Psychological Problems for Non-Japanese Speaking Patients in Japan

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The number of non-Japanese people living in Japan is increasing, and consequently the psychological problems of foreign nationals are becoming more outstanding in Japanese medicine. Psychosomatic medicine (PSM) was established in Japan in 1996 as a specific medical field for “psychosomatic disorders,” which consists of stress-related physical symptoms and psychological distress. To examine expatriate reactions to living in Japan, we examined the cases of five non-Japanese, English-speaking patients who visited the Department of Psychosomatic Medicine, Sakai Hospital and Nihonbashī Clinic, Kinki University Faculty of Medicine for the first time between June 2004 and July 2011.

Patients and Methods

This study was conducted according to the ethics rules of our hospital. The purpose of this study was explained to the patients and informed consent was obtained for publication of the study. In terms of Japanese proficiency, one patient (case 2) was unable to communicate in Japanese at all, three patients (cases 1, 3, and 5) were able to exchange greetings, but not express themselves sufficiently, and the remaining patient (case 4) was able to participate in daily conversation, but could not fully explain his symptoms. All of them were considered as having limited Japanese proficiency, therefore history taking, physical examination, and explanation of results were conducted by a doctor in English.

The self-rating depression scale (SDS) and the state-trait anxiety inventory (STAI) were used to evaluate emotional distress in terms of depression and anxiety. In SDS, a cut-off score of 50 was adopted in this study to determine that patients were considered to be in a depressive state. In STAI, cut-off scores of 42/45 (STAI-S/T for female) and 41/44 (STAI-S/T for male) were adopted to determine that patients possessed a tendency toward anxiety.

Psychosomatic disorders were diagnosed under criteria listed in “A guideline for the diagnosis and treatment of psychosomatic disorders 2006.” Each patient’s mental status was diagnosed using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) criteria.

Results

Detailed clinical characteristics of the patients are listed in Table 1. There were four male patients and one female patient. The mean age was 33.4 (23–41) years, and the mean duration of time between arrival in Japan and onset of psychological disorders was 51 (1–120) months. All patients had various types of physical and psychological symptoms, mainly anxiety, depressive mood, and insomnia. Blood examinations showed minor abnormalities such as hyperuricemia (case 3) and hyperlipidemia (case 5). However, other examinations including electrocardiography, chest...
### Table 1  Clinical characteristics of the patients

<table>
<thead>
<tr>
<th>Case number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/Sex</td>
<td>23/M</td>
<td>23/F</td>
<td>40/M</td>
<td>41/M</td>
<td>38/M</td>
</tr>
<tr>
<td>Nationality</td>
<td>United States</td>
<td>United States</td>
<td>Australia</td>
<td>England</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Length of stay</td>
<td>1y</td>
<td>2y</td>
<td>7y</td>
<td>10y</td>
<td>10y</td>
</tr>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>Single</td>
<td>Married</td>
<td>Married</td>
<td>Single</td>
</tr>
<tr>
<td>Employment status</td>
<td>English teacher</td>
<td>English teacher</td>
<td>Unemployed</td>
<td>English teacher (self-employed)</td>
<td>English teacher</td>
</tr>
<tr>
<td>SDS</td>
<td>35</td>
<td>57</td>
<td>58</td>
<td>49</td>
<td>42</td>
</tr>
<tr>
<td>STAI S/T</td>
<td>n.d.</td>
<td>n.d.</td>
<td>50/54</td>
<td>35/41</td>
<td>44/53</td>
</tr>
<tr>
<td>Physical symptoms</td>
<td>Muscle weakness attack</td>
<td>Epigastralgia, nausea</td>
<td>Fatigue, headache</td>
<td>Palpitation, sweating</td>
<td>Dyspnea, chest pain</td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td>Anxiety</td>
<td>Anxiety</td>
<td>Insomnia, depressive mood</td>
<td>Anxiety</td>
<td>Depressive mood</td>
</tr>
<tr>
<td>Psychiatric diagnosis</td>
<td>AD with anxiety</td>
<td>AD mixed type</td>
<td>MDD</td>
<td>Panic disorder</td>
<td>Acute stress disorder</td>
</tr>
<tr>
<td>Psychosocial factors</td>
<td>Culture shock</td>
<td>Culture shock</td>
<td>Maladjustment to Jpn society</td>
<td>Conflict with wife, job stress</td>
<td>Breakup with girlfriend</td>
</tr>
<tr>
<td>Therapy</td>
<td>Anxiolytics, SSRI</td>
<td>Anxiolytics</td>
<td>Antidepressants, anxiolytics</td>
<td>SSRI</td>
<td>Improved</td>
</tr>
<tr>
<td>Outcomes of treatment</td>
<td>Improved</td>
<td>Dropped out</td>
<td>No response</td>
<td>Improved</td>
<td>Improved</td>
</tr>
</tbody>
</table>

