

## Articles

# Effects of the Failure in the Adaptation to the Foreign Culture on the Mental Health of Adolescents

～Considering from the Practical Cases of the Cross-cultural Counseling  
in United States～

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This study concerns the influences on the mental health of the young when they have failed to adapt to a foreign culture and maintain their own identity. According to the two cases presented in this paper in which Japanese students studying abroad contracted mental health problems, it was considered that people sometimes identify themselves to neither their inherited culture nor the new one, if they go abroad without building their identity in their own culture and thus fail in the cross-cultural adaptation process. As a result, identity diffusion may cause the various mental health problems. Therefore, it is important to discuss a support system for emigrants. It was concluded that cross-cultural counseling requires training, in addition to the language skill and the cross-cultural knowledge. Those are necessary not only for doctors or psychotherapists but also for translators who participate in the counseling.

**Key words** : cross-cultural counseling, adaptation to a foreign culture, cultural identity

## I. Introduction

According to the Ministry of Foreign Affairs, almost 17 million Japanese are going abroad every year and over a million are living in foreign countries with both of them are increasing year on year.

Therefore it is becoming more important to provide medical information and services for these people. It is still difficult to receive mental care in Japanese in foreign countries, though more overseas hospitals are trying to provide it.

Schizophrenia is called “Syuttatsu-no-Yamai” in Japanese and means the disease caused by

traveling, because it tends to happen to the young people traveling from childhood to adulthood. According to my work experience as an international student advisor in a university in the U.S., young people traveling to foreign countries sometimes contract mental diseases or emotional instability. Not only the young but also the adult expat or their family can be prone to mental sickness. They sometimes get depression or neurosis also, because of a homesickness or culture fatigue. Akiyama (1998a) stated that the people who had a psychiatric medical history tends to be weak to stress, then they are more likely to suffer mental health problems caused by cultural

differences. It is considered that the cultural fatigue raises the neurosis or the mental disease potential to the surface.

Noda(1995) explained that mental disease is caused when the conditions, such as stress go over the threshold value for good mental health. It is currently being considered whether or not dormant mental problems can be brought out by too much stress as a result of the cross-cultural experience. What's more, the risk factors of the migration founded by Noda were ①the social position decline by the emigration, ②the language handicaps, ③the separation from the family, ④unwelcome attitude by the new country, ⑤remoteness from the their countryman, ⑥PTSD or stress experiences before the emigration and ⑦the life stage of old-age or adolescence. The possibility becomes stronger that travelers or foreign residents have the conditions of ①~⑦, though their intercultural experience or personal background are not same. We are especially concerned that students studying abroad account for 25% of Japanese residents overseas, many of whom are still in their adolescence.

Therefore, we would like to discuss the effects of an intercultural experience on mental health, with the view of the relationship between the mental health and the cultural identity waver. This study introduces two cases in which Japanese students in U.S. suffered mental problems. These are practical cases which the author of this study supported as an international student advisor.

Nakajima (1999) defined "intercultural counseling" as "generic name of the supports for the adaptation failure caused by the

experience in the different culture". We would like to consider the issue of the "intercultural counseling" through the practices of the mental support in U.S., and discuss how it should be, as a second purpose of this study.

## II. Case Presentation

These are the first author's practice cases of Japanese students overseas who were affected by mental problems as a result of emigration.

The first author (described just "author" from now on) was working as an international students' advisor in a university in the U.S., supporting students in their daily life. The position was similar to that of a social worker rather than a psychotherapist. I had to keep a cell phone to hand even during the night in case of the students' emergency.

The students in the below cases were supported by the counseling center in the university with the author's translation.

The personal information in the cases' backgrounds has been changed in order to protect their privacy, but important information still remains.

**[case I]** Junko (assumed name), 19-year-olds, female

**Main complaint :** She sometimes dissociated her consciousness and wandered around the town during the night. Her mood changed too often.

