultural values, attitudes, norms and customs of the host society on the other hand than the individuals predisposed to or with mental disorders among JB in Japan (Otsuka et al., 2003).

DISCUSSION Our first study demonstrated a frequency of SRQ-20 over 8 (probable cases of minor psychiatric disorders) of 18% in the Nikkei community in Japan and while 3 % in Brazil (Miyasaka et al., 2002). Although the results could not be generalized to the whole Nikkei community in Japan and Brazil, the present study predicted the higher number of probable minor psychiatric disorder cases in the former community than the later. Comparing the present occupation in the two samples, in the Japan group, only 3% of individuals had skilled administrative positions while about 35 % in the Brazil group.

Furthermore, about 18 % of the former group had been in skilled administrative positions before they emigrated to Japan.

As to schooling, 14% of all the subjects in Japan studied for a university degree, while in Brazil, 34 % of those in Brazil had the same schooling level. These aspects reveal not only selection bias, but also migrant background (i.e. those with a good educational backgrounds and occupations will not be attracted to migration). Also general socio-demographic background of migrants may explain the higher risk in the Japan group to some extent.

The concept of 'transnational migrant community (TMC) in a post modern world'

American anthropologist Tsuda has recently characterized the communities of JB in Japan as a transnational migrant community in a post modern world (Tsuda, 2003). He applied the concept of transnational migrant community to the JB community in Japan. At first, there are various personal and institutional connections among JB in the two countries through the use of noncontiguous telecommunication and Mass media. Their community is maintained through the constant movement of commodities ranging from food, clothes to magazines and videotapes between Japan and Brazil and the circulation of repeat sojourners. This transnational flow enables the JB to remain simultaneously engaged in both countries. They can easily migrate to Japan by transnational broker and employment network. This transnational circuit makes it possible for them to become repeat, or circular migrants between the two countries. Tsuda pointed out that the return migration of them resulted in a greater nationalization towards Brazil despite a previously strong transnational identity between Japan and Brazil. This tendency on their national identity was confirmed by our second study (Otsuka et al., 2003).

Among the subjects who have stayed in Japan for more than 5 years on average, about 60% of them in Japan identified themselves as only Brazilian while about 30% identified themselves both Japanese and Brazilian.

In other words, the members in this transnational community do not always have the transnational identity consciousness which integrates Brazil and Japan. They have a tendency to live in Japan

longer than several years without a defined notion of their future, especially the time of returning to Brazil (Higuchi 2005; Tsuda 2003).

It is true that the community has a kind of transnational "culture", but this culture is a culture without coherence and stability that lacks clearly definable and enduring values and beliefs which individuals can identify. Therefore, the community lacks central political institutions and ideological state apparatus (including education system).

TMC and double marginalization

Now I would like to raise one question. What kind of psychological and social problems does the life of JB in Japan in the form of the transnational migrant communities bring about? The transnational migrant community in the case of JB is considered to induce and promote their "double marginalization" with blocking, hindering, retarding integration which is regarded as preferable acculturation mode of migrants nowadays (Berry et al., 1992). The Double marginalization in our context means that JB suffered from a marginalization even in Brazil because of a number of difficulties of re-adaptation after returning to Brazil, especially economical reasons. They can no longer endure a lower salary and wage in Brazil compared to those in Japan. And the employers in Brazil do not often want to employ the returned JB because of the uncertainty of their residence (Tsuda, 2003).

On the other hand, in Japan, they experience ethnical and socioeconomic marginalization. Their fixed social mobility in a low level maintained such marginalization. In general, marginalization has been assessed as an undesirable mode of acculturation for mental health in foreign migrants (Berry, et al., 1992).

The findings from our second research (Otsuka et al., 2003) seem to indicate that the individual acculturations' mode of marginalization bring about a negative effect on their mental health status. However, I would like to emphasize here that in the case of JB immigrants in Japan, not only an individual attitude, but also the socio-cultural structure of their communities in Japan, that is, the structure of a transnational migrant community would elevate the risk for various mental disorders and social problems among the members.

TMC and problems in children and adolescence

I think one of the most serious problems resulting from the demerits of the transnational migrant community is problems in children and adolescence.

In their community, the parents often lack the motivation to let their children receive sufficient education for adapting into Japanese society (cf. Brazilian School in Japan). On the other hand, generally, the Japanese elementary and junior high schools can not offer sufficient "multilingual" lessons to the foreign-born migrants' children.

As a result, their educational achievements are poor. Among JB children, the high rate of refusal to attend school was estimated to be from 10 up to 30 percent of the school-aged children (Higuchi, 2005). Their boycotting school, school-rejection syndrome are not uncommon. A considerable percentage of the junior high school-aged JB children abandon their studies halfway. The proportion (<50%) of Brazilian students proceeding to high school level is much lower than those of Japanese students (95%-97%; Higuchi, 2005).

In some cases, there are cultural and language gaps between parents and Japan-born children. Japan-born children who attend Japanese elementary or junior high schools speak Japanese better than their parents, while they cannot speak and understand Portuguese. Sometimes, for such children, their parents can not be shoulders to cry on. Not only that, they may treat their parents in contempt as helpless foreigners. All such situations seem to reflect the insufficient educational, socialization function of their families and the "transnational migrant communities". This lead to the difficulty in the self-identity building of the children and adolescents, which may appear in the form of the identity diffusion or the antisocial counter-identity as Erikson suggested (1968).

In recent years, the juvenile delinquencies among Japanese-Brazilian youth have been increasing and became a large social problem in Japan. We should pay attention to the fact that turning to juvenile delinquency has been often explained in relation to the identity issues among the foreign born migrants' youth (Erikson, 1968).

Semi-lingual problems sometimes occur in foreign-born children who migrated to Japan with their parents in a higher-grade at elementary school. Such children have mastered neither Brazilian nor Japanese enough and under stressful situations, they tend to suffer from adjustment disorders or various mental disorders in their teenage years (Tsuji et al., 2001; Honda et al., 2003)

Problems in empowerment for the members in TMC

Today, empowerment seems to be generally accepted as a key concept for promoting the construction of support or care systems of foreign migrants.

At the end of my paper, I would like to mention the problems of empowerment of JB in Japan for the construction of their support systems.

At first, the transnational migrant community consists of atomized individuals without certain feelings of affiliation, dedication and loyalty among their members. Therefore, such community does not promote autonomous voluntary social activities of their members which arise from their face to face time, real communication among their members for the improvement of their living conditions. Furthermore, on the other hand, until now, the Japanese Government has carried out few policies and administrative measures for the Integration of Japanese Brazilians in Japan and has been reluctant to push the construction of their support system. This means that, instead of the Government, the local governments and various NGOs have worked toward solutions and improvements in the issues.

I want to emphasize the needs for promoting grass-roots activities by NGOs and local governments (including Japanese public schools) on health care and other activities to support them, especially their children. I think, we, mental health professionals, should play a role as one of the promoters for such activities.

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