M = male; F = female; m = month; y = year; n.d. = not done; AD = adjustment disorders; MDD = major depressive disorder; Jpn = Japanese; SSRI = selective serotonin reuptake inhibitors.

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### Discussion

Main psychosocial factors were cultural differences and language barriers. All communication problems due to language barriers. All patients stated that they had experienced language difficulties since once non-Japanese people become unemployed.

Late onset cases (3, 4, and 5) were caused by break-up or conflict or maladjustment to Japanese society, and conflict or breakup with their partner. According to the Ministry of Health, Labor, and Welfare Survey Annual Report in 2010, the divorce rate of Japanese/other nationality couples was 47%, which is higher than that of Japanese couples (35%).

Cases 2 and 3 had higher scores in SDS than cut-off scores of 50. Two mild patients (cases 3 and 4) had higher scores in STAI. Most patients received individual supportive sessions and psychotherapy.

Antidepressants, including selective serotonin reuptake inhibitors (SSRI) and mood stabilizers were used for cases 2 and 3. Two patients (cases 1 and 4) had higher scores in STAI. After receiving supportive sessions and psychotherapy, three patients (cases 1, 4, and 5) improved gradually, case 2 stopped receiving treatment as she decided to return to the United States and case 3 had little response to the treatment.

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2010, 55.2% of them were unemployed. Unemployment seems to be a major cause of psychosomatic disorders.

Regarding family life, there are cultural differences in child-rearing practices that might bring conflict between mixed nationality couples. Moreover, lack of support from relatives and friends who live outside of Japan or the community is a serious problem, and non-Japanese people tend to feel isolated. If couples maintain a good relationship, this factor has limited influence. However, a lack of support during the break-up of relationships or suffering of conflicts has a serious effect on a patient’s psychological damage as seen in cases 4 and 5.

It is essential to take measures against language barriers. Language barriers, cultural differences, and low health literacy hamper effective communication between patients and health care professionals, and communication errors are related to the safety and quality of health care. For example, adverse events occur when patients with limited English proficiency visit English-speaking doctors in the United States. While the patients in our study were able to consult an English-speaking doctor, Japanese medical doctors are not generally competent at speaking English. Although medical interpreters in English and other languages have already been introduced to several hospitals in Japan, their number is insufficient. Interpreters in the field of transcultural PSM should particularly be promoted, because explaining psychological symptoms requires details that can be more difficult to explain than physical symptoms. Such detailed information is necessary in order for doctors to make an appropriate diagnosis.

In addition, a more comprehensive social support system for non-Japanese people should be introduced by the Japanese government because measures that are being taken to combat the declining birthrate and aging of Japanese society, such as inviting foreign workers to work in Japan, will result in an inevitable increase in expatriates.

There were 1,354 PSM doctors in Japan as of 2011. A limitation of our study was that these cases were extracted in our hospitals only, therefore further studies are needed to investigate the present activities for non-Japanese patients by PSM doctors all over Japan.

Declaration of Interests
The authors state they have no conflicts of interest to declare.

References