**Living history/ Family history :** She was the first child of a family in which the father was an elite employee and the mother was a housewife. Her developmental problem was not reported. She has a brother, and he is two

years younger. Her father placed a high value on education, and compelled her to enter a superior school. Her mother looked very young and undependable. Junko moved to the U.S. one year after graduating from high school. She studied for a year after the graduation to enter a Japanese university, but she failed. In the U.S., she was studying English at the language school on the university campus, and living in the dorm. She hoped to enter the university. She was a tall, fair, and charming girl, but her expression often seemed unnatural as if she was forcing a smile.

**Medical history:** Her language skills were not sufficient to live daily life in U.S. smoothly. She began to be absent from English class a few weeks after entering it. One day, she was found walking on the campus in the middle of a class. She said “Oh·····I·····I am walking to the bookstore for my textbooks.” in an absent way, when she was talked to. She was not quite herself at that day, but she was said that she had better get back to her class as soon as she got the textbook. Her situation didn't seem to be very serious at that time.

However, a call from the campus police was received on the very that day, and they said she needed a help in the Emergency Room of the hospital. The campus police found her sleeping in the classroom at night when they were patrolling. She was brought to the hospital by them because she was semi-conscious when they queried as to why she was in the classroom. She was already sedated when the author arrived at the hospital. After waking up, she looked confused and said she had no memory of being questioned by the police in the classroom.

She was advised to visit the counseling center on campus the next day, but she was hesitant due to her English handicap. After discussing the necessity of her mental care, she understood it and accepted to have the mental treatment on the condition that the author was present at her counseling session as a translator. The counseling center also agreed to it, because they thought that it would be helpful for them to have someone with knowledge of Japanese psychological culture.

In the first session, a female middle-aged counselor took charge, but Junko didn't talk to her much. Then, Junko requested a male counselor for next session. In the second session, her counseling restarted with a male middle-aged counselor. She began to talk about herself in front of him very fluently.

According to her, she had an abortion and was injured both mentally and physically in her high school days. She felt terrible loss and blamed herself for it. She came to the U.S. to escape from the bad memories she associated with Japan, without dealing with her feelings relating to the incident. However, she couldn't become familiar with native speakers or other foreigners because of her insufficient English, and made friends with some Japanese girls in U.S. She enjoyed their friendship at first, but their relations started strained later, because she got distrust to them. She noticed that some of them also had abortion experiences, and they thought it very easy. Her feelings of loss returned upon hearing that.

She started dating with a Japanese man to satisfy her emptiness, but unfortunately they often quarreled because he had some other girlfriends besides her. She had a strong

attachment to him and would wait for him in front of his room during the night or to give him dozens of calls a day. Then, she came to have emotional instability such as sleeping in the classroom at night involuntarily.

Her mood was unstable, sometimes very hyper and sometimes depressed. Also, she walked around in the town at night, and hitchhiked in a semi-conscious state. She rejected the suggestion to return to Japan once though to stay in U.S. in such a condition was too dangerous. So, the author decided to contact her parents, and her mother came to take her back to her hometown.

**Discussion:** She had difficulty communicating with the native students and teachers, because of her insufficient language skills. Therefore, her loneliness and anxiety increased. It is said that Japanese students in U.S. number about forty thousands, and they can't avoid seeing Japanese on campus, except in the countryside. It is not difficult for us to anticipate that she came to know other Japanese students and become heavily involved with them given her poor English skills in such an environment. It was guessed that having a strong suspicion of her due to a different way of thinking was the reverse side of the deep dependence to them. She failed to identify with them. She also failed to depend on her Japanese boyfriend, and she completely lost a place to call her own without adapting to the new culture. This case is that the international student with a low linguistic ability and unsolved psychological problems failed to adapt the new culture and became emotionally unstable because of the uneasiness and a mostly solitary lifestyle. Also, behind her symptoms, we can see a weak family

relationship resulting in her emotional distress going unnoticed prior to migration to the U.S.

