A Comparison of Research on Mental Health-related Stigma in the U.S. and Japan

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Mental Health-related stigma is a phenomenon that negatively affects persons with mental disorders around the world. For decades, researchers around the world have been working on understanding and combating stigma. In this article, the authors discuss the history of research and public policy on stigma and stigma-reduction in the U.S., and briefly discuss recent studies conducted in Japan to serve as a comparison.

Key words: stigma, stigma research, comparison, U.S., Japan

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Stigma against mental disorders is a significant and widely recognized issue in the fields of mental and public health. The Surgeon General’s Report (1999) published by the U.S. Department of Health and Human Services states in the foreword that “the fear of mental illness has been profoundly destructive to people’s lives”, and that the persistence of fear and stigma has “result[ed] in lost opportunities for individuals to seek treatment and improve or recover” (p.v). Mental health-related stigma is not a phenomenon limited to the US (Hinshaw, 2007). Around the globe, many countries are acknowledging that reducing stigma is a crucial part of public health policymaking (WHO, 2001). A rich and growing body of research from around the world including, but not limited to, Brazil (Vedana et al., 2017), Germany (Speerforce et al., 2017), Ghana (Gyamfi, Hegadoren & Park, 2018), Jordan (Rayan & Khasawneh, 2018), South Korea (Lyu, Lee & Bejerano, 2017), and Lebanon (Rayan & Fawaz, 2018) demonstrate that stigma is a significant negative influence affecting treatment-seeking behavior, public attitudes, and treatment outcomes. The Japanese Ministry of Health, Labour and Welfare also recognizes that stigma is a significant burden on members of the public who are struggling with mental health issues (Ministry of Health, Labour and Welfare, 2004).

While the fact that research on stigma is being conducted around the world is encouraging, one significant barrier to adapting research findings from one country to another is cultural difference. Cultural and historical backgrounds affect base attitudes towards mental disorders, which influences the general public’s perception of causality as well as potential prognosis (Shin, Dovidio & Napier, 2013). As such, understanding the differences between various countries and cultures has become an active area of research.

As covering all research from around the world requires an extensive investment of time and effort, as well as pages, the authors will not seek to cover the entire body of stigma research in this article. Rather, the authors will focus on providing a brief overview of the history of stigma research and public policy within the U.S., as well as the results of several recently published research. Following will be a short discussion of findings from research on Japanese populations. By doing so, the authors seek to provide Japanese stigma researchers with another resource which they may use for reference when engaging in comparative studies with U.S. populations.
History of Mental Health-related Stigma Research in the U.S.

According to Link & Phelan (2001), the book Stigma: Notes on the Management of Spoiled Identity (1986) by Erving Goffman sparked a "profusion of research on the nature, sources, and consequences of stigma" (p. 363). They noted that as of 1999, a PsychInfo search with the keyword "stigma" in the title or abstract showed 161 results. A search using the same parameters in June 2018 resulted in 14,472 journal articles, illustrating how exponentially widespread stigma research has become, which in itself is a reminder of how prevalent and important this issue is regardless of culture or region.

It must first be noted that there were initially many critics of the notion that stigma was a phenomenon that was harmful to the mentally ill. For example, a survey of opinions from automobile factory workers by Crocetti, Spiro and Siassi (1971) found that respondents were generally willing to work with or rent a room to individuals who had experienced mental health problems. Gove and Fain (1973) followed 429 patients after they received treatment and were released from a state mental hospital, and after one year most of them had a positive evaluation of their experiences during and after hospitalization, with only a small number perceiving stigma as a serious problem. Studies by researchers such as Link and Cullen (1983) later showed that earlier studies had been surveying what people believed was the right thing to do, rather than how they actually felt. Link et al. (1987) also showed that individuals who were known to those around them as having been treated for a mental illness did indeed experience social rejection.

