論文題目 Fitting In or Standing Out: Challenges Experienced by Students, Freeters, and Individuals with Diabetes Mellitus in Japan's Interdependent Society

申請者 I-Ting Huai-Ching Liu

学位論文の要約

Chapter 1: Introduction

Chapter 1 illustrated how Japan is an interdependent society in terms of identity, cognition, emotion, and motivation (Markus & Kitayama 1991), where more importance is placed on maintaining harmony and social relationships and on “fitting in” with the group. However, in some cases there are mismatches between person and culture. This can be due to circumstantial reasons, such as failing to find a full-time job. The individuals who fail to follow the cultural norms risk being marginalized. In the extreme case, this can lead to Hikikomori, or complete social withdrawal (Koyama et al., 2010). In other cases, people who have chronic illness, such as diabetes mellitus, may risk “standing out”. They may not wish for people in their surroundings to know of their health condition due to the stigma associated. This research thus examines both the circumstantial and personal health reasons behind the risk of “standing out”, and how individuals cope with them to better “fit in” to Japan’s interdependent society.

Chapter 2: Socio-Economic Marginalization and Compliance Motivation Among Students and Freeters in Japan

This study examines the compliance motivation of students and Freeters when facing a marginalization risk situation evoked by priming. Freeter (part-time employers), NEET (not in education, employment, or training), and Hikikomori (social withdrawal) represent the socio-economically marginalized population in Japan. People at higher risk of becoming NEET and Hikikomori have shown a motivation pattern deviant from mainstream Japanese culture, including lower willingness to conform to in-group members, thus showing less cultural fit (Norasakkunkit and Uchida, 2014). In this study we explore the effect of the macro socio-economic situation (job-hunting prospects being good or bad) on individual’s compliance motivation in both students and Freeters. Sixty-five Kyoto University students and 74 Freeters were randomly assigned to one of the two priming conditions (marginalization risk or non-marginalization) before completing the NEET-Hikikomori Risk (NHR) scale and measurements of compliance motivation to conform to in-group members or to be self-consistent (Cialdini et al., 1999). Twenty-three control group students and 22 control group Freeters were also recruited online for comparison. Results showed that marginalization risk priming led to lower tendency to be self-consistent among students, but did not lead to lower tendency to conform to in-group members. For Freeters, marginalization risk priming led to

higher compliance motivation to conform to in-group members. The results confirmed the framework proposed by Toivonen et al. (2011) that both Freeters and students in Japan have ritualist reactions, continuing to maintain the cultural norms despite the difficulty of attaining the cultural goals.

Chapter 3: Psychosocial Factors Associated with Well-Being and HbA1c of People with Diabetes in Japan: A Structural Equation Model

The purpose of this study is to investigate psychosocial factors (independent and interdependent self-construal, emotional support) that may influence the health and well-being of people with diabetes in an interdependent culture. We conducted a cross-sectional survey on outpatients of type 1 and type 2 diabetes mellitus in Japan (N = 180, age 22-88, M = 62.48) which examined their independent and interdependent self-construal, perceived emotional support, and well-being (interdependent happiness). HbA1c data was obtained from their recent health record via their endocrinologists. Correlation analyses and Structural Equation Modeling (SEM) were conducted to examine the relation between these variables. Patients' well-being correlated positively with age, independent self-construal, perceived emotional support, and negatively with HbA1c levels, but did not correlate with interdependent self-construal. SEM showed that, after controlling for age and gender, independence was related to perceived emotional support and well-being, which were in turn related to lower HbA1c levels. Our research suggests that, for people with diabetes in Japan, independence rather than interdependence is associated with their psychological well-being and health outcome.

Chapter 4: Motivation, Self-Disclosure, Stigma and Challenges for Young People with Diabetes Mellitus in Japan

This research is a bottom-up, qualitative study focusing on the younger population living with diabetes mellitus in Japan. The "younger population" is defined as those aged between 20 and 45, where the lower limit age of 20 is the legal adult age in Japan, and the upper limit age of 45 is in line with Super and Hall's definition of those reaching vocational maturity and entering mid-career stage (1978). The balance between managing diabetes and career development may pose a challenge for young people with diabetes mellitus in Japan's interdependent society. Therefore, the aim of this research is to explores the challenges they face, their motivation for managing diabetes (promotion vs. prevention focused), the easiness with which they disclose their health condition to their surroundings, their family's reactions, and their willingness to participate in intervention programs, and whether any factors may be related to their health outcome, as measured by HbA1c. To understand the situation from the perspective of the people concerned, past research has highlighted the importance of patient-centered interviews (Engström et al., 2016). Semi-structured interviews were conducted with 24 outpatients aged 20-45, referred to by their diabetologists in Kyoto University Hospital from August to October 2018 (n = 10), and from February to March 2020 (n = 14). Among the 24 participants, 9 were diagnosed with type 1 diabetes mellitus, 12 were diagnosed with type 2 diabetes

mellitus, and 3 were other types (age M = 37.79, SD = 6.692). The interviews were audio recorded and were carried out face-to-face individually, where each interview lasted 30-60 minutes. The results are summarized below.

First, the difficulties participants experienced in diabetes management included managing diabetes in public, controlling blood glucose, and the constant awareness of their health condition. Second, regarding motivation, a Mann-Whitney test showed no significant difference between the promotion-focused group (n = 10, Median = 7.4) and the prevention-focused group (n = 10, Median = 7.4; U = 61.500, Z = -.498, p = .625) in terms of health outcome. Third, in terms of self-disclosure, a Mann-Whitney test showed a significant effect (U = 27.00, Z = -2.519, p = .011), where participants who let other people know about their health condition (n = 14) have lower HbA1c (Median = 7.10) than those who do not let others know about their health condition (n = 10, Median = 9.25), indicating better health outcomes. However, the direction of causality is unclear, for self-disclosure may be easier for people who are in better health condition. Fourth, families' reactions can be categorized into 1) negative reactions (e.g., worrying, blaming); 2) positive support (e.g., offering help, exercising together); and 3) minor reactions (e.g., "Ah, I see"). A Kruskal-Wallis test among the three groups of participants (group 1 = negative reactions, group 2 = positive support, group 3 = minor reaction) showed a significant effect of family reactions on participants' HbA1c level (H (2) = 6.126, p = .047). Group 3 (Median = 6.30) had significantly lower HbA1c when compared with group 2 (Median = 7.85, p = .021), and non-significantly lower HbA1c when compared with group 1 (Median = 8.00, p = .066), which had a wider range of HbA1c values. Fifth, with regards to intervention programs, more than half of the participants would be interested in trying a smartphone application, especially if it is user-friendly and offers advice, reminder, or suggestions on how to better manage their health. Regarding SNS group interventions, a Mann-Whitney test showed that promotion-focused participants (n = 10, Median = 1) are more willing to participate in SNS groups than prevention-focused participants (n = 14, Median = 0; U = 113.500, Z = 2.735, p = .009). The ideal duration of intervention programs would be one month.

Chapter 5: Conclusion

In sum, when there is risk of person-culture mismatch in Japan's interdependent society, there are different solutions. When the risk is circumstantial, students and Freeters tend to change themselves to try fit in with the cultural norms (e.g., become more interdependent). When the risk is due to health reasons, people with diabetes mellitus are better off accepting themselves as they are (e.g., adopt an independent mindset) instead of fearing "standing out". The ideal solution will be for the Japanese society to increase its tolerance and diversity and reduce the stigmas and prejudices to accept everyone as they are.