**[Case II]** Yuko (assumed name), 18-year-olds, female

**Main complaint:** depression, suicidal tendencies

**Living history/ Family history:** The patient lived with her grandfather, grandmother, father, mother, herself, and younger sister. Her family ran an agricultural farm. Her developmental problem was not reported. Her father was very strict, and her mother was very sensitive to her grandparents' mood. She experienced a short home stay in Australia, when she was a high school student but discontinued it because of her mental instability. She seemed to be an overweight and argumentative person.

**Medical history:** Her linguistic ability was very high especially in writing and reading, and she involved herself heavily with the native students after entering the university. However, she pretended to ignore Japanese students because she was in a hurry to adapt to her new circumstances. Her methods looked too extreme, and it displayed her difficulties of adjusting to new environment and making personal relations.

One day, three months after coming U.S., she confided to the author in the advising session that she was thinking of committing suicide.

In the case that we are confessed something about suicide or murder in U.S., we generally have to inform the police or other support organizations to deal with it correctly rather than maintain the patient's privacy. So, she was suggested to visit the university counseling center first by herself. It was thought more natural way for a Japanese person. She accepted

the advice, and the author also accompanied her to help translate the cultural differences by both her and counselor's requests.

In the counseling session, she talked about the trouble with her friends. It was a surprise that the friends whom she was troubled by were all Japanese girls, because she tried to ignore Japanese students when she arrived in the U.S. Actually, she seemed to be deeply attached to one Japanese girl (transcribe as "B"). Then, another girl (transcribe as "C") told her not to depend on B too much. It made her think that she was not necessary to B and no value to live, she said. She cried and talked during the counseling session, and finally said that she was no longer considering suicide.

However, the next morning an emergency call was rang from her with crying very hard. She said nothing at all. The author called the campus police staying on her campus to protect her, because it took 30 minutes for me to drive to her. She was protected safely by the police when the author reached her, though she was still crying. She was suggested to go to the psychiatric hospital, and she did so. In the hospital, she was diagnosed with depression and hospitalized from that day. She seemed to be getting better day by day in the hospital.

However, her medical cost was not covered by her insurance because it was considered to be a pre-existing condition. So, her mother came to take her home to have medical treatment in Japan finally.

**Discussion:** Ignoring other Japanese students was not a natural adjustment. She harbored some dislike of her own country and an idealization of U.S. She sometimes criticized

Japanese culture and praised that of the U.S. overly. However, she lost her great U.S. fantasy after experiencing real life there, and got a deep attachment to the particular Japanese student as a result of the shock. She felt a sense of alienation from Japanese friendship by a comment from C, and it called back her suppressed isolation from the new culture. Her identity had no place to be, because of the unacceptable reality of U.S. and the isolation from her own culture. Therefore, it was thought that the burn-out to adjusting to the foreign culture and the identity diffusion by the alienation from her own culture woke her depression again. Also, it is notable that she failed to stay in Australia because of her mental instability in her high school days. It is possible that she migrated with her potential mental health problem without any treatment after the failure.

### III. Discussion

#### Cross-cultural adaptation and Identity in adolescence

According to Suzuki (2006), "Cross-cultural adaptation" means the condition which the person can maintain the good relationship to a new environment or the process for it. He also defined "a failure in the cross-cultural adaptation" as that the person can't keep the reconciliation to the new environment and he or she felt the stress for it. Kondou (1981) mentioned that personality traits that made it difficult for "cross-cultural adaptation" were introversion, passivity, dependence, persistence, autism and self-righteousness. He also discussed there was a strong relation between

intercultural adaptation and personality. Noda (1995) showed that the adolescence was one of the risk factors for the development of mental health problems after emigration. It is interesting that he took notice of the relation between the intercultural adaptation and the identity. Building an identity during adolescence is one of the most important life assignments. We have to think about the effects of moving to a foreign country during this stage of life on adolescents.