Attribution Model of Stigma and Public Policy

A groundbreaking step was made in stigma research through the application of attribution theory in analyzing the mechanics of stigma. Research by Weiner, Perry and Magnusson (1988) showed that an important factor in stigma was perceived controllability, in that mental disorders were seen as more controllable than physical disabilities, and thus it became an issue of morals or weakness of character. As such, the logical conclusion was that if the general public understood that mental disorders, no different from physical disorders, were a medical issue and treatment options were available, thus the U.S. government began promoting public policy which encouraged public outreach programs that provided information on the various mental disorders in an attempt to increase public knowledge and awareness and decrease stigma. The importance placed on the dissemination of information can be seen in a statement from the 1999 Surgeon General’s report, in which the authors state that scientific research of the human mind was a "potent weapon against stigma, one that forces skeptics to let go of misconceptions and stereotypes" (p. 454).

These policies were eventually successful in increasing public awareness and knowledge of mental disorders in the general public. Pescosolido et al. (2010) found that public attribution of major depression to neurobiological causes increased from 54% in 1996 to 67% in 2006, and individuals seeking treatment for alcohol dependence and major depression increased by 18% and 10%, respectively.

Literacy versus Stigma

While efforts to educate the public and enhance mental health literacy were successful, the results were not as expected. Pescosolido et al. found, within the same research, that literacy did not reduce stigma at all, and in fact increased stigma in some cases. While their findings were surprising, studies had in fact begun being produced by researchers in other countries that were engaging in similar policies such as Turkey (Bag, Yilmaz, & Kirpınar, 2006), New Zealand (Read & Harre, 2001), and Mongolia (Dietrich et al., 2004) which had also found similar trends, with increased mental health literacy directly linked to increased social rejection and discrimination. Angermeyer, Holzinger, Carta, and Schomerus (2011) published a review article in which they investigated 33 articles spanning all major inhabited regions of the globe, and found that promoting "biogenetic causal models of mental illness cannot be regarded as a rational evidence-based strategy" (p. 370).

A Complex Understanding of Stigma

Proliferation of stigma research over the past decades has brought us a better, more complex understanding of mental health-related stigma. We now recognize this phenomenon to be multi-faceted, taking into account factors such as the locus, controllability, stability, and responsibility, as described by Larkings, Brown, and Scholz (2017) in discussing Wiener (2004). The level of stigma an individual may feel against someone with a mental disorder appears to be influenced by the perception of how curable the disorder seems to be, how much control the person has over their actions, and whether the cause was biogenetic or environmental. Another factor was self-stigma, Drapalski et al., (2013) found that greater self-stigma was associated with "lower levels of self-
esteem, self-efficacy, and recovery orientation, as well as with more severe psychiatric symptoms” (p. 264). Perceptions of dangerousness was also a factor. Corrigan et al. (2002) found that perceived dangerousness was linked to an increased likelihood of discriminatory behavior. Interestingly, Larkings, Brown, and Scholz (2017) found that individuals tended to attribute environmental factors more than biogenetic or psychological factors as causal factors when it was about their own mental health, in comparison to when judging others. They suggested that perhaps the tendency to attribute the causality of their own mental health problems to environmental factors was associated with protecting their self-esteem, as biogenetic causes would imply less controllability as well as lower likelihood of improvement.

A Brief Overview of Stigma in Japan

Let us now take a brief look at stigma research conducted within the Japanese population. It should first be noted that the history of research of stigma towards mental disorders in Japan appears to be relatively short. As of August 6, 2018, a CiNii search with the keyword “stigma” typed in katakana yielded a mere 531 results, which was further reduced to 185 results when the keyword “seishin”, the Japanese equivalent for “mental”, was added to the search criteria. While that number certainly does not include all social sciences research articles discussing stigma, considering that CiNii is one of the most comprehensive databases of Japanese academic articles, it should be deemed undeniable that there is a serious lack of studies conducted involving Japanese populations. Of the 185 studies, the earliest study conducted in Japan was from an article published in 1992 by Mika Fujisawa, who looked at articles from bulletins published by two mental patients associations written by the patients themselves in an effort to gain an understanding of patients’ feelings towards being stigmatized and their attempts to overcome such stigmatization, 181 of the 185 studies were published after 2000, showing that research in Japan of stigma against mental disorders began in earnest in the early 2000s.