“Cultural identity” means the consciousness of belonging to a culture. Asai (2006) commented ALT teachers’ identity were shaken by the instability of the relation to Japanese or the position in school. Then, he clarified the mechanism with the example of the ALT teacher who failed to give the lessons in accordance with his beliefs. He felt the negative self-efficacy and a sense of alienation from Japanese people, and positioned himself as being in defense of being “American”. Junko in case I lost her self-efficacy due to her weak linguistic skills, and Yuko in the case II lost it through the failure of personal relationships. The girls took the loss of their self-efficacy as alienation from the other culture. It was the defense against the exclusion from the international culture that caused the both of them to have excessive dependence to the Japanese students.

Akiyama (1998a) mentioned that some people who wish to go abroad have a background that they couldn’t be satisfied with in their country. For example, some couldn’t satisfy their dependence desire by their family in their growth, and some simply couldn’t adapt to their own culture. He said that the people

with a weak family relationship often had a strong conflict with their parents. Also, people without a belonging experience to their group of friends struggled to build their cultural identity. He called it “Counter Cultural Identity” that they reacted against their own culture and idealize another country’s.

Junko in case I complained in the counseling session that her father ignored his family. Her mother seemed to be a young girl, and she might have been too immature to emotionally support her daughter before the emigration. It may be that Junko was emotionally distant to them from a much earlier time. We can guess from this that she couldn’t stop the relation with her ex-boyfriend until she was hurt both in mind and body. This failure to adapt to the foreign culture may mean the failure to get the identity both in her home country and in the new country.

Yuko in case II grew up between a father who was too strict and a mother who lived ill at ease with her parents-in-law. Her mother said “Don’t call us about her because we don’t want her grandparents to get anxious” when her parents was called about her hospitalization. It could be guessed from such a conversation that Yuko also wasn’t getting emotional support from her parents from an earlier time. Her mother chose to maintain a good atmosphere with her parents-in-law even when her daughter tried to commit suicide. Also, it can be told there is a possibility that she couldn’t receive enough satisfaction with her dependence desire on her parents, since her parents refused to come and pick up their sick daughter at first. According to her, she was poor at making friends of the same generation

and actually has few friends in Japan. Maybe she couldn't identify herself strongly with her companions in Japan. Without a sense of belonging to her own culture, she was critical to Japanese culture and idealized American culture. It's a typical example of "Counter Cultural Identity". She experienced identity diffusion and got depression when she failed to adapt the idealized new culture without her own cultural identity.

### **The present situation and the problem of the mental health service to Japanese abroad**

As it was told before in this paper, lots of Japanese travels abroad and lives overseas. New York, the state where the most number of Japanese live, is the only state in the world which budgets for Japanese mental health. However, there are just a few doctors or counselors for sixty thousand Japanese people, and we seldom have the mental health support in Japanese in other places. There are a lot of mental hospitals or counseling centers which are negative about treating Japanese in the country area because they have no psychiatrists or counselors who have experience in the field of Asian mental health.

Counseling relies on linguistic communication and it is very useful for counselors to have knowledge their client's cultural background and the meaning of the intercultural experience for them. It is difficult for the clients to express themselves in a second language especially when they feel sick. At the same time, having cross-cultural counseling becomes very difficult for the counselors without intercultural experience.

Akiyama(1998b) examined the reasons why

foreigners in Japan were reluctant to use the mental health support system. They tended to use the support managed by Japanese less often than the one by foreigners. He concluded it was because of the language handicaps and cultural ignorance. Maybe the same things are happening to Japanese living abroad. It is of the utmost importance for Japanese overseas to use the intercultural counseling system and that the counselor can understand their language and culture.