As previously mentioned, the research so far has shown that cultural differences do affect the manifestation of stigma. Generally speaking, East Asian countries have shown higher levels of mental health-related stigma in comparison to their western counterparts. A recent study by Yoshioka, Reavley, Rossetto, and Nakane (2016) of 1,000 Japanese adults found that they were more likely to “associate weakness, dangerousness, and unpredictability” with depression and schizophrenia. They also noted that “explanations for mental illnesses based on physical causes, although incorrect, are more socially acceptable in Japan” (p. 187). A review of 19 articles by Ando, Yamaguchi, Aoki, and Thornicroft (2013) found a “significant lack of knowledge of schizophrenia in the general public” (p. 473). poor recognition of medication as an effective treatment for mental illnesses, and only 35% of responses indicating that they perceived antidepressants as being helpful in treating depression, They also noted that the level of mental health-related stigma in Japan appears to be lower than China but higher than Taiwan and Australia, and that “low expectations for recovery seem to be specific to Japan” (p. 477). A study by Masuda et al, (2009) also found that Japanese students held higher stigma against individuals with mental disorders in comparison to U.S. students.

Discussion

Based on the findings described above regarding stigma research in the US, it is clear that active dissemination of the biogenetic causality model does not appear to be as beneficial as once assumed, and may be causing undue harm. A more in-depth, comprehensive program is required for effective reduction of mental health-related stigma. Indeed, development of stigma reduction programs engaging younger populations that include contact with individuals with mental disorders is actively being pursued by various researchers and has been shown to be effective (Chen et al., 2016; Wong et al., 2018). As with education regarding racial and sexual discrimination, stigma-reduction education should also be implemented when the children are young, to minimize the initial formation of prejudiced perspectives. Outreach activities connecting individuals with mental disorders with other members of the community should also serve to reduce fear and stigma.

As for the findings of studies conducted by Japanese researchers in Japan, it appears that the Japanese population still holds a relatively stigmatized view of mental disorders, and does not have high levels of faith in the ability of mental healthcare professionals to provide effective treatments. In a culture that places strong emphasis on personal responsibility and not being a burden to others, it is not difficult to imagine that individuals with mental health problems feel ashamed and self-stigmatize, hesitate to seek help or have less faith in the likelihood of improvement. However, it should not be forgotten that some researchers in the U.S. once denied that stigma even had a significant aversive effect on the prognosis of individuals with mental disorders. It was
only after decades of research, policy making, and public outreach that the U.S. was able to find a path towards effective stigma reduction. With the current abundance of research from around the world, Japanese researchers, educators, and policy makers now have access to a rich bank of information and data which they can refer to in conducting domestic and international research, creating local and nationwide stigma reduction programs, and designing and enacting legislation aimed at protecting and improving the rights of individuals with mental disorders. However, a significant hurdle may be the relative lack of research conducted involving the Japanese population. The relatively small number of published articles available illustrate the lack of evidence that can be used by legislators and political activists to support their efforts to affect public policy, whether in civil rights, welfare or education. Because the Japanese population has its own unique characteristics, it would be unwise to attempt to apply the findings of foreign research studies directly to public policy without first replicating the study in Japan and verifying the results. Fortunately, as previously noted, research of mental health-related stigma has increased significantly over the past two decades, and has produced increased volumes of studies encompassing a variety of topics as can be observed via the list of 185 studies obtained through the aforementioned CiNii search. While there is a small but undeniable lag in research volume compared to the rest of the developed world, the authors have full confidence that Japanese scholars will take advantage of all available resources to conduct the necessary studies to improve the quality of life, as well as overall prognosis, of persons with mental disorders.

References