Hoshino (1992) mentioned that intercultural counseling needed different skills from general counseling, for example, understanding the impact of intercultural experience, objective knowledge to their culture, flexibility without over reliance on their knowledge base, and the counselor's both verbal and non-verbal communication skills.

These skills are needed not only for the counselors but also the translators of intercultural counseling. In the Case I of this study, when Junko told her counselor that she had weak relationship with her father, the counselor asked the translator if it was usual in Japan. Psychiatrists and counselors are sometimes puzzled as to how to understand the client's behavior because we have different way of thinking, pretending, and even gesturing among each culture. The author was asked by an American counselor the meaning of the gesture that Japanese women sometimes performs by putting her fingers on her mouth when she feels shy. Most Japanese can understand what the gesture means without feeling strange about it, but American/European people are at a loss when they see it because they have no habit like

that. It has a possibility to be asked sometimes the meanings and the impressions of Japanese unfamiliar gestures, when a translator sat in the counseling session between the foreign counselor and Japanese client.

Most of the emigrants go through a time when they can't accept all the things in a new country temporarily in the middle of adapting to a new culture, and this is commonly known as homesickness. However, it is difficult for the counselor without cross-cultural experience to know whether the condition is just temporary or chronic when the client looks depressed. The translator, if he or she has relevant cross-cultural experience, can help the native counselor to understand the meaning of adapting foreign culture for the client from their own experiences.

In psychoanalysis it is referred to as "Transference" when the client transfers the emotion toward an important person like parents to the counselor, and "Counter Transference", when the counselor has a personal emotion toward his or her client. Nakakuki(1998) mentioned that cultural counseling was more complicated because the cultural "Transference" or "Counter Transference" occurred in addition to the personal issues. He said that is the reason why the intercultural counselor needed to have training for cross-cultural counseling besides the general practices.

Igarashi(1998) mentioned that people with a strong emotional relationship to their client such as co-workers or family members were inappropriate as a translator for the cross-cultural counseling. Also, he explained that it is important for the intercultural translator

to have special training for the psychiatric counseling because the linguistic skills for the mental health service are different from general language skills. Speaking from translating experience by the author, it is not enough for the intercultural translator even if he or she can translate correctly. The translator-client relationship tends to turn to something like that of a counselor-client after several sessions. A translator talking to the client directly with their common language becomes an important person with whom the client can discuss their issues with. Maybe counseling does not deepen if he or she translates mechanically without showing the sympathy. Therefore, it is important for translators to pay attention to the voice tone or the expressions besides the linguistic element.

The translator who translates all the conversation between a counselor and a client has to keep the secret the same as the counselor. Yuko, in the Case II, made the emergency call to the translator directly with crying on the next day of the counseling session. It shows the possibility which the translator becomes something more for the client. It is sometimes dangerous to interpret without the special training for listening or keeping secrets. Therefore, the translator is needed to have the some knowledge about the mental health care to collaborate with the medical team.

#### IV. Conclusion

The meaning of intercultural experience for people living abroad, especially for those in adolescence was discussed. Studying abroad is very beneficial for acquiring a second

language and for broadening one's outlook, but we have to pay attention to the impact on our mental health at the same time. Moving to another culture sometimes exposes people to identity diffusion. Eminently, we give heed to the person who has a medical history of poor mental health or whose motivation is based on being disenfranchised from one's own culture. Students and the researchers accounts for almost twenty five percent of all the Japanese living abroad. Their mental health care system has to be considered as moving abroad is becoming more common.

The two students' cases were showed in this study. The information of their family history or living history was inadequate, because these cases were that one of the researchers practiced as the international student advisor. More information is required to consider further about the relationship between the family or living history and the cultural identity.

Also, the second discussion of this study focused on counseling with client's native language and on understanding the client's cultural background. It is true that some of the Japanese living or traveling abroad sometimes struggle to express themselves in a second language temporarily, though they can communicate well usually. The first thing we

have to do is ensure that the counselor and the translator are trained for an intercultural counseling.

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